

Full Legal Name/Account Title _____

Enter the account numbers below to add the Trusted Contact person. Note: The Trusted Contact will be for the owner named on this form only.

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I hereby authorize Lifestyle Asset Management, Inc., its associated persons and affiliates (collectively "LSAM"), 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, and any other accounts at LSAM in which any of the undersigned persons has an interest, or any other information the undersigned may have provided to LSAM.

A Trusted Contact is someone other than the account owner and cannot be the Investment Advisor.

TRUSTED CONTACT

First Name _____ MI _____ 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 _____ MI _____ 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 LSAM may contact the Trusted Contact Person(s) for the following reasons:

- If there are any questions or concerns about my whereabouts or health status;
- If LSAM suspects that I may be the victim of fraud or financial exploitation;
- If LSAM 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 LSAM has any other concerns or is unable to contact me about my account(s) held with LSAM.

I further agree that: (1) this Authorization does not impose any obligation or requirement that LSAM contact or communicate with my Trusted Contact Person; (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 LSAM on my behalf; (3) this Authorization is optional and I may change or withdraw it at any time by notifying LSAM, 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) LSAM 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 or, or failure to release, personal and/or account information to the Trusted Contact Person(s).

Account Owner Name (printed) _____

Account Owner Signature _____ Date _____

Account Owner Name (printed) _____

Account Owner Signature _____ Date _____