

Permission to Disclose Personally Identifiable Information ("PII")

PIID

Account Number

Rep ID

Instructions: This form gives permission to your financial professional to disclose personally identifiable information to a 3rd party, (tax or legal advisor, relative or other individual) and or grant online access to Account View. This form is for financial professional use only and to be kept in the client file. Information requested below will not be provided by the LPL Home Office. Do not use this form for the following purposes:

- To disclose verification of account balance and deposits to a third party, use the "Verification of Deposit" form (F704).
- To add a trusted contact person, use the "Trusted Contact Person" form (F751).
- To give trading authorization, use the "Trading Authorization" form (F10).
- To add an interested party to receive duplicate statements or trade confirmations, use the "Authorization for Duplicate Statements Request" form (F682).

To upload to the Client record in ClientWorks, please email to imaging.email@lpl.com.

1. Account Information

Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Authorization

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Any information regarding the account or client | <input type="checkbox"/> Account Balance | <input type="checkbox"/> Account Distributions/Frequency |
| <input type="checkbox"/> AccountView Access | <input type="checkbox"/> Statement | <input type="checkbox"/> Tax Information (example: 1099) |

Special Instructions

3. Disclose Information to

Individual / Firm / Third Party Service Provider Name	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Telephone	Cell Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Individual / Firm / Third Party Service Provider Name	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Telephone	Cell Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Individual / Firm / Third Party Service Provider Name	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	Telephone	Cell Phone #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

4. Expiration Information

Permission Expiration: No Expiration Specify Date

5. Acknowledgment

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

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



Member FINRA/SIPC

