

# Trusted Contact Authorization Form

Client Name: \_\_\_\_\_

## Trusted Contact #1

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

## Trusted Contact #2 (Optional)

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

## Disclosures

By completing this form, you authorize Compak to contact the named person(s) and/or firms for the following reasons:

- If there are questions or concerns about my whereabouts or health status;
- If Compak suspects that I may be a victim of fraud or financial exploitation;
- If Compak 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 power of attorney; or
- If Compak has any other concerns and is unable to contact me about my accounts with Compak.

You further agree that:

- The Trusted Contact Authorization does not impose any obligation that Compak communicate with my trusted Contact person(s);
- The Trusted Contact Authorization **DOES NOT** authorize the Trusted Contact person(s) to make any investment decisions or transact any business on my behalf;
- The Trusted Contact Authorization is optional and I may change or withdraw it at any time by notifying Compak in writing;
- All named Trusted Contact person(s) are age 18 years of age or older.

This form authorizes Compak to reach out to the named Trusted Contacts, notify them that they are your Trusted Contact, and share the Disclosures listed above.

Compak will need your **VERBAL CONFIRMATION** before the Trusted Contact is documented.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Investment advisory services offered through Compak Asset Management, a Registered Investment Adviser. Securities (Variable Annuities) offered through Registered Representatives of Compak Securities, Inc. (Member FINRA, SIPC).

Please mail or send completed form to Compak – email: [documents@compak.com](mailto:documents@compak.com) fax: 949-679-2525