

# Investment Account Management Authorization

Date: [Insert Date]

To: [Financial Institution Name]

Address: [Financial Institution Address]

Subject: Authorization for Investment Account Management

Dear [Recipient's Name],

I, [Your Full Name], the account holder of the investment accounts listed below, hereby authorize the following individual(s) to act on my behalf in managing these accounts:

- Account Name: [Account Name 1] - Account Number: [Account Number 1]
- Account Name: [Account Name 2] - Account Number: [Account Number 2]
- Account Name: [Account Name 3] - Account Number: [Account Number 3]

Authorized Individual(s):

- Name: [Authorized Person's Full Name] - Relationship: [e.g., Spouse, Child]
- Name: [Authorized Person's Full Name] - Relationship: [e.g., Spouse, Child]

This authorization includes but is not limited to the ability to make investment decisions, execute transactions, and access account information. This authorization is valid until revoked in writing.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions or require further verification.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]