

Investment Account Management Authorization for Minors

Date: _____

To Whom It May Concern,

We, the undersigned, hereby authorize **[Name of Authorized Person]** to manage the investment account on behalf of my minor child, **[Child's Full Name]**, who was born on **[Child's Date of Birth]**.

Details of the Investment Account:

- Account Number: **[Account Number]**
- Financial Institution: **[Institution Name]**

This authorization includes, but is not limited to, the authority to make investment decisions, buy and sell securities, and access the account information.

We understand that this authorization will remain in effect until we provide written notice of termination to the financial institution.

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Full Name]

Signature: _____

Contact Number: **[Phone Number]**

Email: **[Email Address]**

Address: **[Home Address]**