

# Investment Account Management Authorization

Date: [Insert Date]

To Whom It May Concern,

We, the undersigned joint account holders of the investment account detailed below, hereby grant authorization to [Insert Authorized Person's Name], to manage and operate our joint investment account on our behalf.

## Account Details:

Account Holder 1: [Name]

Account Holder 2: [Name]

Account Number: [Insert Account Number]

Institution: [Insert Financial Institution Name]

This authorization includes, but is not limited to, the ability to make investment decisions, execute trades, and receive account statements and information.

All joint account holders agree to the terms outlined above and understand that this authorization will remain in effect until written notice of revocation is received by the institution.

## Signatures:

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[Account Holder 1 Name]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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[Account Holder 2 Name]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your attention to this matter.

Sincerely,

[Account Holder 1 Name]

[Account Holder 2 Name]