LEVEL FOUR Financial
A DIVISION OF LEVEL FOUR GROUP, LLC

LEVEL FOUR Advisory Services
A DIVISION OF LEVEL FOUR GROUP, LLC

Form #: LF201	FA #:
Branch #:	

CONSENT TO DISCLOSE PERSONALLY IDENTIFIABLE INFORMATION ("PII")

Instructions: This form gives permission to your Financial Advisor to disclose personally identifiable information to a 3rd party (tax or legal advisor, relative or other individual).

1. ACCOUNT INFORMATION

Account Number	Account Name	Account Number	Account Name

2, AUTHORIZATION

I hereby authorize my financial advisor to provide the following information:

- ☐ Any information regarding the account or client
- ☐ Account Balance
- ☐ Statement
- ☐ Account Distributions/Frequency
- ☐ Tax Information (e.g. 1099)

Special Instructions:

3. DISCLOSE INFORMATION TO

Individual/Firm/Third Party Service Provider Name	Relationship to Account Holder	Email	
Address		**Telephone**	**Cell Phone**

Individual/Firm/Third Party Service Provider Name	Relationship to Account Holder	Email	
Address		**Telephone**	**Cell Phone**

Individual/Firm/Third Party Service Provider Name	Relationship to Account Holder	Email	
Address		**Telephone**	**Cell Phone**

4. EXPIRATION INFORMATION

Permission Expiration: ☐ No Expiration ☐ Specify Date ______________________________

5. ACKNOWLEDGEMENT

Account Holder Signature	Account Holder Name (print)	Date
Account Holder Signature	Account Holder Name (print)	Date