

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)*			
Name of Trusted Contact*			
Relationship (e.g., spouse, child, lawyer, accountant, etc.)*			
Contact Information* (At least one contact type must be completed.)			
Trusted Contact Phone	Email		
Address			
City	State/Province	ZIP/Postal Code	Country
Name of Trusted Contact*			
Relationship (e.g., spouse, child, lawyer, accountant, etc.)*			
Contact Information* (At least one contact type must be completed.)			
Trusted Contact Phone	Email		
Address			
City	State/Province	ZIP/Postal Code	Country
Client Signature X	Print Name	Date	

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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