

IL 505-0341 (Rev 1/16)

CONSENT TO EXAMINE AND AUDIT SPECIAL ACCOUNTS

Illinois Department of Financial and Professional Regulation
Division of Real Estate
320 West Washington Street
Springfield, IL 62786
Real Estate Licensing 800/560-6420

Important Notice: Completion of this form is necessary to accomplish the requirements outlined in the Illinois Real Estate License Act of 2000 {225 ILCS 454}. Disclosure of this information is REQUIRED. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

☐ I have one or more special accounts, and authorize those accounts. (Please complete both Parts A and ☐ I do not accept escrow monies, and do not hold m	B of this form.)	•	C
(Please complete only Part A of this form.) PART A: SPONSORING BROKER INFORMAT	ION		
Name of Individual Managing Broker (Sole Propri	etor), Partnership	, Corporation, or Limited Liability Company	
2. Business Address (Street, City, State, Zip Code)		3. Telephone Number ()	
		4. License Number	
Email Address:			
PART B:DEPOSITORY AT WHICH REAL EST required for each depository at which you maintain			separate Consent to Audit form is
Name and address of Bank or Savings and Loan A	ssociation		
2. Specific Special Accounts to be Examined and Au	dited	T	
Title(s) of Special Account(s)		Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)
3. List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account			
Name	Sex	Title	License Number
I hereby authorize the above named-depository to allo Regulation to examine and audit the above named spe	ow, at any time, a scial account(s). I	duly authorized representative of the Departm am one of the individuals listed under Part B	nent of Financial and Professional (3) above.
Signature of Managing Broker		License Number	Date
Title			