

## ADVANCING YOUR FINANCIAL WELL-BEING

### Client Authorization To Release Information

Date: \_\_\_\_\_

#### Release Information Designated Below To The Following Third-Party:

Third-Party Name: \_\_\_\_\_ Attn.: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\_\_\_\_\_ Main Point of Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

I hereby authorize Global Wealth Strategies and Associates to release any and all information to the above referenced Third- Party. By signing, I understand that my information will be sent via mail, e-mail and/or fax. Also, if needed, I am authorizing GWS&A permission to answer questions of the Third-Party about the information I have authorized to be released. I understand that I may be obligated to compensate GWS&A for all time expended and reimburse for all out-of-pocket expenditures related to the release of this requested information.

This authorization will be valid in original or copy form. This authorization is to remain effective until such time, if any, that GWS&A receives, in writing, an update or change to this form. GWS&A reserves the right to decline, at its sole discretion, my request for release of information to any Third Party.

By my signature below, I certified that I have the authority to execute this form and am a currently authorized signer/owner/or other authorized representative for the below named individual/entity and that I agree to indemnify GWS&A against any liability related to improper release of any information in regards to this release:

Authorizing Signature: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Print Name(s) and Title as it appears on document (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

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