



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 about my
Solo 401k from Nabers Group:**

Name

Phone number

Email Address

Firm/Company name (if applicable)

**Please remove the following third party from accessing account information
about my Solo 401k from Nabers Group:**

Name

Phone number

Email Address

Firm/Company name (if applicable)

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

Account holder Signature

Date