



Interested Party Designation

1 GENERAL INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Midland Account Number
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2 INTERESTED PARTY DESIGNATION

Please complete the information below to authorize your spouse, financial advisor (broker, financial planner, accountant, attorney, or other person etc.) to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account. This form must be completed in full and will be accepted via e-mail, fax, or mail.

Name of Interested Party		
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address
This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.		

3 SIGNATURE AND ACKNOWLEDGEMENT

Account Holder Signature: _____	Date: _____
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