



CONFIDENTIAL INFORMATION RELEASE FORM

We (I), _____, authorize Patricia Kummer and Kummer Financial Strategies, Inc. to contact and gather information from _____ regarding any tax, estate, or financial issue that could be necessary to complete my financial plan or advise me on financial matters. Kummer Financial Strategies will honor all confidentiality of this information.

Thank you for your cooperation.

Client Print Name

Client Print Name

Client Signature

Date

Client Signature

Date

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