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## Authorization to Disclose Trust Information

RE: \_\_\_\_\_ (Beneficiary Name)

The undersigned hereby requests/authorizes AGED, Inc. to release information related to the above referenced trust to the individual / firm listed below:

\_\_\_\_\_  
\_\_\_\_\_

The purpose and/or restrictions related to the release of information are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_