

**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	