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 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.)

PART A: SPONSORING BROKER INFORMATION

1. Name of Individual Managing Broker (Sole Proprietor), Partnership, Corporation, or Limited Liability Company

2. Business Address (Street, City, State, Zip Code)

Email Address:

3. Telephone Number (_ _ _) _ _ _ - _ _ _ _

4. License Number

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.

1. Name and address of Bank or Savings and Loan Association

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2. 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.)

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 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 Managing Broker License Number Date

Title _____

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