

Trusted Contact Authorization & Consent

I hereby authorize Advisor, its associated persons, and affiliates to communicate, verbally and in writing, with the Trusted Contact Person(s) listed below. I understand that any communication with the Trusted Contact Person(s) may include confidential information, the account(s) identified above, any other accounts serviced by Advisor in which any of the undersigned client has an interest, or any other information the undersigned client may have provided to Advisors. A Trusted Contact is someone other than an account owner, such as, but not limited to, a family member, close friend, accountant, or attorney.

Trusted Contact Information

First Name:	Middle Name:	Last Name:
Relationship:		
Primary Phone Number:	Email Address:	
Mailing Address:		
City:	State:	Zip Code:

- Check here if this trusted contact authorization supersedes a previous Trusted Contact Authorization.
- Check here if this trusted contact is an additional Trusted Contact Authorization.

I understand that Advisor may contact the Trusted Contact Person(s) for the following reasons:

- If there are questions or concerns about my whereabouts or health status;
- If Advisor suspects that I may be a victim of fraud or financial exploitation;
- If Advisor suspects that I might no longer be able to handle my financial affairs;
- To confirm the identity of any legal guardian, executor, trustee, authorized trader, or power of attorney; or
- If the Advisor has any other concerns or is unable to contact me about my account(s).

I further agree that:

- (1) This Authorization does not impose any obligation or requirement that Advisor contact or communicate with my Trusted Contact Person(s), and I acknowledge that Advisor shall not be liable for any failure to contact or communicate with my Trusted Contact Person(s), regardless of the circumstances;
- (2) This authorization is not a power of attorney or trade authorization and does not authorize the Trusted Contact Person(s) to make any investment decisions or transact any business with Advisor on my behalf;
- (3) This authorization is optional and I may change or withdraw it at any time by notifying Advisor in writing by mail or by email, with such change or withdrawal becoming effective upon Advisor's receipt and processing of such notice;
- (4) I represent and warrant that the Trusted Contact Person(s) named above is 18 years of age or older;
- (5) I may provide additional Trusted Contact Persons by completing and signing additional Authorizations;
- (6) Advisor is released and discharged from all claims, causes of action, damages, losses, expenses, costs, and liabilities of any kind that may arise out of, relate to, or are in connection with the release of, or failure to release, personal and/or account information to the Trusted Contact Person(s), except to the extent such claims arise from Advisor's gross negligence, willful misconduct, or violation of applicable law.

This form must be signed by the Client. For entity accounts, "Client" means the entity for which the account was established, and this form must be signed by the natural person(s) authorized to represent and act on behalf of the entity (including but not limited to a guardian, custodian, trustee, conservator, officer, partner, or authorized agent) who has proper documentation evidencing such authority.

Client Authorization & Consent

First Name:	Middle Name:	Last Name:
Signature:		Date: