



**AUTHORIZATION FOR RELEASE OF INFORMATION
AND LIMITED RELEASE OF ATTORNEY/CLIENT PRIVILEGE**

We _____ and _____ (jointly or individually) hereby give our consent to and authorize our Financial Advisor, Insurance Professional, CPA/Accountant, Stockbroker, Stock Transfer Agent, or Financial Institution to release to Ross Estate Planning, LLC (including specifically Robert A. Ross, Jane Seusy, Cathy Ash, Michele Eger, and Lauryn Johnson) any and all information regarding our financial investments and taxes, including any information in regards to stocks, bonds, certificates of deposit, bank accounts, tax returns, retirement accounts, pension plans, or any other document or information regarding our accounts or any State or Federal benefits we are receiving.

We give our consent and authorize our attorney(s), Ross Estate Planning, LLC, whose address is 218 North 14th Avenue, P O Box 317, Sturgeon Bay, WI 54235, to release to our financial planner, insurance agent, CPA/accountant, employer (current or former), pension administrator, retirement plan administrator/custodian, stock transfer agent, or stockbroker, any and all information regarding our estate plan, including trusts, wills, letters, contracts, drawings, funding documents, affidavits, powers of attorney, or any other document used in the preparation of our estate plan for the purpose of coordinating our estate planning with any existing or proposed financial planning or for the purposes of funding revocable or irrevocable trusts.

We understand all communications between us and Ross Estate Planning, LLC, are privileged and protected from disclosure because of the attorney/client relationship.

We hereby release Ross Estate Planning, LLC, Financial Advisors, Insurance Professionals, CPA/Accountants, Stockbrokers, Stock Transfer Agents, and Financial Institutions from any liability for releasing the above-referenced information in reliance on this consent.

If this Authorization is attached to a form completed on our behalf and executed by one or both us to change beneficiaries for or title to our accounts to complete our estate plan, we specifically authorize the recipient to take the action requested by Ross Estate Planning, LLC to accomplish this objective.

WE HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN THIS DOCUMENT.

SIGNATURE

SIGNATURE

DATE

DATE