



# Trusted Contact Authorization Form

PO Box 2760 ■ Omaha, NE 68103-2760  
Fax: 866-468-6268

Account #: \_\_\_\_\_

Full Legal Name/Account Title: \_\_\_\_\_

I hereby authorize TD Ameritrade, Inc., its associated persons and affiliates (collectively, "TD Ameritrade"), to communicate, verbally and in writing, with the Trusted Contact Person(s) listed below. I understand that any communication with the Trusted Contact Person(s) may include information about any of the undersigned persons, the account identified above, any other accounts at TD Ameritrade in which any of the undersigned persons has an interest, or any other information the undersigned may have provided to TD Ameritrade.

**A Trusted Contact is someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.**

### TRUSTED CONTACT

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Check here if this Trusted Contact Authorization supersedes a previous Trusted Contact Authorization.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Check here if this Trusted Contact Authorization supersedes a previous Trusted Contact Authorization.

I understand that TD Ameritrade may contact the Trusted Contact Person(s) for the following reasons:

- If there are questions or concerns about my whereabouts or health status;
- If TD Ameritrade suspects that I may be a victim of fraud or financial exploitation;
- If TD Ameritrade suspects that I might no longer be able to handle my financial affairs;
- To confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or
- If TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade.

I further agree that: (1) this Authorization does not impose any obligation or requirement that TD Ameritrade contact or communicate with my Trusted Contact Person(s); (2) this Authorization is not a power of attorney or trade authorization and does not authorize the Trusted Contact Person(s) to make any investment decisions or transact any business with TD Ameritrade on my behalf; (3) this Authorization is optional and I may change or withdraw it at any time by notifying TD Ameritrade, in writing; (4) the Trusted Contact Person(s) named above is 18 years of age or older; (5) I may provide more than two Trusted Contact Persons by completing and signing additional Authorizations; (6) TD Ameritrade is released and discharged from all claims, causes of action, damages, losses, expenses, costs, and liabilities of any kind that may arise out of, relate to, or are in connection with the release of, or failure to release, personal and/or account information to the Trusted Contact Person(s).

**All Account Owners must sign this form.** For entity accounts, "Account Owner" means the entity for which the account was established and/or the natural person(s) authorized to represent and act on behalf of the entity (such as, guardian, custodian, trustee, conservator, officer, partner, or authorized agent).

Account Owner Name (Printed): \_\_\_\_\_

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Co-Owner Name (Printed): \_\_\_\_\_

Account Co-Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value

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