

REVOCATION OF THIRD PARTY AUTHORIZATION

(LIBERTY TRUST COMPANY ACCOUNT NUMBER)

FOR PROCESSING, RETURN TO: IPS ♦ 8226 Douglas Avenue ♦ Suite 520 ♦ Dallas, Texas 75225-5927 ♦ 800-473-1977 ♦ 855-739-1987 FAX

1 ACCOUNT OWNER INFORMATION

Legal Name: _____ Soc. Sec. Number: _____

2 REVOCATION

I hereby revoke the following privileges from the party listed below, its agents, and successors, if any.

- Online access to view my account.
- Ability to obtain information regarding my account, either orally or in writing.

3 AUTHORIZED THIRD PARTY (ATP) (Individual or Firm)

Name of ATP: _____ Phone Number: _____
Name of Firm: _____ FAX Number: _____
Address: _____ Email Address: _____
City: _____ State: _____ Zip: _____

4 ACCOUNT OWNER SIGNATURE

By signing below, I acknowledge and agree that Liberty Trust Company, Ltd. will wholly revoke and terminate the authority previously given to the party listed in section 3 of this form.

Printed Name: **X** _____

Signature: **X** _____ Date: **X** _____