



NOTTINGHAMADVISORS
ASSET MANAGEMENT

**Privacy Authorization Form
June 2020**

In compliance with our Privacy Policy we must update the names of any representatives who are authorized by you to receive confidential information regarding your account with us. These representatives could be your accountant, attorney, family member, etc.

If you wish to add anyone or delete someone's name you provided last year, please enter below.

If there are no additions or changes to be made, please disregard this letter.

Please accept my signature as authorization for the following person(s) to receive information on my account(s) if requested.

PLEASE PRINT

Additions:

Name: _____

Relationship: _____

Deletions: _____

Print Client Name: _____

Client Signature: _____

Date: _____