

Trusted Contact Person Information and Authorization Form

Purpose:

By choosing to provide information about a trusted contact person, you authorize Alitis to disclose non-financial information relating to any account(s) you may beneficially own to your trusted contact person(s) in the following circumstances:

- to address possible financial exploitation;
- to confirm the specifics of your current contact information;
- to confirm the specifics of your health status; or
- to identify any legal guardian, executor, trustee or holder of a power of attorney.

Account Holder Information:

Client Name:*	
Date of Birth:*	
Alitis Accounts:*(corps, hold co, trust etc)	

Trusted Contact Person Information:

Also my Power of Attorney

Also my alternate Power of Attorney

Name:*	
Relationship to Account Holder:*	
Mailing Address:**	
Work/Home Phone:**	
Mobile Phone:**	
Email Address:**	

**Mandatory. **At a minimum, one piece of contact information must be provided.*

Trusted Contact Person Information:

Also my Power of Attorney

Also my alternate Power of Attorney

Name:	
Relationship to Account Holder:	
Mailing Address:	
Work/Home Phone:	
Mobile Phone:	
Email Address:	

Trusted Contact Person Information:

Also my Power of Attorney

Also my alternate Power of Attorney

Name:	
Relationship to Account Holder:	
Mailing Address:	
Work/Home Phone:	
Mobile Phone:	
Email Address:	

Other Notes:

Authorization:

I hereby authorize Alitis, its affiliates, to communicate, verbally or in writing, with the Contact Person(s) listed above; this contact may be initiated by Alitis or the Contact Person(s). I understand and agree that any communication with the Contact Person(s) may include information related to me, the account(s) identified above, and/or any other account(s) on which I am authorized.

I further understand and agree that:

- (1) by signing and naming Contact Person(s), it is inclusive of all accounts existing and new, whether listed or not where they have authority over the accounts, but not including where they are a power of attorney.
- (2) this Authorization is not a power of attorney or trade authorization and does not authorize the Contact Person(s) to make any investment decisions or transact any business with Alitis on my behalf;
- (3) This Authorization may be changed at any time by notifying Alitis, in writing;
- (4) I may provide Alitis with more than two Contact Persons by completing and signing additional Authorizations;
- (5) this Authorization does not require or obligate Alitis to share my personal or account information with the Contact Person(s);
- (6) this Authorization may become null and void if Alitis receives legal documents appointing an alternative third party (e.g. guardian/conservator) to manage my financial affairs; and
- (7) Alitis is released and forever discharged from all claims, causes of action, damages, losses, expenses, costs, and liabilities of any kind that may arise out of, relate to, or are in connection with the release of personal and/or account information to the Contact Person(s).

Signature: _____ Print Name: _____ Date: _____