

## CONSENT TO COMMUNICATE INFORMATION TO AN AUTHORIZED PERSON

### APPLICANT INFORMATION

I, \_\_\_\_\_, hereby authorize the communication of my personal & business information to the following authorized person(s):

### AUTHORIZED PERSONS

|                           |                           |                     |
|---------------------------|---------------------------|---------------------|
| NAME OF AUTHORIZED PERSON | RELATIONSHIP TO APPLICANT | CONTACT INFORMATION |
|---------------------------|---------------------------|---------------------|

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| NAME OF AUTHORIZED PERSON | RELATIONSHIP TO APPLICANT | CONTACT INFORMATION |
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|---------------------------|---------------------------|---------------------|
| NAME OF AUTHORIZED PERSON | RELATIONSHIP TO APPLICANT | CONTACT INFORMATION |
|---------------------------|---------------------------|---------------------|

- I understand that by providing this consent, I am authorizing the disclosure of personal information pertaining to me, including but not limited to, financial records, and any other pertinent information necessary for communication or decision-making purposes.
- I acknowledge that this authorization will remain in effect until revoked by me in writing.
- I understand that the authorized person(s) listed above may act on my behalf in matters requiring communication and decision-making, and I release any entity or individual who discloses information in good faith reliance on this authorization from any liability that may arise from such disclosure.

|                                 |                   |
|---------------------------------|-------------------|
| DATED THIS _____ DAY of, 20____ |                   |
| NAME OF PRODUCER (PLEASE PRINT) | SIGNATURE         |
| WITNESS NAME                    | WITNESS SIGNATURE |