

Investment Account Management Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby authorize [Authorized Person's Full Name], residing at [Authorized Person's Address], to act on my behalf regarding my investment accounts.

This authorization includes the power to:

- Access account information
- Make investment decisions
- Withdraw funds
- Deposit funds
- Transfer assets

This authorization is effective from [Start Date] until revoked in writing. I acknowledge that I am responsible for all transactions conducted by the authorized person.

Thank you for your attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]

[Your Email Address]