



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 Contacts for your Schwab accounts. You may also update your Trusted Contact information by contacting your investment advisor or calling Schwab Alliance at 1-800-515-2157.
- Adding a Trusted Contact provides Schwab with a resource to contact on your behalf, if necessary. A Trusted Contact is a person whom you are permitting Schwab to contact and disclose information to about your account to address possible financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules.

Trusted Contact Designation

- **Naming a Trusted Contact is optional.**
- **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, or inquire about account activity.**
- **Schwab suggests that your Trusted Contact(s) not be someone who is already authorized to transact business on your account(s) or already able to receive information about your Schwab account(s)—e.g., financial consultant, investment advisor, or by virtue of Power of Attorney or View Only authority.**
- **You do not need to designate a separate Trusted Contact for each Schwab account. A single designation covers all Schwab accounts over which you are the account holder or joint account holder, trustee, or agent.**
- **For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee, or agent.**
- **Only you as the account holder have the ability to add, update, or remove a Trusted Contact(s) for your account(s).**

1 Account Holder Information

The Trusted Contact designation(s) only applies to the Account Holder/Trustee/Agent named below.

Social Security Number _____

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

2 Trusted Contact Person(s)

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.

Home/Legal Street Address *No P.O. Boxes* _____ **City** _____

Country _____ **State or Province** _____ **Postal or Zip Code** _____



Home Phone Number	Mobile Phone Number	Email Address
Person 2		
Name <i>Title, First</i> _____ <i>Middle Name</i> _____ <i>Last, Suffix</i> _____		
Relationship		
Please select only one. <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
Please provide at least one method of contact for each Trusted Contact listed.		
Home/Legal Street Address <i>No P.O. Boxes</i> _____		City _____
Country _____	State or Province _____	Postal or Zip Code _____
Home Phone Number _____	Mobile Phone Number _____	Email Address _____

3 Account Holder/Trustee/Agent Authorization Agreement and Signature

I understand that there is no requirement that Schwab reach out to my Trusted Contact Person and that I may withdraw this Authorization at any time by notifying Schwab via phone or in writing at the address shown on my account statement. By signing below, I and my heirs agree to indemnify and hold Schwab, its predecessors, successors, officers, directors, employees, agents, representatives, parents, affiliates, assigns, and attorneys harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by Schwab as a result of any claim, judgment, or proceeding arising out of or relating to Schwab contacting, or failing to contact, my Trusted Contact Person(s) identified in this form.

By my signature below, I authorize Schwab and its affiliates to share my nonpublic personal information held at Schwab with the named Trusted Contact Person(s) identified above. Nonpublic personal information includes, but is not limited to, financial account information and balances, recommendation for purchase of a security or insurance product, and, as defined in Title V of the federal Financial Services Modernization Act of 1999 as amended, or as defined by any other federal or state law, personally identifiable financial information (i) provided by a consumer to a financial institution; (ii) resulting from any transaction with the consumer or any service performed for the consumer; or (iii) otherwise obtained by the financial institution.

I understand that Schwab or my advisor may contact the Trusted Contact Person(s) and disclose information about my account to address possible financial exploitation; to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by FINRA rules.

I understand that if an investment advisor is linked to my account(s), then my Trusted Contact Person(s) information will be made available to the investment advisor, and Schwab may notify the investment advisor of Schwab's interactions with the Trusted Contact Person(s). I agree that Schwab will not be responsible for, and cannot monitor, the investment advisor's use of the Trusted Contact Person(s) information.

SIGN HERE **X**

Please sign and date using blue or black ink.

Account Holder Signature _____	Today's Date <i>(mm/dd/yyyy)</i> _____
Print Name <i>Title, First</i> _____ <i>Middle Name</i> _____ <i>Last, Suffix</i> _____	

4 Return Instructions

Please return this form to your Investment Advisor or mail to Charles Schwab & Co., Inc. at either of the following addresses:

- | | |
|--|--|
| Regular Mail
Charles Schwab & Co., Inc.
P.O. Box 982603
El Paso, TX 79998-2603 | Regular Mail
Charles Schwab & Co., Inc.
P.O. Box 628290
Orlando, FL 32862-8290 |
|--|--|

