



## THIRD PARTY AUTHORIZATION TO ACCESS CAPITA CLIENT PORTAL

Client Name: \_\_\_\_\_

Client Household ID: \_\_\_\_\_

Authorized Third Party Name: \_\_\_\_\_

Authorized Third Party Email: \_\_\_\_\_

Authorized Third Party Phone Number: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

### Capita Financial Network Client Portal Access Authorization

I, \_\_\_\_\_ ("Client"), authorize the above-named third party to access my Capita Financial Network client portal. This authorization is granted solely for the purpose of viewing account information. The authorized third party shall not have the ability to make transactions, modify account details, or perform any actions beyond viewing account-related information.

#### Terms of Access:

1. Authorized third party is granted read-only access to the client portal.
2. No financial transactions, fund transfers, or account modifications can be initiated or completed by the authorized third party.
3. Authorized third party shall keep login credentials confidential and shall not share them with any unauthorized individuals.
4. This authorization does not grant the authorized third party any ownership rights over client accounts or investments.
5. Client acknowledges that they remain fully responsible for their account and any actions taken using the provided login credentials.
6. Client may revoke this authorization at any time by providing written or verbal notice to Capita Financial Network.

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

Expiration Date (if applicable): \_\_\_\_\_

By signing below, both parties confirm that they have read and understand the terms of this authorization and that the client voluntarily grants access to the authorized third party under these conditions.

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

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

Authorized Third Party Signature: \_\_\_\_\_

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