



**AUTHORIZATION TO FURNISH INFORMATION**

I hereby request and authorize **Will W. Woodard, III, CFP®** of **Dare Capital Management and Advisory** to obtain any information necessary to prepare certain financial, investment and insurance recommendations for my consideration.

Any attorney, accountant, 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 may be entitled now or in the future.

Any life, health or casualty insurance company with which I have insurance is hereby requested and authorized to furnish any information regarding my 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 insurability and that of my immediate family.

Because this is a multi-purpose service form, a photographic copy of this Authorization shall be as effective and valid as the original for a period of one year.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Client: \_\_\_\_\_ Date: \_\_\_\_\_