

Trusted Contact Person Authorization



Account #:

By completing this form, I/we authorize Trade-PMR, Inc. (TradePMR) to contact the individual identified below as my Trusted Contact Person for my account(s).

TradePMR may disclose information about my account(s) with the Trusted Contact Person, to address any of the following:

- Confirm specifics about:
 - account contact information;
 - customer health status; or,
 - the identity of any legal guardian, executor, trustee, or holder of a power-of-attorney
- Any indication of possible or potential financial exploitation

I understand that: (1) I authorize TradePMR to contact my Trusted Contact Person for any account I may have with them; (2) TradePMR is not required to contact, or attempt to contact, my Trusted Contact Person; (3) **This Authorization is optional and I may withdraw it at any time by notifying TradePMR in writing**; and (4) I may change or amend my Trusted Contact Person at any time by providing TradePMR a newly-signed Trusted Contact Person Authorization form, and that this new form will supersede any previous form on file.

The Trusted Contact Person must be at least 18 years old.

* Required Fields

I **decline** to provide Trusted Contact Person information / I am **removing** the existing Trusted Contact Person information.

I name the below person as my Trusted Contact Person:

Name of Trusted Contact Person*:

Relationship (e.g., spouse, child, lawyer, accountant, etc.)*:

Trusted Contact Person Phone Number*:

Trusted Contact Person Email:

Address:

City: State: Zip: Country:

ALL ACCOUNT HOLDER(S) MUST SIGN

Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date