

Permission to Disclose Personally Identifiable Information ("PII")

PIID

Account Number

Rep ID

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 Account View. 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 LPL Corporate Office.

- Do not use this form if you want to add a Trusted Contact Person. For that purpose, use LPL Form F751 titled "Trusted Contact Person".
- Do not use this form if you want to give trading authorization. For that purpose, use the LPL Form F10 titled "Trading Authorization".
- Do not use this form if you want to add an interested party to receive duplicate statements or trade confirmations. For that purpose, use the LPL form F682 titled "Authorization for Duplicate Statements Request".

To upload to the Client record in ServiceWorks, please email to imaging.email@lpl.com.

1. Account Information

Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Name	Account Number	Account Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Authorization

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

- Any information regarding the account or client Account Balance Account Distributions/Frequency
 AccountView Access Statement Tax Information (example: 1099)

Special Instructions

3. Disclose Information to

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

4. Expiration Information

Permission Expiration: No Expiration Specify Date

5. Acknowledgment

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

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



Member FINRA/SIPC

