

## Financial Planning Client Information Release Form

Client Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_  
\_\_\_\_\_

This form will authorize Signator Investors, Inc. to request personal financial information of the Client(s) referenced above, as needed, in order to gather sufficient data to formulate a financial plan for the Client(s). Information may be requested from any of several entities, as may be required. Entities may include, but are not limited to, the United States Government, State or city governments, corporate human resources departments, banks or other financial institutions, or any other references or sources of personal financial information.

All information and advice furnished by any party or entity, including their agents and employees, shall be treated as confidential and shall not be disclosed to third parties, except as agreed upon in writing or required by law.

**By signing below, the Client(s) agrees (agree) to the release of any information as requested.**

I (we) authorize any individual or entity to provide information about me (either of us) which the Company requests for the purpose of evaluating my (our) financial situation, in order to provide a personal financial plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Partner Signature (if applicable)