

**Authorization to Release Information**

Name:

Company:

Address:

RE:

I hereby authorize you to release in writing, or discuss verbally, the following information to the party reference below. This release applies to all accounts, contracts, and other pertinent information associated with the above referenced person(s).

- General account information
- Tax information
- Legal information
- Other \_\_\_\_\_

**Please release information to:**

Sandra L. Kobel, CFP®, CLU®, ChFC®  
Kobel Financial Planning  
625 Panorama Trail Building 1, Suite 107  
Rochester, New York 14625

By signing, I understand that my information will be released as outlined above.

Authorized Signer \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signer \_\_\_\_\_

Date \_\_\_\_\_

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