

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 Spring Mountain Rd.
Las Vegas, NV 89117