



**Trusted Contact Person.** A Trusted Contact Person (“TCP”) is someone at least 18 years of age you tell us we can contact if we suspect you may be subject to financial exploitation or if we have questions about your mental or physical well-being. Designating one or more TCP is solely your decision and is optional.

By electing a TCP, you understand that you have authorized Alight to contact the TCP at our discretion and to disclose any information about your account to help us address the situations noted above. This includes disclosing information about your account to address possible financial exploitation, confirming the specifics of your current contact information, your mental and physical health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account.

You may change or remove your TCP at any time by contacting Alight by phone. A TCP is a source of information for Alight and is not a power of attorney. A TCP is not authorized to make investment decisions or withdraw funds from your account.

You authorize us to place a temporary hold on disbursements of funds or securities from your account or, in some cases, a temporary hold on transactions if Alight reasonably believes financial exploitation has been attempted or has occurred in your account or in other circumstances, we believe are necessary for your protection. You also acknowledge that we may report any reasonable belief of financial exploitation, or other circumstances we believe are necessary for your protection, to the applicable state securities administrator, to a state adult protective services agency, or to law enforcement agencies.

Providing Alight with a TCP does not ensure that financial exploitation will not be attempted or occur. You agree to indemnify and hold harmless Alight, its affiliates, and their directors, managers, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorney’s fees, arising out of or relating to: Alight contacting your TCP; Alight putting a temporary hold on disbursements of funds and/or securities from your account; and Alight not contacting your TCP or placing temporary holds on disbursements of funds and/or securities from your account.

# Trusted Contact Form

## STEP 1. ACCOUNT INFORMATION

Account Number	Account Title
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## STEP 2. TRUSTED CONTACTS

Trusted contact: person 18 years of age or older who may be contacted about the account on behalf of the specified adult.

Name	Date of Birth	
Email		
Home Phone	Business Phone	Mobile Phone
Mailing Address		
City	State/Province	Zip/Postal Code
Country		

Name	Date of Birth	
Email		
Home Phone	Business Phone	Mobile Phone
Mailing Address		
City	State/Province	Zip/Postal Code
Country		

### Specified Adult and Trusted Contact Disclosure

By completing a physical or electronic contact form or providing Trusted Party information to my broker or investment professional for electronic capture, I/we authorize the named Financial Institution and Pershing LLC ("Pershing") and their affiliates to share my nonpublic personal information\* held at Financial Institution and Pershing with the named trusted contact person(s) (the "Trusted Contact Person(s)") identified as such. Additionally, I/we authorize this information to be shared with the Trusted Contact Person(s) at the discretion of Financial Institution and Pershing. This authorization includes, but is not limited to, sharing or disclosing any information regarding securities, insurance, bank related, financial planning or other financial products or services offered by or through Financial Institution and/or Pershing or any financial information I/we may have provided to Financial Institution and Pershing. I/we understand that Financial Institution and Pershing, LLC may contact the named Trusted Contact Person(s) if there are questions/concerns about my whereabouts or health status (i.e., if Financial Institution and Pershing becomes concerned that I may no longer be able to handle my financial affairs) or in the event that Financial Institution and Pershing becomes concerned that I may be a victim of fraud or exploitation.

Account owners should contact their Financial Institution or financial representative with additional questions. Account owners may also contact FINRA at its toll-free number for senior investors to get assistance or raise concerns about issues with brokerage accounts and investments. CALL: 844-57-HELPS (844-574-3577) MONDAY - FRIDAY; 9 - 5 P.M. ET

\* "Nonpublic personal information" includes, but is not limited to: financial account information and balances, information regarding the purchase of a security or insurance product, and any other personally identifiable financial information: (i) provided by a me/us to my/our Financial Institution; (ii) resulting from any transaction in my/our account or any service performed on behalf of me/us by the Financial Institution; or (iii) otherwise obtained from me/us by the Financial Institution.



**STEP 3. SIGNATURES**

**Account Owner's Signature 1**

Print Name	Date
Signature X	

**Account Owner's Signature 2**

Print Name	Date
Signature X	

RETURN COMPLETED FORM TO:  
Alight Financial Solutions  
PO Box 563901  
Charlotte, NC 28256-3901  
Fax: 1.847.554.1444