



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 comply with the requirements outlined in the Illinois Real Estate License Act of 2000 (225 ILCS 45) and corresponding Administrative Rules (68 Ill. Adm. Code. 1450). Disclosure of this information is REQUIRED.

Any changes made from the information provided below must be reported to the Division of Real Estate within 10 days.

- I have one or more special accounts, and authorize a representative of the Illinois Department of Financial and Professional Regulation to examine those accounts. (Please complete both Parts A and B of this form.)
- I do not accept escrow monies, and do not hold monies belonging to others. Therefore, I do not maintain any special accounts. (Please complete only Part A of this form.)

D5FH'5.'GDCBGCF-B ; '6FC?9F'-B : CFA5H-CB'

Name of Designated Managing Broker:	Designated Managing Broker License Number:
	Email Address:
Sponsoring Broker Address (Street, City, State, Zip Code):	Sponsoring Broker Name:
	License Number:
	Email Address:

PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. A separate Consent to Audit form is required for each depository at which you maintain special account(s). Copy this form as needed.

Name and address of Bank or Financial Institution

Specific Special Accounts to be Examined and Audited

Title(s) of Special Account(s)	Account Number	Identifying Number(s) Required by IRS (FEIN or Social Security No.)

List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account

Name	Title	License Number

I hereby authorize the above named-depository to allow, at any time, a duly authorized representative of the Department of Financial and Professional Regulation to examine and audit the above named special account(s). I am one of the individuals listed under Part B (3) above.

Signature of Principal Officer	License Number	Date
Printed Name of Principal Officer		