

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., 123. N. Wacker Drive, Suite 600, Chicago, IL 60606 (312) 236 2500. ESI is independent of Weyers McKeever. Revised 2/4/2020 TC112575(0220)3