

# Authorization to Share Account Information



## Account Holder(s)

Account Number		<input type="checkbox"/> New Authorization <input type="checkbox"/> Updating Authorization	
Account Holder Name	Social Security	Phone Number	
Account Holder Name	Social Security	Phone Number	
Address	City	State	Zip

## Authorization

I hereby authorize \_\_\_\_\_ (third party) to obtain account balance and review activity on account listed above. (limited as stated below)

Authorization shall become active from \_\_\_\_\_ to \_\_\_\_\_ (if permanent put N/A)  
Start Date End Date

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Third Party Information

Name	Social Security	Phone Number	
Address	City	State	Zip
Third Party Signature		Date	

## Disclosure Statement

This authorization form allows limited information in regards to your account to be discussed with the third party listed above, such as account balances, activity, issue performance reports, and investment analysis. This agreement limits the sharing of information to the Spire Representative or Advisor on the account listed above. This form does not allow the third party to place orders, be provided documents, or provide online access to view the account listed above. Moreover, you agree to indemnify and hold harmless Spire and its officers, employees, agents and affiliates from and against any omission from your authorized third party. In addition to any other agreements between the parties, this form will not restrict any rights that may be created now or in the future. We reserve the right to amend or terminate this agreement at any time.

Advisor / Registered Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Spire Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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