

Account Holder(s) may use this optional form to add or change a Trusted Contact Person ("TCP") for their brokerage account(s) held at ETC Brokerage Services. Adding a TCP provides ETC Brokerage Services with a resource to contact on your behalf if questions or concerns arise about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or possible neglect of the account holder.

**This form authorizes ETC Brokerage Services to contact the TCP and:**

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s).
- Inquire about your current contact information or health status.
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney).

**Instructions for completing this form:**

- The designated TCP must be at least 18 years old.
- Consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, such as a beneficiary or power of attorney.
- The TCP must be someone other than an account holder and cannot be your Investment Advisor and/or ETC Brokerage Services.
- Designating a TCP is optional; you do not need to designate a separate TCP for each brokerage account, but you may indicate several accounts over which you are the account holder or joint account holder, trustee, or agent for which you want to designate a TCP.
- Only you, as the account holder can add, update, or remove a TCP on your account(s).
- The most recent Trusted Contact Person form replaces any TCP designations previously submitted.

**1 ACCOUNT INFORMATION - REQUIRED**

ACCOUNT OWNER	LAST 4 DIGITS OF SSN OR TAXPAYER ID NUMBER
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**2 ACCOUNTS INCLUDED**

ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER
ACCOUNT NUMBER	ACCOUNT NUMBER	ACCOUNT NUMBER

**3 TRUSTED CONTACT PERSON**

FIRST NAME	LAST NAME	RELATIONSHIP TO ACCOUNT HOLDER		
ADDRESS 1		ADDRESS 2		
CITY	STATE	ZIP CODE	FOREIGN ZIP	COUNTRY
PHONE NUMBER		EMAIL ADDRESS		

**4 SIGN and DATE**
**By signing below, you:**

- Authorize ETC Brokerage Services to communicate with the TCP and disclose information about the designated account(s) to address possible financial exploitation or confirm specifics about your 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.
- Understand that this does not authorize the TCP to separately access or transact on your account(s).
- Understand that the process of designating a TCP is optional and you may withdraw the designation at any time by notifying ETC Brokerage Services in writing.
- Understand that you may change the TCP at any time by completing a new form.
- Certify that all the information provided is correct, accurate, and complete.

 **I decline to designate a TCP at this time.**

ACCOUNT OWNER SIGNATURE	PRINT NAME	DATE
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