





## 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  
[FPR.RealEstate@illinois.gov](mailto:FPR.RealEstate@illinois.gov)

**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 (escrow) accounts and authorize a representative from the Illinois Department of Financial and Professional Regulation ("Department") to examine those accounts. (Please complete both Parts A and B, and sign 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 Part A, and sign this form.)

### PART A: SPONSORING BROKER INFORMATION (firm)

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

### PART B: DEPOSITORY AT WHICH REAL ESTATE SPECIAL ACCOUNT(S) ARE MAINTAINED. Name and address of Bank or recognized Depository (any bank or Savings and Loan Association insured by the FDIC)

Name and address of Bank or recognized Depository:

### Specific Special Account(s) to be Examined and Audited

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

### List Those Persons Authorized to Withdraw Funds From the Above-Named Special Account(s)

Name	License Type	License Number

I hereby authorize the above-named depository to allow, at any time, a duly authorized representative of the Illinois Department of Financial and Professional Regulation to examine and audit the above-named special account(s). I further consent, as a condition of licensure, to the examination and audit by the Department of all escrow accounts, whether or not the account is identified on this form. (68 Ill. Adm. Code 1450, Section 750 (m)).

Signature of Sponsoring Broker \_\_\_\_\_ Printed Name of Sponsoring Broker \_\_\_\_\_ Date \_\_\_\_\_