

CONTINUING AUTHORIZATION FOR DISTRIBUTION

I, _____, at my request and as a convenience to me do hereby authorize my attorneys, Greene & Tischler, P.A., to accept my periodic long term disability payments from _____ and to deposit such sums into the Greene & Tischler, P.A. trust account.

Thereafter, I understand that my attorneys will deduct their fees and costs in accordance with the *Representation Agreement* and forward me my net proceeds.

I may revoke this authorization at any time by providing written notice to my attorneys.

CLIENT SIGNATURE

DATE