



## Trusted Contact Person (“TCP”) Consent

Client Name: \_\_\_\_\_ Account #: \_\_\_\_\_

- New TCP
- Change of TCP

I hereby authorize my current advisor and Educators Financial Group Inc. (collectively, the “Authorized Persons”) to contact, discuss concerns and disclose certain personal information about me to the Primary TCP or the Alternative TCP, and authorize my Primary TCP and Alternative TCP to disclose certain personal information about me to the Authorized Persons, should one of the following situations arise where any of the Authorized Persons:

- suspects that I am experiencing financial exploitation or mistreatment
- becomes concerned about my ability to understand my financial situation, make financial decisions in my own interests, or understand the consequences of a financial decision that I made or want to make; or
- is unable to reach me and is seeking my current contact information or the contact information of my legal representative, if any

### Primary TCP

Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

### Alternate TCP (optional)

Name: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I understand and agree that:

- My TCP(s) should be individuals that I trust and who know how to reach me and must be at least 18 years old. My TCP(s) should not be a joint owner or financial advisor on record.
- Only the information necessary to discuss the concerns about me may be disclosed to my TCP(s). This could include, but is not limited to, medical information, details of my personal life, financial holdings, and transactions. I consent to such disclosure.
- A temporary hold on transactions may be placed by the Authorized Persons for the time that is necessary to address the situation and concerns about me. I will be notified if such a hold is placed.
- I should notify my TCP(s) of this appointment, the circumstances under which they might be contacted by the Authorized Persons and I have given their contact information to the Authorized Persons for the purposes described in this consent.
- Only I, and no one else, may revoke consent or change my TCP(s) at any time.
- It is strongly recommended to name someone other than my power of attorney as my TCP(s).
- This form is not a power of attorney and therefore does not authorize my TCPs(s) to act as my “attorney”.
- My TCP(s) will not be permitted to execute transactions, make financial decisions for me nor act on my behalf, unless they are also my attorney or another legal representative.
- If I want to update or change TCP information, I must contact my advisor or Educators.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_