



## Trusted Contact Authorization

Please note that every account owner who elects to provide Trusted Contact information must authorize their own Trusted Contact. Trusted Contact(s) must be 18 years of age or older.

This form authorizes Wells Fargo Advisors to contact the individual(s) identified below as my Trusted Contact(s) in the event of a situation described below regarding any or all accounts I have with Wells Fargo Advisors. This form is in accordance with FINRA Rule 4512.

If Wells Fargo Advisors has questions or concerns about my health (capacity, well-being, etc.) or welfare (financial exploitation), or is unable to contact me, it may:

- Contact my Trusted Contact(s) and disclose information about me and my accounts to discuss possible financial exploitation.
- Confirm with my Trusted Contact(s) my current contact information or health status and/or the identity of any legal guardian, executor, trustee, or holder of a power of attorney.
- Act as otherwise permitted by FINRA Rule 2165.

I understand and agree that:

- 1) I authorize Wells Fargo Advisors to contact my Trusted Contact person(s) for any account(s) I may have with Wells Fargo Advisors.
- 2) I may name up to three individuals as my Trusted Contact(s).
- 3) All named Trusted Contact(s) are 18 years or older.
- 4) This Authorization does not authorize my Trusted Contact person(s) to transact in or make changes to my account(s).
- 5) This Authorization does not impose any obligation on Wells Fargo Advisors to contact, or attempt to contact, my Trusted Contact person(s).
- 6) This Authorization is optional and I may revoke it at any time by notifying Wells Fargo Advisors in writing or via verbal authorization; otherwise, this Authorization will remain in effect, even after my death.
- 7) I may change my Trusted Contact person(s) at any time by providing Wells Fargo Advisors a new Trusted Contact Authorization form, and such new form **will supersede** any previous form on file.

**Section 1.** To be completed by account owner, e.g., individual, trustee, custodian:

Name of account owner: \_\_\_\_\_

To add or remove a Trusted Contact, please choose all that apply from below. A selection is required.

- I am adding or changing a Trusted Contact (**Complete Section A**)
- I am removing a Trusted Contact (**Complete Section B**)

Identify the new and/or remaining Trusted Contact.

**Investment and Insurance Products are:**

- **Not Insured by the FDIC or Any Federal Government Agency**
- **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
- **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC (WFCS) and Wells Fargo Advisors Financial Network, LLC, Members SIPC, separate registered broker-dealers and non-bank affiliates of Wells Fargo & Company. WellsTrade brokerage accounts are offered through WFCS under the trade name Wells Fargo Advisors.

Office Use Only:    Sub Firm #    BR Code    FA Code    Account Number

\_\_\_\_\_

**Section A - Adding or Changing a Trusted Contact**

If adding a trusted contact, at least one contact type (phone, email, address) must be completed.

<b>1st Trusted Contact</b>			
Name of Trusted Contact (Required)			
Relationship (e.g., spouse, child, lawyer, accountant, friend) (Required)		Trusted Contact Phone	
Trusted Contact Email		Trusted Contact Street Address	
City	State/Province	ZIP/Postal Code	Country

<b>2nd Trusted Contact</b>			
Name of Trusted Contact			
Relationship (e.g., spouse, child, lawyer, accountant, friend)		Trusted Contact Phone	
Trusted Contact Email		Trusted Contact Street Address	
City	State/Province	ZIP/Postal Code	Country

<b>3rd Trusted Contact</b>			
Name of Trusted Contact			
Relationship (e.g., spouse, child, lawyer, accountant, friend)		Trusted Contact Phone	
Trusted Contact Email		Trusted Contact Street Address	
City	State/Province	ZIP/Postal Code	Country

**Section B - Removing a Trusted Contact**

Removing Trusted Contact: Trusted Contact (First and Last Name)	Relationship (e.g., spouse, child, lawyer, accountant, friend)	Phone Number
Removing Trusted Contact: Trusted Contact (First and Last Name)	Relationship (e.g., spouse, child, lawyer, accountant, friend)	Phone Number
Removing Trusted Contact: Trusted Contact (First and Last Name)	Relationship (e.g., spouse, child, lawyer, accountant, friend)	Phone Number

**Section 2. Documentation of Verbal Instructions:**

**Name of Account Owner:** \_\_\_\_\_

**Account Owner personally known to me:** YES  or NO

**Account owner confirmed by two pieces of identifying information (e.g, SSN, DOB, phone number, or recent account activity):**  
YES  or NO

**Associate Signature**

*The undersigned certifies that the account owner authorized the addition or removal of the Trusted Contact(s) identified above and that the identity of the account owner was verified by one of the above methods.*

**Associate Name** \_\_\_\_\_

**Associate Signature** \_\_\_\_\_ **Date** \_\_\_\_\_