



Financial Information Release Authorization

This authorization form allows for the release of important financial information from REW Financial to the authorized individual or company listed below. These forms and account information may be related to your retirement and non-retirement accounts, bonds, annuities, insurance, direct investments and any other financial account in which REW Financial has access. This authorized individual may use this signed authorization form to obtain information from REW Financial for as long as this release form has not been revoked in writing.

Select Person or Entity to Share Information:

Spouse Family Accountant Attorney Advisor Other

Authorized Individual's Name _____
Business Name _____
Mailing Address _____

Phone Number _____
Fax Number _____
Email Address _____

Select What Information to Share:

Any & All Client and Account Information, Documents, and Forms that the Above Authorized Might Require
 Account Information (Including Account Numbers, Values, Registration, Custodian)
 Personal Information (Social Security Number, Birthday, Phone Number, Address: Email & Physical)
 Trade Confirmations Statements Beneficiary Information Account Forms
 Tax Documents (such as, but not limited to 1099s, K-1s, etc.)

I authorize REW Financial to share my financial information with the authorized person or company listed above for purposes determined by that individual or company. I understand that I may revoke my permission to send information to the above authorized at any time in writing to REW Financial. I also understand that REW Financial cannot be held responsible for any documents that were sent or information that was shared while this agreement was in effect if sharing permission is revoked.

Client Name _____

Client Signature _____ Date _____

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www.rewfinancial.com

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