



Third Party Authorization
*Complete the authorization form to allow your
Third-party to gain access to your account information*

Please complete and return completed form via email at support@solo401k.com or
fax at (775) 201-1456

Accountholder Information:

Name

Trust name

Email Address

Phone number

I authorize the following third party to access account information:

Name

Phone number

Email Address

Firm/Company name (if applicable)

**Please remove the following third party from accessing account
information :**

Name

Phone number

Email Address

Firm/Company name (if applicable)

**I authorize Nabers Group and/or its affiliates to discuss my account and obtain any
information necessary; however, no investments shall be made on my behalf.**

Accountholder Signature

Date