

Trusted Contact Authorization



Effective MM/DD/YEAR, _____ (the "Client") authorizes _____ (the "Advisor") to disclose information about the Client and their Account[s] to the individual named herein (the "Authorized Individual").

1. Authorization Level

Effective MM/DD/YEAR, _____ (the "Client") authorizes _____ (the "Advisor") to disclose information about the Client and their Account[s] to the individual named herein (the "Authorized Individual").

- concerns that the Client may be a victim of financial exploitation
- a temporary hold on a disbursement of Client funds or securities
- current contact information
- whereabouts and/or physical and mental health status
- identity of legal guardians, beneficiaries, trustees, executor, power of attorney or other people who may be acting on your behalf
- other limited circumstances when permitted by law

The Advisor may be required to share, personal, financial, account and other related information, including, but not limited to account positions, transaction history, and other personal Client information. The Client may set limitations if any, as described below.

This Trusted Contact Authorization does not provide the authority or ability for the Authorized Individual to conduct transactions or transfer/withdraw cash or securities from the Account[s] of the Client. The Client shall be required to complete the separate authorizations as required by those unaffiliated parties.

2. Authorization Level

Full Legal Name: _____

Mailing Address: _____

Phone Number: _____

Social Security Number: _____

E-mail Address: _____

Date of Birth: _____

Check the box if you decline the designation of an Authorized Individual at this time.

Client Acknowledgment:

Client Initials: _____

Date: _____

Client Initials: _____

Date: _____

3. Limitation of Liability

The Advisor does not assume liability for the acts or omissions of the Authorized Individual and shall rely on the information provided to the Advisor by the Authorized Person[s] without any requirement to validate such information.

4. Termination

The Advisor does not assume liability for the acts or omissions of the Authorized Individual and shall rely on the information provided to the Advisor by the Authorized Person[s] without any requirement to validate such information.

5. Client Acknowledgement

I authorize the Advisor to contact the Authorized Individual listed above. I understand that providing this information is optional and that I may decline to provide, withdraw or change it at any time.

Client Name: _____

Client Signature: _____

Date: _____