



1 GENERAL INFORMATION

Account Holder's Name	Midland Account Number
-----------------------	------------------------

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. The undersigned represents and warrants that he/she has full power and authority to execute and deliver this designation and bind the Account Holder hereto. The undersigned, on behalf of him/herself, the Account Holder and his/her estate, heirs, successors and assigns (collectively on a joint and several basis the "Account Holder Parties"), agrees: (a) that the Administrator, Custodian, and their respective affiliates, officers, employees, agents, successors and assigns (collectively on the "Administrator Parties") shall have no liability for any action any of them takes (or any failure to act) in reasonable reliance on this Designation while it is in effect, and, hereby irrevocably releases the Administrator Parties from any and all claims which may arise as a result of any such action (or failure to act) taken by any one or more of the Administrator Parties in reasonable reliance on this Designation; and (b) to indemnify and hold harmless the Administrator Parties against all claims, actions, costs and liabilities, including, without limitation, attorneys' fees and costs, arising out of or related to their reliance on this Designation (each a "Claim" and collectively the "Claims"). This indemnity and hold harmless provision shall survive any Termination of this Designation.

The Administrator Parties shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in in any Claims and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by the Administrator Parties in the defense of such Claims. If there are insufficient funds in my account to cover the Litigation Costs incurred by the Administrator Parties, on demand by the Administrator Parties, the Account Holder Parties will promptly reimburse the Administrator Parties the outstanding balance of the Litigation Costs. If the Account Holder Parties fail to promptly reimburse the Litigation Costs, the Administrator Parties shall have the full and unequivocal right to freeze the account(s) identified above (the "Account"), liquidate the Account, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. The Account Holder Parties also understand and agree that the Administrator Parties will not be responsible to take any action should there be any default with regard to the Account or any investments held in the Account as a result of any such freeze, withdrawal, or liquidation. If any provision of this Designation is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

3 SIGNATURE AND ACKNOWLEDGEMENT

Account Holder Signature: _____	Date: _____
---------------------------------	-------------