

Financial Adviser Authorization Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Adviser's Name]

[Adviser's Firm]

[Firm's Address]

[City, State, Zip Code]

Dear [Adviser's Name],

I, [Your Name], hereby authorize you to act on my behalf in matters related to my retirement planning. This includes, but is not limited to, managing my retirement accounts, providing investment advice, and coordinating with other financial professionals as necessary.

Please find attached necessary documentation for your records, including my identification and details of my current financial situation.

Thank you for your assistance in helping me achieve my retirement goals.

Sincerely,

[Your Signature]

[Your Printed Name]