

Please complete and submit this form via one of the following methods:

**Mail:** Madison Administration Company, 21 Robert Pitt Drive, Suite 201, Monsey, NY 10952 **Fax:** (845) 947-1212 **Email:** docs@madisontrust.com

### A. ACCOUNTHOLDER INFORMATION

Full name \_\_\_\_\_ Account number \_\_\_\_\_

### B. ADD AN AUTHORIZED REPRESENTATIVE OR INTERESTED PARTY TO MY ACCOUNT

What kind of party would you like to add to your account? (choose one)

- Interested Party – An Interested Party is authorized to access account information but is not authorized to provide directions.
- Account Representative – An Account Representative has full access to your account and is authorized to instruct Madison Trust concerning your account.

Account Representative/Interested Party Contact Information

Name \_\_\_\_\_ Email address \_\_\_\_\_

Firm/company name \_\_\_\_\_ Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of birth\* \_\_\_\_\_ Last 4 digits of Social Security Number\* \_\_\_\_\_ \* Please note that these fields are required.

Do you want the Account Representative/Interested Party to be the Primary Contact for your account?  
(The Primary Contact is contacted first should any questions or concerns arise regarding your account.)

- Yes – The above listed party is the Primary Contact for my account.
- No – The above listed party is not the Primary Contact for my account.

### C. REMOVE AN AUTHORIZED REPRESENTATIVE OR INTERESTED PARTY

Please remove the following Authorized Representative or Interested Party from my account: \_\_\_\_\_

### D. ACKNOWLEDGMENT & SIGNATURE

By signing below, I hereby authorize Madison Trust as Custodian, and their affiliates, to allow the aforementioned Authorized Representative or Interested Party to:

- Access my account information, including copies of my account statements, tax filings and online account information.
- Contact Madison Trust to discuss my account holdings and activity.

I hereby acknowledge that the aforementioned Representative does not have the authorization to execute any transactions on my behalf without a Power of Attorney.

Accountholder signature \_\_\_\_\_ Date \_\_\_\_\_

For MTC use only:

Confirmed by \_\_\_\_\_ Date & time \_\_\_\_\_ DOB & SS confirmed \_\_\_\_\_ Scanned \_\_\_\_\_