

Trusted Contact Person Form

**What is a trusted contact person?**

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom [FIRM] could contact and disclose information about your account:

* to address possible financial exploitation;
* to confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
* as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

**How do you add a trusted contact person?**

Please complete this Trusted Contact Person Form, and return it to [FIRM] via mail, FAX, or email to:

[FIRM NAME]

[FIRM ADDRESS]

[FIRM FAX NUBER]

[FIRM EMAIL ADDRESS]

If you have any questions or would like help completing the form, please call us at [FIRM PHONE].

Trusted Contact Person Form: Instructions

This form gives permission to [FIRM] and its associated persons, including your financial advisor (collectively referred to as the “[FIRM]”) , to use their discretion to contact the trusted contact person listed below and disclose information about you and your account(s) in order to:

* address concerns that you might be a victim of financial exploitation which could include fraud, coercion, or unauthorized transactions;
* address a temporary hold on a disbursement of funds or securities pertaining to possible financial exploitation or other concerns;
* confirm your current contact information;
* confirm and address your whereabouts and health status; and/or
* confirm the identity of any legal guardian, executor, trustee, holder or a power of attorney, or other person who may be acting on your behalf (such as an attorney or accountant).

The trusted contact person is intended to be a resource for the [FIRM] in administering your accounts, protecting your assets, and responding to possible financial exploitation.

This form does not authorize the trusted contact or other people to conduct transactions in your account. If you would like to do so, use the [FIRM]’s “Trading Authorization Form.”

If you only want to give permission to your advisor to share personal identifiable information to a third-party such as a tax advisor, lawyer, or relative, use the [FIRM]’s “Permission to Disclose Personal Identifiable Information (“PII”).”

If you want to add an interested party to receive duplicate statements or trade confirmations, use the [FIRM]’s “Authorization for Duplicate Statements Request Form.”

Note: Your trusted contact person must be 18 years old or older. The [FIRM] recommends that the trusted contact person not already be someone authorized to transact business on the account, or who is already otherwise able to receive information about the account, such as a joint account holder.


Trusted Contact Person Form

Please accept this document as instruction to add a trusted contact person(s) to the following Account Number(s) for which I am either account owner or an authorized person.

**Name of Account Owner** (first, middle, and last)

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## **1. Account Information**

**Account Number** **Account Number** **Account Number**

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**Account Number** **Account Number** **Account Number**

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## **2. Primary Trusted Contact Person Information**

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom we could contact and disclose information about your account:

* to address possible financial exploitation;
* to confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
* as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

**Name of Trusted Contact Person** (first, middle, last)  **Email Address**

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**Address** (Street, City, State, Zip Code)

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**Home Phone** **Work Phone** **Cell Phone**

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**Relationship to Account Holder** (Spouse, Relative, Friend, Professional Relationship, Other)

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## **3. Alternate Trusted Contact Person Information**

**Name of Trusted Contact Person** (first, middle, last)  **Email Address**

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**Address** (Street, City, State, Zip Code)

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**Home Phone** **Work Phone** **Cell Phone**

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**Relationship to Account Holder** (Spouse, Relative, Friend, Professional Relationship, Other)

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## **4. Acknowledgment**

I understand that (1) I may designate multiple trusted contact persons (use additional copies of this form); (2) [FIRM] is not required to contact my trusted contact person(s) but may at their discretion contact one or more of the people I have designated as trusted contact person(s); (3) the completion of this form is optional and I may withdraw it at any time by notifying [FIRM] in writing (use [FIRM] address shown on account statement). If I would like to change my trusted contact person, I may do so by providing [FIRM] with a newly signed Trusted Contact Person Form with the box checked below to indicate that the new form supersedes any previous form(s).

[ ]  ***Check here if this Trusted Contact Person Form supersedes previous Trusted Contact Person Form(s)***

I authorize [FIRM] to contact my trusted contact person(s) listed above.

**Account Holder Signature** **Account Holder Name** (print) **Date**

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