

Authorization for Duplicate Statements and Release of Client Information

_____, 20____

Clearing Firm Address

Re: Account No. _____

Dear Sir or Madam:

Please accept this letter as authorization for you to provide duplicate copies of all my brokerage and Client account statements to

_____ (PRINT NAME)

_____ (PRINT ADDRESS)

This letter will also serve as my/our consent to your release to the above broker-dealer of any information in connection with my/our above-referenced account(s), including but not limited to new account documentation and any form of complaint or written record thereof.

This authorization and consent shall remain in force until revoked by me/us in writing.

Signature of Account Holder

Signature of Co-Holder (if any)

Print Name of Account Holder

Print name of Co-Holder (if any)

Address