

Authorization to Designate a New Financial Advisor

Instructions for submitting your request:

1. **All requests must include a Government-issued identification document** (e.g., passport, Driver's License, etc.)
2. **All fields must be completed** in order to IB to process your request.
3. Return to IB either via Fax to +1-312-984-1017 or via e-mail as scanned document to newaccounts@interactivebrokers.com

Important Note: *Submissions with incomplete forms or missing documentation may result in the delay or rejection of your request.*

Please accept this letter of authorization to effectively change the management of the below said subaccount according to the following instructions, terms and conditions. All of the other information provided to Interactive Brokers LLC ("IB") during the application process is still correct and I (we) agree to notify IB if any material changes in that information occur in the future.

IB Account Number

IB Account Title

**IB Account Number of
New Financial Advisor**

**Name of New Financial Advisor or Advisory
Firm**

Provide the Reason for this request:

1. The undersigned hereby represent, warrant and certify that the transfer(s) to be effected pursuant to the above Transfer Instructions will be in full compliance with any applicable documents (e.g., Trust document, organizational documents, Financial Advisory Agreements, etc.) and applicable law.
2. The undersigned agree to indemnify and hold Interactive Brokers LLC and its affiliates, and their respective directors, officers, and employees (individually and collectively, an "Indemnified Party") harmless from and against any claim, loss, liability, cost and expense incurred, (including but not limited to attorney fees, tax implications, liquidations, etc.) by such IB Indemnified Party as a result of or arising from (i) IB effecting the transfer; or (ii) IB's reliance on these written instructions, including any representations made herein.

Signature of Primary Acct Holder / Trustee	Print Name	Date
Signature of Secondary Acct Holder / Beneficiary	Print Name	Date