RELEASE OF INFORMATION AUTHORIZATON FORM

Complete this Release of Information Authorization Form ("Form") if you want to grant permission to Values First Advisors, Inc. (the "Adviser") to share confidential information with another party regarding your investment account(s), financial plan, and other financial information related to the advisory services we provide to you. This Form does not grant authority to anyone listed below to make account changes (e.g. distributions, trading, beneficiary changes, etc.). The instructions on this Form will remain in place until such time that you provide the Adviser a written notice of change.

I (we), the undersigned, hereby instruct the Adviser to add or remove the following person(s) or entity(ies) authorized to receive confidential information, as indicated below. If neither box is selected, I (we) authorize the Adviser to interpret the omission as an instruction to "Add." The contact information provided below is for identification purposes only and may be updated without requiring a new authorization form, provided the authorized person or entity remains the same.

1) ☐Add ☐Remove

Name: _____

Address: _____

Phone: _____

Email: _____

2) ☐Add ☐Remove

Name: _____

Address: _____

Phone: _____

Email: _____

3) ☐Add ☐Remove

Name: _____

Address: _____

Phone: _____

Email: _____

_____ _____

Client Signature Date Client Signature Date

_____ _____

Print Name Print Name