

## Authorization to Release Information



To Whom It May Concern    *(including, but not limited to attorney, accountant, investment advisor, insurance company, insurance agent, broker, banker and trust officer)*

I/we am/are currently engaged in personal and/or business planning and the intent of this authorization is to allow collaboration between advisors and sharing of accurate information so that appropriate planning recommendations can be made. My/our signature(s) below signifies the authorization for the release of personal financial and income tax information, including, but not limited to, information relating to any business in which I/we hold an equity interest, legal documents relating to personal or business planning, wills, trusts, contracts, other legal documents and information relating to any trust of which I/we am/are a grantor, trustee or beneficiary, detailed policy information or reprojections for any existing life insurance contracts of which I/we (or my/our business or trust) am an owner or insured, to:

Coordinated Planning  
20507 Nicholas Circle, Suite 108  
Elkhorn, NE 68022

It is understood that the information described above will be used only for the purposes of assisting with planning, will be treated by the foregoing recipient as confidential and will not be further disclosed to anyone except as authorized or required by law. I/we have the right to revoke this authorization at any time by written notification. This is a multi-purpose form and an electronic version shall be considered as effective and valid as the original for 24 months following the dated signature below.

Specifically excluded from this request is any medical or credit report information.

X \_\_\_\_\_  
Client

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Client

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date