REGISTERED INVESTMENT ADVISOR

OFFICE 401 B Street, Suite 2300
San Diego, CA 92101
PHONE (619) 237.9977
FAX (619) 237.5511
WEBSITE www.manningwm.com

CONSENT TO DISCLOSURE OF TAX RETURN INFORMATION

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose, without your consent, your tax return information to third parties for purposes other than the preparation and filing of your tax return. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form. If we obtain your signature on this form by conditioning our services on your consent, your consent will not be valid.

Purpose for forwarding information: I give consent for my accountant and my Financial Advisor with Manning Wealth Management, Inc. to discuss and exchange all tax information and/or documentation pertaining to my situation.

Name and address to whom the information is being disclosed to:
Manning Wealth Management
401 B Street, Suite 2300
San Diego, CA 92101
P (619)-237-9977 F (619) 237-5511

____
Mutual Client Name

TAX PROFESSIONAL'S CONTACT INFORMATION

____
Accountant's Name Firm Name City/State

____
E-mail Phone Number

To provide consent for Manning Wealth Management Inc. to discuss and exchange your tax returns please sign and date below.

Signature____**Date**_______________________________

Signature____**Date** ______________________________