

## Authorization to Release Information

Written authorization is required before ICA can release *any* account information. To expedite any requests ICA may receive, please complete, sign and return to ICA office. This authorization is in effect until I/we withdraw it in writing.

Client Name(s): \_\_\_\_\_

SS# or Account number(s): \_\_\_\_\_

Date: \_\_\_\_\_

### Accountant

Name of Accountant/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Attorney

Name of Attorney/Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Financial Institution

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Other (spouse, children, etc.)

Name & relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I/we authorize the release of my/our information about my/our ICA accounts to whom I/we listed above, & authorize the release of my/our account information to the ICA office listed below.**

Signature(s): \_\_\_\_\_

Please return this form to:

Craig Prudhomme or Daphnie Bergsten  
Investment Centers of America (ICA)  
20 Hartman Drive, Moose Lake, MN 55767  
Phone: 218-485-5725 Fax: 218-485-5720

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