



Add a Trusted Contact Person

Investment Advisor ("IA") Information. This portion to be completed by IA.

IA Firm Name *(Please print.)* _____ IA Master Account Number _____ Service Team _____

IA Contact Information *(if follow-up is required)*

Use this form to add up to two Trusted Contact Persons ("Trusted Contacts") to your Schwab accounts. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future. You may also update your Trusted Contact information by visiting SchwabAlliance.com or calling 1-800-515-2157. A Trusted Contact is a resource Schwab may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s).

Please return this form to your investment advisor.

- The Trusted Contact(s) must be at least 18 years old.
- The Trusted Contact(s) will not be able to view your account information, execute transactions in your accounts, or inquire about account activity, unless that person has that authority through another role on the accounts, such as a trustee or power of attorney.
- Schwab suggests that your Trusted Contact(s) be someone other than your investment advisor.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- Only you as the account holder have the ability to add, update, or remove a Trusted Contact(s) for your account(s).

Account Holder Information

The Trusted Contact designation(s) only applies to the account holder/trustee/agent named below.

If you do not have a Social Security Number, please provide one of your Schwab Account Numbers.

Social Security Number _____ or Schwab Account Number _____

Name Title, First _____ Middle Name _____ Last, Suffix _____

Trusted Contact Information

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

Person 1

Name Title, First _____ Middle Name _____ Last, Suffix _____

Relationship

Please select only one.

Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address *No P.O. Boxes* _____ City _____

State or Province _____ Country _____ Postal or Zip Code _____

Home Phone _____ Mobile Phone _____ Email Address _____



Person 2

Name Title, First Middle Name Last, Suffix

Relationship

Please select only one.

- Spouse Partner Child Parent Sibling Friend Other

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address No P.O. Boxes City

State or Province Country Postal or Zip Code

Home Phone Mobile Phone Email Address

Authorization Agreement and Signature

Please read and sign below.

If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your investment advisor to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at schwab.com/accountagreement.

SIGN HERE



Account Holder Signature Today's Date (mm/dd/yyyy)

Please sign and date using blue or black ink.

Print Name

