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**Privacy Act Statement**

M. K. Schiller Consulting, an independent advice only financial planning firm, is committed to safeguarding the confidential information of its clients. We hold all personal information provided to our firm in the strictest confidence. These records include all personal information that we collect from you in connection with any of the services provided. Our policy with respect to personal information about you is listed below.

- We maintain a secure office and computer environment to ensure that your information is not placed at unreasonable risk.
- The categories of nonpublic personal information that we collect from a client depend upon the scope of the client engagement. It will include information about your personal finances, information about your health to the extent that it is needed for the planning process, information about transactions between you and third parties, and information from consumer reporting agencies.
- For unaffiliated third parties that require access to your personal information, including financial service companies, consultants, and auditors, we also require strict confidentiality in our agreements with them and expect them to keep this information private. Federal and state regulators also may review firm records as permitted under law.
- We do not provide your personally identifiable information to mailing list vendors or solicitors for any purpose nor do we ever sell customer information.
- Employee and agent access to your information is only as permitted by law to complete your work as contracted.
- Personally identifiable information about you will be maintained during the time you are a client, and for the required time thereafter that such records are required to be maintained by regulators. After this required period of record retention, all such information may be destroyed.

**Permission to share health information with a nonaffiliated third party**

As a financial planning firm, in order for us to discuss your health and life insurance needs with an insurance company or other insurance professionals, we may need to discuss your health history. Please check off the box below if you consent to our sharing such information when necessary to complete your financial planning engagement. Please return the consent form to our firm or e-mail your consent to [mksplanner@aol.com](mailto:mksplanner@aol.com).

Consent granted:     Yes     No  
Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Printed name: \_\_\_\_\_