

AUTHORIZATION TO SHARE CUSTOMER INFORMATION

I, _____ (“customer or the customer” when referred in this document)
 (Customer name)

authorize Colorado Financial Service Corporation (“CFSC”) and my CFSC Representative(s) to release or share the information and records (as requested by the Authorized Party) pertaining to my account(s) held with and/or serviced by Colorado Financial Service Corporation to the following Authorized Party.

This authorization is limited to releasing or sharing the account information or records and does **not** grant or allow the Authorized Party named below: (i) to act for or on behalf of the customer as a Power of Attorney or trustee; and/or (ii) to enter, execute, request, and/or make any transactions including securities transactions for or on behalf of the customer.

- Authorized Party: _____
- Relationship to Customer: _____
- Authorized Party’s Street Address: _____
- Authorized Party’s City, State, Zip: _____
- Authorized Party’s Phone Number: _____
- Authorized Party’s Fax Number: _____
- Authorized Party’s Email Address: _____

This authorization shall remain in effect until rescinded by me in writing to Colorado Financial Service Corporation and my CFSC Representative(s). My account information may be mailed or emailed to the address listed above, picked up by the above Authorized Party, or provided via telephone. I hereby release CFSC and its representative from any liability due to releasing information to the above Authorized Party.

Customer Signature

 Date

| | |
|--|---|
| Subscribed and affirmed before me in the county of _____ | State of _____ |
| this _____ day of _____ 20____ | |
| NOTARY SEAL | _____ Notary Signature _____ Commission Expiration |