



ADVISOR CONSENT FORM

I, Mr. Smith, authorize Bonnie A. Hughes, CFP® of A & H Financial Planning and Education, Inc. to consult with Trusted Family Member/Financial Services/Annuity Company _____. I further authorize Trusted Family Member/Financial Services/Annuity Company _____ to provide A & H Financial Planning and Education, Inc. with such information deemed necessary to assist in preparation and/or implementation of our personal financial planning. A photostatic copy or facsimile of this authorization shall be considered as effective and valid as the original.

Signature: _____

Signature: _____

Date: _____

PLEASE INITIAL NEXT TO:

- Attorney_____
- Custodian_____
- Trusted Family Member_____

Advisor Name/Address: **Bonnie A. Hughes, CFP®**
A & H Financial Planning and Education, Inc.
125 TownPark Drive
Suite 300
Kennesaw, GA 30144
Advisor Phone: **(770) 420.8495**

General Comments: _____
