

|                |
|----------------|
| Account Number |
|----------------|

# 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 |
|------------|-------------|-----------|

If you want to designate the same trusted contact for any other accounts, provide those account numbers here.

Add Trusted Contact(s)    
  Change Trusted Contact(s)    
  Elect to not add Trusted Contact(s) *Sign in Section 3.*

### Accounts Included

|                |                |                |
|----------------|----------------|----------------|
| Account Number | Account Number | Account Number |
|----------------|----------------|----------------|

### Primary Trusted Contact

|                |  |  |         |
|----------------|--|--|---------|
| First Name     | Middle Name                            | Last Name  |         |
| Email          |  | Relationship to Account Owner                        |         |
| Daytime Phone  | <input type="checkbox"/> Mobile Number | Evening Phone <input type="checkbox"/> Mobile Number |         |
| Attention      |  |  |         |
| Address Line 1 |  | Address Line 2                                       |         |
| City           | State/Province                         | Zip/Postal Code                                      | Country |

### Alternate Trusted Contact

|                |  |  |         |
|----------------|--|--|---------|
| First Name     | Middle Name                            | Last Name  |         |
| Email          |  | Relationship to Account Owner                        |         |
| Daytime Phone  | <input type="checkbox"/> Mobile Number | Evening Phone <input type="checkbox"/> Mobile Number |         |
| Attention      |  |  |         |
| Address Line 1 |  | Address Line 2                                       |         |
| City           | State/Province                         | Zip/Postal Code                                      | Country |



## 2. Additional Account Owner *Sign in Section 3.*

If you want to designate the same trusted contact for any other accounts, provide those account numbers here. ▶

|            |             |           |
|------------|-------------|-----------|
| First Name | Middle Name | Last Name |
|------------|-------------|-----------|

Add Trusted Contact(s)    
 Change Trusted Contact(s)    
 Elect to not add Trusted Contact(s) *Sign in Section 3.*

### Accounts Included

|                |                |                |
|----------------|----------------|----------------|
| Account Number | Account Number | Account Number |
|----------------|----------------|----------------|

### Primary Trusted Contact

|                |  |  |
|----------------|--|--|
| First Name     | Middle Name                            | Last Name                              |
| Email          |  | Relationship to Account Owner          |
| Daytime Phone  | <input type="checkbox"/> Mobile Number | Evening Phone                          |
| Attention      |  | <input type="checkbox"/> Mobile Number |
| Address Line 1 |  | Address Line 2                         |
| City           | State/Province                         | Zip/Postal Code                        |
|                |  | Country                                |

### Alternate Trusted Contact

|                |  |  |
|----------------|--|--|
| First Name     | Middle Name                            | Last Name                              |
| Email          |  | Relationship to Account Owner          |
| Daytime Phone  | <input type="checkbox"/> Mobile Number | Evening Phone                          |
| Attention      |  | <input type="checkbox"/> 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.**

|   |                            |
|---|----------------------------|
| Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature   | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶                                     | ▶                          |

|  |                            |
|--|----------------------------|
| Additional Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature  | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶  | ▶                          |

|   |                            |
|---|----------------------------|
| Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature   | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶                                     | ▶                          |

|  |                            |
|--|----------------------------|
| Additional Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature  | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶  | ▶                          |

|   |                            |
|---|----------------------------|
| Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature   | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶                                     | ▶                          |

|  |                            |
|--|----------------------------|
| Additional Print Account Owner Name <i>First, M.I., Last</i> |                            |
| Signature  | Date <i>MM - DD - YYYY</i> |
| <b>SIGN</b> ▶  | ▶                          |