

**AUTHORIZATION TO RELEASE AND/OR OBTAIN INFORMATION**

This form authorizes:

**Weyers McKeever Financial Partners** and its agents, employees and representatives to  
 **obtain** and/or  **release** necessary information to prepare various financial recommendations  
for me.

- Attorney** \_\_\_\_\_
- Accountant** \_\_\_\_\_
- Investment Advisor** \_\_\_\_\_
- Insurance Agent** \_\_\_\_\_
- Broker** \_\_\_\_\_
- Bank** \_\_\_\_\_
- Trust Officer** \_\_\_\_\_
- Mortgage Broker** \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This is a multi-purpose form and a copy of this authorization shall be considered as effective and valid as the original. This authorization is valid for a period of 1 year following the date below.

*Note: I am not requesting that you disclose medical information or credit report information pursuant to this authorization form.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

Securities and Investment Advisory services are offered solely through Registered Representatives and Investment Adviser Representatives of Equity Services, Inc. (ESI) known as Vermont Equity Services in WI, NH, CO & MO., 1 N. Franklin Street, Suite 3450, Chicago, IL 60606 (312) 236 2500. ESI is independent of Weyers McKeever. Revised 1/6/2023 TC130822(0123)P