

AUTHORIZATION TO RELEASE INFORMATION

To complete this form:

- 1) Please fill out all corresponding fields in the table below as thoroughly as possible, being sure to include at least a phone number for contact purposes.
- 2) Complete authorization validity date
- 3) Print name(s), sign and date
- 4) Return to CWM at: 3500 188th St SW, Suite 102, Lynnwood, WA 98037 · fax (425) 778-8896 · e-mail info@CWMnw.com

Please consider this authorization for my Registered Representative, Brian J. Lockett and Comprehensive Wealth Management, LLC to, upon request of any persons mentioned below ("Authorized Persons"), release any and all of my/our financial information to an Authorized Person.

Certified Public Accountant:		
Name:	Address:	Phone Number:
Firm Name:	City, St., Zip:	Email:
Legal Counsel:		
Name:	Address:	Phone Number:
Firm Name:	City, St., Zip:	Email:
Mortgage Professional:		
Name:	Address:	Phone Number:
Firm Name:	City, St., Zip:	Email:
Other:		
Name:	Address:	Phone Number:
Firm Name:	City, St., Zip:	Email:

I understand that any cancellation or modifications of this authorization must be in writing and that I have a right to receive a copy of this authorization. I also understand that this authorization is not limited and authorizes my Registered Representative and Comprehensive Wealth Management, LLC to release any and all information requested by an "Authorized Person". My registered Representative and Comprehensive Wealth Management, LLC shall be under no obligation to inquire as to the purpose of the request or the reasonableness of the request.

This authorization shall remain valid until: ____/____/20____ (Authorization will be indefinite if left blank and can be revoked at any time).

In consideration of my Registered Representative and Comprehensive Wealth Management, LLC providing information on my behalf I release my Registered Representative and Comprehensive Wealth Management, LLC from any and all claims, causes of action or liability which may arise from the provision of the information to an Authorized Person.

Client 1 Name	Client 1 Signature	Date
Client 2 Name	Client 2 Signature	Date

CWM office use only:

Original signature: Yes No Client database record updated on: ____/____/20____ by _____ (CWM team member initials)