

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 _____

LIVE LIFE. RETIRE READY.™