

Trusted Contact Authorization



Advisors

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Client Account Number

Return Address:

Wells Fargo Advisors, Attention: MAC N9160-01P, PO Box 77046, Minneapolis, MN 55480-9902, or Fax to 844-879-1439

In accordance with FINRA Rule 4512, this form authorizes Wells Fargo Advisors to contact and disclose information to the individual(s) identified below as Trusted Contact(s) to address the situations below for any and all accounts the account owner has with Wells Fargo Advisors.

Please note that every account owner who elects to provide Trusted Contact information must complete and sign their own Trusted Contact Authorization Form.

I understand that if Wells Fargo Advisors has questions or concerns about my health (capacity and 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 2 persons as my Trusted Contact(s).
- 3) All named Trusted Contact persons 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; 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.

Account Owner/Authorized Party Name (Owner/Authorized person will be an Individual, Trustee, or Custodian)

Name of Trusted Contact

Relationship (e.g., spouse, child, lawyer, accountant, etc.)

Trusted Contact Phone	Email
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Address

City	State/Province	ZIP/Postal Code	Country
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Name of Trusted Contact

Relationship (e.g., spouse, child, lawyer, accountant, etc.)

Trusted Contact Phone	Email
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Address

City	State/Province	ZIP/Postal Code	Country
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Client Signature	Print name	Date
X		

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, Member SIPC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.