



LLC

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

I _____ hereby give my consent to and authorize my 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 my 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 my accounts or any State or Federal benefits I am receiving.

I give my consent and authorize my attorney(s), Ross Estate Planning, LLC, whose address is 218 North 14th Avenue, P O Box 317, Sturgeon Bay, WI 54235, to release to my 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 my estate plan, including trusts, wills, letters, contracts, drawings, funding documents, affidavits, powers of attorney, or any other document used in the preparation of my estate plan for the purpose of coordinating my estate planning with any existing or proposed financial planning or for the purposes of funding revocable or irrevocable trusts.

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

I 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 my behalf and executed by me to change beneficiaries for or title to my accounts to complete my estate plan, I specifically authorize the recipient to take the action requested by Ross Estate Planning, LLC to accomplish this objective.

I HAVE READ THE FOREGOING AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS AND DO VOLUNTARILY SIGN MY NAME TO THIS DOCUMENT.

SIGNATURE

DATE