

## DISCLOSURE AUTHORIZATION FORM

I, \_\_\_\_\_, expressly authorize Aargon Agency, Inc. to communicate directly with \_\_\_\_\_ on all matters relating to Aargon Agency, Inc. account Number(s) \_\_\_\_\_.

I acknowledge that without this authorization Aargon Agency, Inc. will not be authorized to discuss these matters with any family member or representatives and that I expressly waive that restriction for all purposes.

Dated: \_\_\_\_\_  
\_\_\_\_\_

Signature

\_\_\_\_\_  
Print or Type Name

Please complete and return a separate form for each individual you wish to authorize to discuss your account(s) with Aargon Agency, Inc.

Please return this form signed and dated to:

**Aargon Agency, Inc.**  
**8668 West Spring Mountain Rd.**  
**Suite 110, Las Vegas, NV 89117**