

## DISCLOSURE AUTHORIZATION FORM

I, \_\_\_\_\_, expressly authorize Rash Curtis & Associates to communicate directly with \_\_\_\_\_ on all matters relating to Rash Curtis & Associates account Number(s):

\_\_\_\_\_ .

I acknowledge that without this authorization Rash Curtis & Associates will not be authorized to discuss these matters with any family member or representatives and that I expressly waive that restriction for all purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name

Please complete and return a separate form for each individual you wish to authorize to discuss your account(s) with Rash Curtis & Associates. Please return this form signed and dated to:

**Rash Curtis & Associates**

**8668 West Spring Mountain Rd.,**

**Suite 110, Las Vegas, NV 89117**