

CONSENT TO COMMUNICATE WITH OTHERS

This is to confirm your authorization, direction and consent for Raymond James Ltd., and its representative _____ to communicate directly with the person(s) indicated below (*which may include family, friends or professional advisors*) regarding issues and information pertaining to me or my account such as tax, estate planning or any other relevant information.

Executor or Will (relationship): _____

Power of Attorney holders: _____

Lawyer: _____

Accountant: _____

Banker: _____

Insurance Broker: _____

Other: _____

	Name	Phone Number	E-mail	Address
1.				
2.				
3.				
4.				
5.				

I give _____ permission and consent to contact and to send information concerning my Raymond James Ltd., account to those listed above.

Signed at _____ on this _____ day of _____ 2013

Signature: _____

RAYMOND JAMES®

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Insurance products and services are offered through Raymond James Financial Planning Ltd., which is not a Member-Canadian Investor Protection Fund.