SAMPLE ONLY

Contact Authorization Form

Form #	Account #	
Branch #	FA #	Speed Dial #

Contact Information

Name of Contact Person

Relationship

Daytime Phone

Evening Phone

Email

Street Address

City and State

❍ Check here if this Contact Authorization supersedes a previous Contact Authorization

Acknowledgments and Signatures

By my signature below, I authorize and its affiliates, to communicate with my designated contact person in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, including, but not limited to, concerns that I may not be able to manage my financial affairs. This authorization applies to any current or future account(s) I may maintain at

Specifically, I authorize to:

- discuss with any contact person appearing above, which individual may be an immediate family member, close personal friend, attorney, accountant or clergy, among any others that I so authorize, any concerns or observations regarding my cognitive or health related ability to make reasonable decisions about my financial affairs. Such communications will not specifically disclose any information about your securities account(s), investments or other personally identifiable information;
- discuss with my contact person whether any individual(s) has/have legal authority to act on my behalf; and
- communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority.

I understand that there is no requirement that reach out to my contact person and that I may withdraw this Contract Authorization at any time by notifying in writing at the address shown on my account statement. By signing below, you, and your heirs, hold harmless if we either act, or fail to act, on your stated preferences based upon our own best judgement.

Multiple contact persons may be designated by completing additional copies of this form for each contact person.

Client Signature		Client Print Name	Date
Client Signature *(if applicable)*		Client Print Name *(if applicable)*	Date
Financial Advisor Signature *(required)*	Date	Branch Manager Signature *(required)*	Date