

Financial Adviser Authorization for Risk Assessment

Date: _____

To Whom It May Concern,

I, **[Your Full Name]**, hereby authorize **[Financial Adviser's Name/Company]** to conduct a comprehensive risk assessment on my financial profile. This authorization enables you to gather and evaluate necessary financial information to determine my risk tolerance and investment needs.

I understand that this assessment will involve reviewing my financial goals, income, expenses, and investments. I trust that all information will be handled with confidentiality and used solely for the purpose of assessing my financial risk.

Please feel free to contact me at **[Your Phone Number]** or **[Your Email Address]** should you require any further information.

Thank you for your assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Address]