

Permission to Disclose Personally Identifiable Information ("PII")

Instructions: This form gives permission to your financial professional to disclose personally identifiable information to a 3rd party, (tax or legal advisor, relative or other individual) and or grant online access to view account information. This form is for financial professional use only and to be kept in the client file. Information requested below will not be provided by the HighPoint Home Office. Please email the completed form to IFAdocs@hiptpartners.com

1. Account Information

Primary Advisor	Secondary Advisor (if applicable)	
<input type="text"/>	<input type="text"/>	
Name of Custodian	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Custodian	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Custodian	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Custodian	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Authorization

I hereby authorize my financial professional(s) to provide the following information:

- | | | |
|--|--|--|
| <input type="checkbox"/> Any information regarding the account or client | <input type="checkbox"/> Account Balance | <input type="checkbox"/> Account Distributions/Frequency |
| <input type="checkbox"/> Online Account Access | <input type="checkbox"/> Statements | <input type="checkbox"/> Tax Information (i.e. 1099s) |

Special Instructions:

3. Disclose Information to

Individual/Firm/ Third Party Service Provider	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Telephone	Cell Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Individual/Firm/ Third Party Service Provider	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Telephone	Cell Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
Individual/Firm/ Third Party Service Provider	Relationship to Account Holder	Email	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		Telephone	Cell Phone Number
<input type="text"/>		<input type="text"/>	<input type="text"/>

4. Expiration Information

Permission Expiration: No Expiration Specify Date

Acknowledgement

_____ Account Holder Signature	_____ Account Holder Name (print)	_____ Date
_____ Account Holder Signature	_____ Account Holder Name (print)	_____ Date