

Trusted Contact Authorization Form

1. Account Owner Information

Social Security No. _____
 Name _____

Last
First
Middle

 Address _____

City
State
ZIP

 Phone (_____) _____
 E-Mail Address _____

Date of Birth _____
 Employer Name _____
 Retirement Date (if applicable) _____
 Gender: Male Female
 Certain state residency required. To confirm residency, visit <https://weabenefits.com/product/ira>.
 State of Residency: _____

2. Trusted Contact Definition

A "Trusted Contact" is a person, at least 18 years of age, that would be authorized to be contacted by WEA Member Benefits in the event we have trouble reaching you or have reasonable belief that you and your account are being exploited financially. WEA Member Benefits recommends that you choose someone who does not have any ties to your account/money upon your passing. The Trusted Contact can be a Trustee, Executor, Power of Attorney, or multiple people. The "Trusted Contact" will not have any power to make financial changes to your account.

If you would **not** like us to discuss any of the following topics with the Trusted Contact, please check the corresponding box.

- Unable to contact you/update contact information.
- Financial exploitation on your account.
- Health status of the account owner.

3. Trusted Contact Information

Name _____

Last
First
Middle

 Address _____

City
State
ZIP

Phone (_____) _____
 E-Mail Address _____
 Relationship to Account Owner _____
 Gender: Male Female

4. Signature and Date (Required)

I am choosing to provide WEA Member Benefits authorization to contact the Trusted Contact person listed above to discuss and obtain information regarding health status, financial exploitation, specifics of current contact information, identity of legal guardian, executor, trustee, power of attorney, and any other information that may be used to protect the welfare of my account in extraordinary situations as stated previously. I am also stating that the designation of "Trusted Contact" alone will not have any authority over my accounts and will act in an informational capacity.

 Account Owner Signature

 Date