

IL 505-0341 (Rev 6/14)

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 authoriz those accounts. (Please complete both Parts A and ☐ I do not accept escrow monies, and do not hold more (Please complete only Part A of this form.)	d B of this form.)	-	-
PART A: SPONSORING BROKER INFORMAT	TION		
1. Name of Individual Managing Broker (Sole Propr	ietor), Partnership	, Corporation, or Limited Liability Company	
2. Business Address (Street, City, State, Zip Code)		3. Telephone Number ()	
		4. License Number	
PART B:DEPOSITORY AT WHICH REAL ES' 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		
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 Fund	s From the Above-	-Named Special Account	
Name	Sex	Title	License Number
I hereby authorize the above named-depository to alle Regulation to examine and audit the above named spe	ow, at any time, a ecial account(s). I	duly authorized representative of the Depart am one of the individuals listed under Part l	ment of Financial and Professional B (3) above.
Signature of Managing Broker		License Number	Date
Title			