



Client Name: _____

Address: _____

City _____ State _____ Zip _____

Mobile Number: (____)____-____ Work: (____)____-____ Home: (____)____-____

Email Address: _____

Custodian Name: _____ Account Number: _____

Signature X _____ Date _____

<p><u>FOR FSDC USE ONLY</u></p> <p>FSDC Account Number: _____</p> <p>Filled out by: _____ IBMS Processor: _____</p>
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❖ Please note that FSDC can only discuss account information with IRA holder and/or authorized signer(s) per your IRA custodian. If you elect to authorize additional person(s), please list their name(s) below:

1). _____

2). _____

I authorize the above mentioned person(s) to speak to FSDC on my behalf.

x _____

(IRA Account Holder Signature)