

Trusted Contact Person Authorization Form

Member Number _____

Instructions: This form gives permission to Tower Federal Credit Union and its associated persons, including your financial professional to use their discretion to contact the trusted contact person listed below and disclose information about you and your account(s) in order to:

- address concerns that you might be a victim of financial exploitation which could include fraud, coercion, or unauthorized transactions,
- address a temporary hold on a disbursement of funds or securities pertaining to possible financial exploitation or other concerns,
- confirm your current contact information,
- confirm and address your whereabouts and health status, and/or
- confirm the identity of any legal guardian, executor, trustee, holder of a power of attorney, or other person who may be acting on your behalf (such as an attorney or accountant).

The trusted contact person is intended to be a resource for Tower in administering your accounts, protecting your assets, and responding to possible financial exploitation.

This form does not authorize the trusted contact or other people to conduct transactions on your account. If you would like to do so, please contact Tower.

Note: Your trusted contact person must be age 18 or older. Tower suggests that the trusted contact person not be someone who is already authorized to transact business on the account, or who is already otherwise able to receive information about the account, such as a joint account holder.

Please complete and sign the form, and return it to a branch. Visit **towerfcu.org** to find a location near you, and if you like, to schedule an appointment.

1. Trusted Contact Person Information

Name

Email Address

Address

Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

This trusted contact person information supersedes any previous trusted contact person information you may have provided for the listed accounts.

2. Remove Trusted Contact Person

- With this form, I instruct Tower to remove my existing trusted contact person. I do not wish to add a replacement at this time.

3. Acknowledgment

I authorize Tower to contact my trusted contact person if listed above. I understand that providing this information is optional and that I may decline to provide, withdraw or change it at any time.

Member Signature_____
Member Name (print)_____
Date