

# Trusted Contact Person Form



Account number  and any other accounts that I may have at Merrill Lynch.

Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill Lynch") asks that you designate a trusted contact person age 18 or older. Merrill Lynch could contact your trusted contact person and disclose information about your account as described below. Please let us know if you have any questions about the Form.

I designate the person identified below as my trusted contact person. This person is age 18 or older. I authorize Merrill Lynch to contact my trusted contact person and disclose information about my account:

- to address possible financial exploitation;
- to confirm the specifics of my current 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 Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

I understand that (1) I may designate multiple trusted contact persons (use additional copies of this form); (2) Merrill Lynch is not required to contact my trusted contact person; and (3) **the completion of this form is optional and I may withdraw it at any time by notifying Merrill Lynch in writing** (use Merrill Lynch address shown on account statement). If I would like to change my trusted contact person, I may do so by giving Merrill Lynch a newly-signed Trusted Contact Person Form with the box checked below to indicate that the new form supersedes the previous form.

## CONTACT PERSON INFORMATION

Mr.  Mrs.  Ms.  Dr.      Suffix:  Sr.  Jr.

\_\_\_\_\_  
Name of Trusted Contact Person (First, Middle and Last)

\_\_\_\_\_  
Relationship (e.g. spouse, child, holder of my power of attorney, lawyer, accountant, etc.)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Country

\_\_\_\_\_  
Email Address

Check here if this contact authorization supersedes previous contact authorizations

## Signature

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



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