

AUTHORIZATION TO DISCUSS FINANCIAL AFFAIRS

In the event my wealth advisor at Mariner Wealth Advisors ("MWA") believes, in his/her opinion that I am suffering from diminished capacity and not currently able to handle my financial affairs on my own, or suspects I am a victim of elder abuse or financial exploitation, I would like my advisor to contact the individual(s) listed below to discuss the concerns. Triggering events might include a health problem, an accident, or a change in my behavior or decisions that contrast with the person the advisor has known me to be in the past. I understand that I am responsible for notifying MWA of any changes to the individuals or information provided herein and that MWA will rely on the information provided unless otherwise notified in writing.

(Note: MWA recommends naming the individual identified as your financial power of attorney if such an individual has been named. This is a recommendation only and should not be relied upon as legal advice.)

Name	Phone	Relationship (Relative, friend, attorney, doctor, etc.)

In the event my wealth advisor feels it is necessary, he/she has my permission to release my financial information, including copies of all correspondence directed to me from my advisor and custodian, (collectively referred to as Disclosing Party) to the following individual(s) (Receiving Party):

Name	Address	Phone

Release of Information:

I acknowledge that once financial information is released to the above referenced individual per my consent, the Disclosing Party has no control over what the Receiving Party does with the information. If the Receiving Party uses or discloses the financial information for purposes other than the purpose for which I have authorized the disclosure, Disclosing party is not responsible for that unauthorized disclosure.

Client Signature _____

Date _____