

TRUSTED CONTACT FORM

I (account holder) ¹ designate the individual(s) listed below to be my Trusted Contact(s) and understand that in doing so I am authorizing representatives from (financial institution) and its affiliates to share any and/or all financial information, including non-public personal information², relating to my account(s) with those designated Trusted Contact(s) in the sole discretion of the (financial institution).³

I understand that financial information that may be shared by representatives from (financial institution) and its affiliates with my designated Trusted Contact(s) includes, but is not limited to, any/all information related to my financial account(s), securities, insurance, bank or firm-related products and services, including suspicious activity and/or relevant conversations related to said accounts, products and services and/or information that the account holder has previously provided to (financial institution).

I understand that a representative from (financial institution) may notify my designated Trusted Contact(s) and disclose information about my account(s) to address issues relating to possible financial exploitation, to confirm the specifics of my contact information, to inquire regarding my health status and/or the identity of a legal guardian or conservator, executor, trustee or power of attorney, and/or if they have questions or concerns regarding my whereabouts.

¹ For any and/or all joint accounts, in order to be effective this Trusted Contact form must be executed by all account holders.

² "Non-public personal information" includes, but is not limited to, personally identifiable financial information provided by a customer or otherwise resulting from a transaction where a financial product or service is being provided to the customer/client. Examples include, but are not limited to, the following: account balance(s), ACH number, bank account number(s), credit card information, date of birth, location of birth, driver's license information, income history, payment history, social security number, and tax return information.

³ See [FINRA Rules 2165 & 4512](#). For purposes of designating a Trusted Contact, I am opting out of privacy provisions pursuant to the Gramm-Leach-Bliley Act.

I understand that representatives from (financial institution) may, in their discretion, communicate with my Trusted Contact(s) in order to confirm that they have been notified about their designation. Unless otherwise specified in writing, the most current designated Trusted Contact(s) will be deemed to supercede any previous such authorization. I may withdraw or change this designation at any time, as long as (financial institution) is notified in writing.

I acknowledge and understand that there is no requirement that (financial institution) notify my designated Trusted Contact(s) and, by signing below, I agree to indemnify and hold (financial institution) harmless if they act, or fail to act, to contact him/her, based upon their discretion and best judgement.

 Customer Name

 Customer Signature

 Date

Trusted Contacts	Trusted Contact #1	Trusted Contact #2
First Name, Last Name		
Relationship to Account Holder		
Address		
Home Address Line 1		
Home Address Line 2		
Business Name		
Business Address Line 1		
Business Address Line 2		
Email Address		
Phone (Personal)		
Phone (Business)		

Account numbers include, but are not limited to: _____

In signing this form, I authorize (financial institution) to notify and share information with my designated Trusted Contact(s) with respect to any and all existing and new accounts held at (financial institution) and its affiliates, unless specified below.

Specify limitations/exclusions with respect to designations/account(s) here:

Do you wish to have your designated Trusted Contact(s) serve as an EverSafe Trusted Advocate(s) and receive alerts with respect to erratic activity on your account(s)?

Yes No

Link to www.eversafe.com/trusted-advocates

Please send me more information about EverSafe.