Account Number									
1 1									

Trusted Contact Authorization

Use this form to designate a primary and alternate trusted contact, who must be 18 years or older, for your nonretirement brokerage account, Premiere Select® IRA or Retirement Plan account held with your Broker/Dealer at National Financial Services LLC ("NFS"). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information, use a copy of the relevant page and provide signature(s) in Section 3.

Helpful to Know

- If your Broker/Dealer has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes your Broker/Dealer to contact the trusted contact and:
 - Provide the trusted contact(s) listed below with information about you and/or your account, but not the ability to transact on your account.
- Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian, conservator, or trustee).
- Inquire about your current contact information or health status.
- This form supersedes any previous trusted contact that you may have submitted.

1. Primary Account Owner Sign in Section 3.

	First Name		Middle Name		Last Name					
provide those account numbers here.	☐ Add Trusted Contact(s) ☐ Change Trusted Con Accounts Included				tact(s)				ontact(s)	
					Account Number					
	Account Number			Account Number						
	Primary Trusted Contact									
	First Name		Middle Name		Last Name					
	Email		Relatio	nship to Ac	Account Owner					
	Daytime Phone	Evenin	Evening Phone			Check if phone number is a mobile number.				
	Address Line 1	Address Line 1 Address Line 2								
	City		State/Province		Zip/Postal C	Code		Country		
	Alternate Trusted Contact									
	First Name	Middle	Middle Name Last Na		Name					
	Email				Relationship to Account Owner					
	Daytime Phone Evening Phone			Check if phone mobile number			if phone n number.	umber is a		
	Address Line 1			A	Address Line 2					
	City		State/Province		Zip/Postal C	Code		Country		

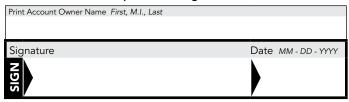
2. Additional Account Owner Sign in Section 3. Middle Name First Name Last Name If you want to ☐ Add Trusted Contact(s) ☐ Change Trusted Contact(s) ☐ Elect to not add Trusted Contact(s) designate the same Sign in Section 3. trusted contact for any Accounts Included other accounts, provide those account numbers here. Account Number Account Number Account Number **Primary Trusted Contact** First Name Middle Name Last Name Email Relationship to Account Owner Evening Phone Daytime Phone Check if phone number is a mobile number. Address Line 1 Address Line 2 State/Province Zip/Postal Code City Country **Alternate Trusted Contact** First Name Middle Name Last Name Relationship to Account Owner Daytime Phone Evening Phone Check if phone number is a mobile number. Address Line 1 Address Line 2 City State/Province Zip/Postal Code Country All account owners who are designating a Trusted Contact must sign in Section 3 found on page 3.

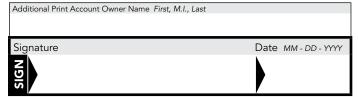
3. Signature(s) and Date(s) Form cannot be processed without your signature(s) and date(s).

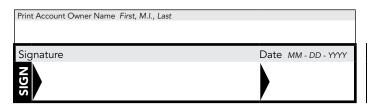
By signing below, you:

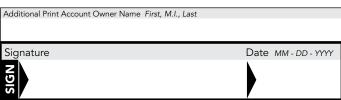
- Authorize your Broker/Dealer, at its sole discretion, to communicate with your trusted contact(s) on any designated account(s) and disclose information to address possible financial exploitation or confirm specifics about your current contact information, your health status, or inquire about the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that the trusted contact(s) named on this form have no authority to transact on our behalf.
- Represent that the trusted contact(s) you have named on this form are at least 18 years of age.
- Certify that all information you provided is accurate to the best of your knowledge.
- Understand that adding a trusted contact to your account is not required and you
- may remove it at any time by notifying your Broker/Dealer.
- Indemnify and hold harmless your Broker/ Dealer, NFS, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability in connection with following the instructions on this form.

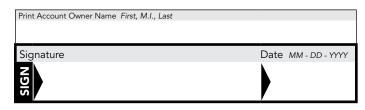
Account Owner(s) must print name, sign, and date.

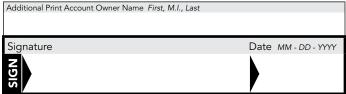












National Financial Services LLC, Member NYSE, SIPC

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