

Authorization to Release Information

Date: _____

To: _____

This form authorizes

to obtain necessary information to prepare various financial recommendations for me.

Attorney, accountant, investment advisor, insurance agent, broker, bank or trust officer:

You are requested and authorized to provide information, forms, documents (or copies) that may be requested.

Employer: You are requested and authorized to provide information regarding employee benefit programs for which I may be entitled to now or in the future.

Insurance Company: You are requested and authorized to provide information regarding my policies, including but not limited to, any policy service, change, or surrender forms.

This is a multi-purpose form and a copy of this authorization shall be considered as effective and valid as the original. This authorization is valid for a period of six months following the date below.

Note: I am not requesting that you disclose medical information or credit report information pursuant to this authorization form.

Name: _____

Signature: _____ Date: _____

Information requested: _____

This form is a supplement to any other privacy policy that may apply.

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