

Authorization to Release Account Information



Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

This form authorizes and directs Wells Fargo Advisors to release to the individual and/or organization listed below (the "Authorized Recipient") certain confidential and non-public information relating to your account(s) for the time period specified. Such information may include the name, physical address, email address, social security number or tax identification number for the account holder(s), cash and securities balances as well as transactional history ("Account Information").

STEP 1 ENTER ACCOUNT INFORMATION			
Account Number	Account Title	Account Number	Account Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Title	Account Number	Account Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Title	Account Number	Account Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Title	Account Number	Account Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2 IDENTIFY AUTHORIZED RECIPIENT			
Name of Person(s) or Organization to Receive Account Information		Affiliation (CPA, Attorney, Money Manager, etc.)	
<input type="text"/>			
Local Address 1			
<input type="text"/>			
Local Address 2			
<input type="text"/>			
Country	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

STEP 3 SELECT ACCOUNT RECORDS TO BE RELEASED	
The Authorized Recipient is authorized to receive the following account records <i>(check one or more boxes)</i> :	
<input type="checkbox"/> Statements	<input type="checkbox"/> Confirmations
<input type="checkbox"/> Tax Forms	<input type="checkbox"/> Other: _____

STEP 4 SELECT APPLICABLE TIME PERIOD (Check one or more.)	
<input type="checkbox"/> All	<input type="checkbox"/> Specified From: _____ To: _____
<input type="checkbox"/> Future	<input type="checkbox"/> Other: _____

Note: If you authorize Wells Fargo Advisors to provide an Authorized Recipient with Account Information on an ongoing basis, we shall continue to do so until you direct us otherwise. It is your responsibility to advise your Financial Advisor if you no longer want Wells Fargo Advisors to provide your Account Information to the Authorized Recipient.

STEP 5 CLIENT AUTHORIZATION (If Client(s) instructions are verbal, skip to Step 6.)		
Signature	Print Name	Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Signature	Print Name	Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

STEP 6 DOCUMENTATION OF CLIENT(S) VERBAL INSTRUCTIONS

Name of Authorized Account Holder	Account holder(s) personally known to me; or	Account holder(s) confirmed by two pieces of identifying information. (e.g. SSN, DOB, recent account activity, home phone number)
	<input type="checkbox"/>	<input type="checkbox"/> 1. 2.
	<input type="checkbox"/>	<input type="checkbox"/> 1. 2.
	<input type="checkbox"/>	<input type="checkbox"/> 1. 2.

STEP 7 ASSOCIATE'S SIGNATURE

The undersigned certifies that the account holder(s) authorized the release of Account Information to the Authorized Recipient and that identity of the account holder(s) was verified by one of the above methods.		
Associate's Name	Associate's Signature	Date

**ANY ACCOUNT OWNER OR PERSON SIGNING ON BEHALF OF THE ACCOUNT
HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS:**

WELLS FARGO CLEARING SERVICES, LLC, AND WELLS FARGO ADVISORS FINANCIAL NETWORK, LLC (herein collectively referred to as "WFA"), are separate, non-bank affiliates of Wells Fargo & Company. As separate corporations, none are responsible for the obligations of the others. Stocks, bonds, mutual funds and other securities bought and sold through WFA are not deposits of any bank and are not insured or otherwise protected by the Federal Deposit Insurance Corporation ("FDIC"), or any other government agency; are not an obligation of any bank or any affiliate of WFA; are not endorsed or guaranteed by Wells Fargo & Company, WFA, or any bank or any affiliate of WFA; and involve investment risk including possible loss of principal. Accounts are carried by Wells Fargo Clearing Services, LLC.

Indemnification. In consideration of WFA accepting the instructions on the first page of this Authorization, I hereby release and discharge WFA and its affiliates from any liability or claims in connection with the release of Account Information to the Authorized Recipient and agree to indemnify and hold WFA harmless against any losses from any action, claim or demand of any person based upon WFA acting under these instructions.

Unauthorized Disclosure. I shall promptly advise WFA in writing of any misappropriation or unauthorized disclosure or use of my Account Information by any person other than the Authorized Recipient which may come to my attention and to take steps reasonably requested by WFA to limit, stop or otherwise remedy the misappropriation or unauthorized disclosure or use.

Privacy Policy. WFA has provided me with a copy of its Privacy Policy, which explains that customers have the ability to "opt out" of sharing information about my account. I understand that I have the right at any time to discontinue access by the Authorized Recipient to my Account Information.

BY SIGNING THIS DOCUMENT, THE SIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE FOREGOING.