



Authorization to Release/Disclose/Discuss Information

I am in the financial planning process and believe you have some information that could aid in this process. Keith W. Rauschenberger may be contacting you with a request for specific information or to discuss my issues. Please provide all information requested or answer any questions posed.

My signature below hereby authorizes all persons, entities or governmental agencies to whom this authorization is presented, to release/disclose/discuss any information you have on my

Insurance, Investment, Banking, Taxes, Real and personal property, Business operations, Annuity, Estate, Trust and beneficiary transactions, Wills, Powers of Attorney, Social Security, Medicare, Medicaid or other governmental programs, and Pension Plans and or Retirement Plans of all types to/with

Keith W. Rauschenberger, Rauschenberger Financial Advisors, 912 Douglas Ave. Elgin, IL 60120 847-802-2500, KWR@RFA1.com

I intend this release to be as broad and encompassing as possible and to include all information you possess relating to me and I absolve you from all liability for releasing, disclosing or discussing my information.

I hereby authorize a reproduction or facsimile of this request to be treated, for all intent and purposes, as valid as the original.

I thank you for your past assistance and for your cooperation in this matter.

Executed _____ on the _____ day of _____, 20____
City/State

Name 1

Name 2

This release shall be valid until cancelled.



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Please provide a list of other professionals that you work with for our reference and/or family members you would like us to be able to discuss your finances with:

	Name	Contact Info
CPA	_____	_____
Estate Attorney	_____	_____
Insurance Agent(s)	_____	_____
Family member(s)/ Other(s)	_____	_____
Family member(s)/ Other(s)	_____	_____
Family member(s)/ Other(s)	_____	_____
Family member(s)/ Other(s)	_____	_____