

# **Financial Adviser Authorization for Insurance Review**

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], residing at [Your Address], hereby authorize [Financial Adviser's Name], of [Company Name], to review and evaluate my insurance policies and financial situation on my behalf.

This authorization includes obtaining and reviewing all pertinent information necessary to perform a comprehensive insurance review.

I understand that this authorization will remain in effect until I provide a written notice of revocation.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]