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Horizon Trust Correspondence, PO BOX 27068, Newark NJ 07101

Complete this form to grant limited account access to an individual who is not an account owner.
Account owners already have account access authority.

PART 1. ACCOUNT OWNER INFORMATION

First Name:	M.I.:	Last Name:	Account #:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last 4 SSN Digits:	Date of Birth: (MM/DD/YYYY)	Email Address:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

PART 2. ADDITIONAL AUTHORIZED INDIVIDUAL INFORMATION

I hereby authorize the below named individual to have the limited access authority indicated until such time as I should notify Horizon Trust Company to remove such account access.

Authorized Individual Information (Authorized Individual cannot be a minor.)

Full Name:	Email:	Phone:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address:	Apt/Unit/Ste:	City:	State:	Zip:
<input type="text"/>				

Access Option Authorization

Please select all information access options that apply.

Full access to all account information including statements. Access to pending Transfer/Rollover information only.

Web Access for my account only. Access to account balance information only.

Access to information on the following specific asset(s) or company:

Pre-Existing Individual Authorization

Keep all previously listed Authorized Individuals. Remove all previously listed Authorized Individuals.

Remove only the following Authorized Individual:

PART 3. AGREEMENT & AUTHORIZATION

Authorized Individual Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Indemnify and hold harmless Horizon Trust Company and any and all agents or employees with respect to this Limited Account Access Authorization form.
- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the account owner(s) and Horizon Trust Company.
- Certify that all information you provided is correct to the best of your knowledge.
- Acknowledge that we may refuse to approve you as authorized agent, or may remove you as authorized agent from this or any other account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.

Signature of Authorized Individual:

Authorized Individual Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*

Account Owner Agreement

By signing below, you:

- Acknowledge that you have received a copy of this Limited Account Access form, and you state that you have read it, you understand it, and you accept all of its terms and conditions.
- Authorize Horizon Trust Company to act on all instructions given on this form.
- Designate the individual identified in this form as an Authorized Individual, granting that individual the ability to obtain account information at the level of access authority indicated.
- Certify that all information you provided is correct to the best of your knowledge.

Signature of Account Owner:

Account Owner Name: *(Print or Type)*

Date: *(MM/DD/YYYY)*