



**FOUR SEASONS INVESTMENT ADVISORS, INC.  
RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_, hereby authorize Four Seasons Investment Advisors, Inc. to obtain, release, and/or discuss my financial information with the following individuals or firms:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

I understand that the information shared shall be used solely for the purposes of financial planning and investment advice, and will not be shared with any party not identified by this Release. This Release shall remain valid for the duration of my professional relationship with Four Seasons Investment Advisors, Inc.

I understand that I may revoke this Release either by delivering a written revocation or by communicating such revocation orally to Four Seasons Investment Advisors, Inc.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Craig A. Wolverson, President  
Four Seasons Investment Advisors, Inc.

\_\_\_\_\_  
Date

**Four Seasons Investment Advisors, Inc.**

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