

1 GENERAL INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA 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.

Name of Interested Party		Relationship
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address

Check here to allow this IPD to have online access to your account or to receive statements for your account.

Name of Interested Party		Relationship
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address

Check here to allow this IPD to have online access to your account or to receive statements for your account.

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

PLEASE MAIL THIS FORM TO YOUR Advanta IRA OFFICE.

Account Holder Signature: _____ **Date:** _____