

AUTHORIZATION

TO:

RE:

ACCOUNT #: _____

DOB: _____

SSN: _____

YOU ARE HEREBY REQUESTED and authorized to disclose, make available, furnish and correspond to my attorney, Howard M. Rosenfield, 10 Waterside Drive, Farmington, CT 06032, (860-677-4334) or my attorney's authorized representative:

all information, records, reports or copies thereof relating to the above named person, business, or entity, and especially:

all brokerage account(s) information

including: customer agreement(s), monthly statements, new account forms, margin agreements, etc.

insurance, including all policy information

and to permit them to investigate, inspect and seek to resolve any dispute relating thereto. A copy of this authorization shall be deemed as effective and valid as its original.

Date