

Authorization to Share Information

By signing below, I authorize the following person(s) to view and/or receive* information on all of my accounts held with Leith Wheeler Investment Counsel Ltd.:

Name

Relationship to Account Holder

Name

Relationship to Account Holder

**information can be received electronically, by phone or in writing, including statements*

Note: this authorization can be withdrawn at any time at the client's direction. Leith Wheeler will update this change within 1 business day.

Date

Name (please print)

Signature