

**TRUSTED CONTACT FORM (OPTIONAL)** *FINRA Rule 2165, FINRA Rule 4512*

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the 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 FINRA Rule 2165 (Financial Exploitation of Specified Adults). A trusted contact person is not required to be named. This is optional.

**Please Note: The trusted contact person you designate for your account must be at least 18 years old and is typically a third party. Please do not designate yourself as the trusted contact person.**

**TRUSTED CONTACT'S INFORMATION (Please Print)**

_____	_____	_____	
First Name	Middle	Last Name	
_____		_____	
Address		Apt./Suite No.	
_____	_____	_____	_____
City	State	ZIP	Country
(____)	_____		_____
Phone	Email Address	Relationship to Account holder	

**ACCOUNT HOLDER'S INFORMATION (Please Print)**

1. _____	_____	_____
First Name	Middle	Last Name
X. _____	_____	
Account holder's Signature	Date	
2. _____	_____	_____
First Name	Middle	Last Name
X. _____	_____	
Account holder's Signature	Date	