



REVOKE OPT-OUT FORM

By completing and submitting this Revoke Opt-Out Form, I am instructing Avantax Wealth ManagementSM ("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: _____