

Client Information Release Authorization Letter

There are times during life when unexpected events occur. In order to allow Weatherly Asset Management, L.P. ("WAM") the opportunity to assist you during a life changing event, whether it be incapacity or death, we are requesting information from you now so that we know your emergency contacts and professionals with whom you wish WAM to communicate. The purpose of this Client Information Release Authorization Letter (the "Letter") is to grant WAM authorization to allow one or more third-parties, as appointed by you in the chart below, access to your non-public personal information.

As your investment adviser, WAM is committed to safeguarding the use of your personal information that is made available to us. Per the terms of our Privacy Policy, WAM has implemented policies and procedures in accordance with Regulation S-P to protect your non-public personal information. In the case of a life changing event, we understand that you may wish for WAM to communicate and share such information with other parties on your behalf.

As part of this Letter, you may wish to provide WAM with a properly executed copy of your power of attorney, as applicable, for those parties listed below. By signing below, you are authorizing WAM to contact such parties if WAM reasonably believes doing so is in your best interest. If an attorney-in-fact is unavailable, WAM may communicate with your Emergency Contact (as listed below). If your WAM account is a joint account, you agree that any of the account holders individually may grant the power of attorney, but WAM reserves the right to require all owners to do so.

You hereby agree to indemnify, hold harmless and defend WAM and its affiliates and their respective officers, directors, shareholders and employees against any and all losses, damages, liabilities, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs or expenses of whatever kind, including attorneys' fees, arising out of or relating to WAM's sharing of your non-public personal information in accordance with the terms of this Letter. The federal and state securities laws impose liabilities under certain circumstances on persons who act in good faith, and therefore nothing in this Letter will waive or limit any rights that you may have under those laws.

**AUTHORIZED RECIPIENTS
(PROFESSIONAL ADVISORS)**

Role & Responsibility	Name	Address	Email	Telephone
Emergency Contact				
Estate Planning Attorney				
Accountant/CPA				
Trusted Family Member(s)				
Additional Contact(s)				

Please sign below acknowledging that the information contained herein is true and correct.

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____