

Kalorama Wealth Strategies, LLC

Authorization to Furnish Information

To: Kalorama Wealth Strategies, LLC (KWS) and employees of KWS

I/We hereby request and authorize the above to obtain any information necessary to prepare certain financial, investment, tax, retirement, insurance, and estate recommendations for my consideration.

Any attorney, accountant, stockbroker, investment advisor, insurance agent, bank or trust officer, is hereby requested and authorized to furnish any and all information, papers, documents or copies thereof which may be requested.

Any employer is requested and authorized to furnish any and all information regarding employee benefit programs for which I/We may be entitled now or in the future.

Any life, health, or casualty insurance company with which I/We have insurance is hereby requested and authorized to furnish any information regarding my/our policies, including any policy service, change, or surrender forms.

Any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance company, or other organization, institution, or person, is hereby authorized to furnish any information in their possession concerning my/our insurability and that of mv/our immediate family.

Because this is a multi-purpose form, a photo copy of this Authorization shall be as effective and valid as the original. This Authorization shall remain in effect until I/We revoke it in writing. This Authorization can be relied upon until such revocation. This Authorization shall apply to us individually and/or jointly.

Client 1:

Client 2:

Signature

Signature

Printed

Printed

Date

Date

Kalorama Wealth Strategies, LLC

Authorization to Furnish Information

To: Kalorama Wealth Strategies, LLC (KWS) and employees of KWS

I/We hereby request and authorize the above to release information requested by the following individuals:

Current advisors:	Name	Authorized	Not Authorized
Attorney	_____	_____	_____
Accountant	_____	_____	_____
Stockbroker	_____	_____	_____
Insurance	_____	_____	_____
Other Advisor	_____	_____	_____
Other Advisor	_____	_____	_____

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