



Self Directed IRA

S E R V I C E S I N C

A subsidiary of Horizon Bank

600 Congress Avenue, Suite 400 • Austin, TX 78701
866.928.9394 • 512.637.5739 • www.SDIRAServices.com

Account Representative Designation Request

Please complete the information on this form if you wish to add or remove a Representative on your account.

1 Account Information

Accountholder Name

Account Number

2 Election and Representative Information

- I hereby elect to **add or designate the representative** whose name and information is shown in section 3 below on my Account.
- I hereby elect to **remove the representative** which I previously designated on my Account.

Representative Name		Rep # (if applicable)	
Rep Address	City	State	Zip
Rep Email	Rep Phone #	Rep Fax #	
Dealer Name			
Dealer Address		Dealer Phone #	

3 Signature(s)

Accountholder must sign and date below. Representative must sign and date if being added to the account.

I understand that I have the option to designate or remove an Account Representative ("Representative") on my Account at any time. My Representative may be my financial professional, broker or other person or firm I choose. However, it may not be Self Directed IRA Services, Inc. ("SDIRA Services") nor any sponsor or affiliate of an investment held within my Account.

If designating a Representative, my Representative will act as my agent with regard to directives on my Account with SDIRA Services. My Representative has the power to: (1) authorize instructions and investment directions on my behalf to SDIRA Services, (2) receive copies of any and all correspondence related to my Account with SDIRA Services, including, but not limited to, my Account statements, and (3) have unlimited access to information regarding my Account with SDIRA Services. I understand that my Representative is not in any way an agent, employee, representative or an affiliate of SDIRA Services.

By signing below, Accountholder and Representative acknowledge and agree to the following terms and conditions:

1. My Representative is in no way an agent, employee, representative or an affiliate of SDIRA Services.
2. My Representative will have the power to: (1) authorize instructions and investment directions on behalf of my Account, (2) receive copies of any and all correspondence related to my Account, including, but not limited to, my Account statements, and (3) will have unlimited access to information regarding my Account.
3. By appointing the Representative named herein, I certify that such Representative is not an individual or firm in which my Account has invested. I understand that it is my responsibility to ensure that the Representative is independent of and in no way affiliated with the investments held in my Account. I acknowledge that SDIRA Services is in no way responsible for determining this relationship.
4. It is my responsibility to communicate all trade and/or investment instructions to my Representative and all instructions received by my Representative (including Representative's agents, employees or broker) shall be assumed by SDIRA Services to have been authorized by me.
5. I may change or remove my Representative at any time by communicating, in writing, my desire to do so directly to SDIRA Services. I understand that all instructions received from my Representative prior to such removal will be executed by SDIRA Services.
6. SDIRA Services has made no investigation or recommendation with respect to my Representative and will not compensate my Representative, except for payments I personally instruct.
7. I agree to indemnify and hold harmless, SDIRA Services for any loss which may result from any action or inaction it takes in accordance with any written or oral instructions received from my Representative on behalf of my Account.
8. I acknowledge and agree that SDIRA Services is not responsible for and is not bound by any representations, warranties, statements or agreements made by my Representative.

Accountholder Signature _____ Date _____

Representative Signature _____ Date _____

4 Send your completed form to us.

Mail

Self Directed IRA Services, Inc.
P.O. Box 685133
Austin, TX 78768

Physical Delivery

Self Directed IRA Services, Inc.
600 Congress Avenue, Suite 400
Austin, TX 78701

Fax

Fax to 512.495.9554
Attn: Client Service