

# Trusted Contact Authorization



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

(Office Use Only)

By signing this form, I authorize Wells Fargo Advisors to contact the individual(s) identified below as my Trusted Contact(s) in the event of a situation described below regarding any or all accounts I have with Wells Fargo Advisors.

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.
  - Communicate with persons who claim legal authority to act for me to determine whether those persons have legal authority over my accounts.

I understand that: (1) I authorize Wells Fargo Advisors to contact my Trusted Contact(s) for any account I may have with Wells Fargo Advisors; (2) I may identify multiple contact persons (if needed, use additional copies of this form to list additional Trusted Contacts); (3) Wells Fargo Advisors is not required to contact, or attempt to contact, my Trusted Contact person(s); (4) **This Authorization is optional and I may withdraw it at any time by notifying Wells Fargo Advisors in writing;** and (5) I may change or amend my Trusted Contact(s) at any time by providing Wells Fargo Advisors a newly-signed Trusted Contact Authorization form, and that this new form **will supersede** any previous form on file.

The Trusted Contact must be at least 18 years old.

**Please note that every account owner who elects to provide Trusted Contact information must complete and sign his or her own Trusted Contact Authorization form.**

*\* Required Fields*

Account Owner/Authorized Party Name (Owner/Authorized person will be an Individual, Trustee, or Custodian)*			
<input type="text"/>			
Name of Trusted Contact*			
<input type="text"/>			
Relationship (e.g., spouse, child, lawyer, accountant, etc.)*			
<input type="text"/>			
<b>Contact Information* (At least one contact type must be completed.)</b>			
Trusted Contact Phone	Email		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
City	State/Province	ZIP/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trusted Contact*			
<input type="text"/>			
Relationship (e.g., spouse, child, lawyer, accountant, etc.)*			
<input type="text"/>			
<b>Contact Information* (At least one contact type must be completed.)</b>			
Trusted Contact Phone	Email		
<input type="text"/>	<input type="text"/>		
Address			
<input type="text"/>			
City	State/Province	ZIP/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client Signature	Print Name	Date	
<b>X</b>	<input type="text"/>	<input type="text"/>	

**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**

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