

**Electronic Communication & Signature
Authorization Form**

1 Account Owner Information

CHARLES SCHWAB ACCOUNT #	LEGAL NAME <i>(Last, First, Middle)</i>
AUTHORIZED METHODS: Please list all email addresses, fax numbers, and cell phone numbers you will use for communications.	

2 Account Owner Signature and Acknowledgement

Please review and sign below

I desire to transmit and receive directions, instructions, messages, and other communications ("Communications") to and from Weiser Financial Group LLC from the e-mail address, fax number, or cell phone number listed above ("Authorized Methods"). I also desire to sign contracts, agreements, disclosures, notices, forms, and other documents ("Documents") and submit them via "Authorized Method".

I authorize Firm to act upon any and all Communications that indicate that they were sent using the Authorized Method.

I agree that any and all Documents signed and transmitted by Authorized Method shall be deemed to be signed by myself; as if I had signed the Document by my hand in person in the presence of a Weiser Financial Group LLC Representative.

I agree to indemnify, defend, and hold Firm harmless from 1) every loss, liability, cost, expense, damage, claim, action, and cause of action, including attorneys' fees and costs, whether or not a lawsuit or arbitration is filed, arising from – or relating to Firm's reliance on any and all Communications that indicate that they were sent via Authorized Method and 2) the acceptance of any and all Documents signed using an Electronic Signature.

I agree to take all measures reasonably necessary to prevent unauthorized access to and the unauthorized use of the Authorized Methods of communication.

SIGNATURE:	DATE:
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 **Submission Options**

SUBMIT BY FAX	SUBMIT BY EMAIL or TEXT	SUBMIT BY MAIL
(941) 870-7863	dan@weiserfinancialgroup.com (513) 237-8660	Weiser Financial Group LLC 6547 Midnight Pass Road Box 11 Sarasota, FL 34242

Internal use only:
Date received: _____
Initials: _____