

Financial Adviser Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I, [Your Name], hereby authorize [Adviser's Name] of [Adviser's Firm Name] to assess my financial goals and provide guidance on my financial situation.

This authorization includes, but is not limited to, accessing my financial records and other relevant information necessary for a comprehensive evaluation of my financial objectives.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]