

AUTHORIZATION TO RELEASE FINANCIAL INFORMATION

I, _____, hereby authorize Permanent Value, Inc. to release my financial information to the following individual(s). The information may include, but is not limited to, all account values, transaction history or tax related reports.

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

Name

Phone

Relationship

I understand that I can revoke this authorization for any or all of these named individual(s) at any time, in writing.

Client Signature

Date