

REVOKE OPT-OUT FORM

By completing and submitting this Revoke Opt-Out Form, I am instructing Avantax Wealth Management[™] ("Avantax") to allow my Avantax Financial Professional to retain my Personal Information if they terminate their relationship with Avantax, or share my personal information with any new firm they may join.

Mail Revoke Opt-Out Form To:

Avantax Operations Department 3200 Olympus Blvd., Suite 100 OPT Dallas, TX 75019

To ensure your election to revoke opt-out will be recognized, please complete all of the information below.

Please print legibly.

Name:		
Address:		
City:	State:	Zip Code:
Last Four Digits of Your Account Number(s):		
Avantax Financial Professional Name:		

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