

INQUIRY AUTHORIZATION FOR BURT WEALTH ADVISORS

To authorize a person or an organization to discuss your accounts with a Burt Wealth Advisors representative and to receive requested information regarding those accounts, please complete and sign this form.

1. Client Information

Last Name

First Name

Last Name

First Name

Home Telephone Number

2. Authorized Party

Individual _____ Firm _____

Home Telephone Number _____ Work Number _____

Mailing Address: _____

Relationship of the Authorized Party to You (check one of the following) Spouse Financial Advisor Accountant Family member/Friend Attorney Court-appointed Representative (e.g., guardian, conservator, etc.) Please submit the appropriate documents. Remove

Individual _____ Firm _____

Home Telephone Number _____ Work Number _____

Mailing Address: _____

Relationship of the Authorized Party to You (check one of the following) Spouse Financial Advisor Accountant Family member/Friend Attorney Court-appointed Representative (e.g., guardian, conservator, etc.) Please submit the appropriate documents.

3. Level of Authorization

Inquiry Only

This includes the right to receive specific information from Burt Wealth Advisors about any of your existing (and future) accounts, to request forms, and to receive general information.

4. Duration

Burt Wealth Advisors will assume that this authorization is in effect indefinitely, unless notified in writing to terminate.

5. Account Holder's Signature

Signature of Account Holder

Date

Signature of Account Holder

Date

If you have any questions, please call us at (301) 770-9880, Monday to Friday from 8 a.m. to 5 p.m. ET.