



# LIMITED ACCOUNT ACCESS FORM

**MAILING ADDRESS**  
Horizon Trust Company  
P.O. Box 30007  
Albuquerque, New Mexico 87190

**FOR OVERNIGHT NIGHT MAIL ONLY:**  
Horizon Trust Company  
6301 Indian School Rd. NE, Suite 614  
Albuquerque, NM 87110

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Use this form to grant a third-party some or all of the powers described below, or to provide updated information for a third-party who already has limited access to your account.

### Helpful to Know

- You must use a separate form for each authorized individual.
- Completion of this form does not grant the authorized individual the ability to direct investments for your account(s), make any changes to your account(s) or execute forms related to your account(s). This form only grants access to limited account information.

### EXISTING AUTHORIZED INDIVIDUALS

- Keep any Authorized Individuals in place
- Remove all existing Authorized Individuals
- Remove only the following Authorized Individual

Name : \_\_\_\_\_

### ADD AN AUTHORIZED INDIVIDUAL (Note: an Authorized Individual cannot be a minor.)

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

Name (First, Middle, Last) : \_\_\_\_\_

Street Address : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Email (Only if authorizing Web Access) : \_\_\_\_\_ Phone: \_\_\_\_\_

By my execution below, I do hereby authorize the above named individual to have the limited access authority indicated until such time as I should notify Horizon Trust Company to remove such account access. By my signature, I do indemnify and hold harmless Horizon Trust Company and any and all agents or employees with respect to this direction.

- Ability to obtain account balance information
- Ability to obtain information regarding pending transfers / rollovers
- Ability to obtain Web Access for my account(s)
- Ability to obtain information only about the specific asset(s) or company listed below:

Company Name : \_\_\_\_\_

- Full access to obtain all information regarding my account(s), including statements

## AUTHORIZED INDIVIDUAL SIGNATURE AND DATE

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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.
- 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.

Authorized Individual Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Printed Authorized Individual Name : \_\_\_\_\_

## ACCOUNT OWNER SIGNATURE AND DATE

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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 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.

Authorized Account Holder Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Printed Account Owner Name : \_\_\_\_\_

Account Number : \_\_\_\_\_