



# TRUSTED CONTACT PERSON AUTHORIZATION

Account #: \_\_\_\_\_ Rep Code: \_\_\_\_\_

## TRUSTED CONTACT PERSON

A Trusted Contact is an individual (age 18 or older) whom you authorize us to contact and disclose information about your account in the event (1) we are concerned someone may be exploiting you financially or (2) we desire to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney. Designating a Trusted Contact person does not authorize that person to effect transactions or withdraw funds from your account. We are not obligated to contact your Trusted Contacts, but you give us permission to do so if we have any of the foregoing needs or concerns.

You are not required to designate any Trusted Contact. Should you desire to do so, please provide the following information:

Trusted Contact Person #1	Name		Relationship to Account Owner		
	Address				
	City	State / Province	ZIP / Postal Code	Country	
	Email Address	Primary Phone	Mobile Phone		
	<input type="checkbox"/> I agree this Authorization supersedes any previous Trusted Contact Person Authorization listed.				
	Name		Relationship to Account Owner		
	Address				
Trusted Contact Person #2	City		State / Province	ZIP / Postal Code	Country
	Email Address	Primary Phone	Mobile Phone		
	<input type="checkbox"/> I agree this Authorization supersedes any previous Trusted Contact Person Authorization listed.				

## SIGNATURES

I understand that there is no requirement that StoneX Financial Inc. reach out to my contact person and that I may withdraw this Contact Authorization at any time by notifying StoneX Financial Inc. in writing at the address shown on my StoneX Financial Inc. account statement. By signing below, you, and your heirs, hold StoneX Financial Inc. harmless if we either act, or fail to act, on your stated preferences based upon our own best judgment.

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Primary Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date