

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Date of Request	
Client 1	
Client 2	
Name of Corporation(s)	
Name of Family Trust(s)	

**Lawyer's**    **Accountant's Contact Information:**

Name	
Firm Name	
Address	
Telephone Number	
E-Mail Address	

I \_\_\_\_\_ (Client 1) and I \_\_\_\_\_ (Client 2) give our consent to my lawyer/accountant named above to communicate with and release such information as is requested to my MoneyMaker advisor and / or Assante Private Client relative to ourselves personally, our corporation(s) and/or family trust(s). We agree that such communication may include written and/or verbal.

We also acknowledge that we are solely responsible to pay any fees or other charges arising from the provision of such services by our lawyer and/or accountant.

X
X

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Client1
Client 2
Date