

Mail or FAX completed forms to:  
PO Box 44215, Jacksonville, FL 32232-4215  
Fax: 866-812-3144

**Questions?** Call us at 1-800-HRBLOCK

Account Owner	
Name (Print Clearly)	Contact Phone Number: □ □ □ - □ □ □ - □ □ □ □
Roth IRA Account Number: □ □ □ □ □ □ □ □ □ □	SSN/TIN: □ □ □ - □ □ - □ □ □ □ □
Traditional IRA Account Number: □ □ □ □ □ □ □ □ □ □	Account Number: □ □ □ □ □ □ □ □ □ □

Add Interested Party to the above listed account(s)			
First Name	Last Name	Relationship	
Street Address	City/State	Zip Code	Telephone
Authorized Access		<input type="checkbox"/> Phone Inquiries	<input type="checkbox"/> Duplicate Statements
First Name	Last Name	Relationship	
Street Address	City/State	Zip Code	Telephone
Authorized Access		<input type="checkbox"/> Phone Inquiries	<input type="checkbox"/> Duplicate Statements

Remove Interested Party to the above listed account(s)		
First Name	Last Name	Relationship
First Name	Last Name	Relationship

Signature	
<p>I expressly assume responsibility for any adverse consequences which may arise from these changes and further agree that the custodian shall in no way be held liable. I hereby agree to indemnify and hold H&amp;R Block harmless from any expenses, costs, damages, claims, suits and/or proceedings arising from H&amp;R Block's reliance on the Interested Party form.</p> <p>This agreement shall be subject to and governed by the laws of the State of Missouri and shall inure to the benefit of H&amp;R Block, it's affiliates, any successors by merger, consolidation or otherwise and shall be bringing upon the customer's heirs, executors, successors, and assigns.</p>	
<p><b>X</b> _____</p>	
<p><b>Account Owner Signature</b></p>	
<p>_____</p> <p><b>Co-Owner Signature (if joint accounts)</b></p>	<p>_____</p> <p><b>Date</b></p>

Clarify Case# \_\_\_\_\_