



Permission by Client to Share Personal Information

Advisor Information: David L. Harris, PhD ChFC CFP®
Wealth Advisor
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Client Name

Client Phone #

I hereby authorize my Financial Advisor and the person(s) named below to share my personal information back and forth.

1. _____
Relationship to Client: Name

Firm Name Phone

Firm Address email

2. _____
Relationship to Client: Name

Firm Name Phone

Firm Address email

Information to be provided:

- Tax related information only
- Insurance product information only (excluding underwriting details)
- Other _____

Permission Expiration:

- No Expiration
- One-Time Only
- End Date: / /
 mm dd yyyy

Client Signature

Date

Signed at (City, State)