

Trusted Contact Authorization Form

1. Account Owner Information

Name _____
Last First Middle

Date of Birth _____

Address _____

Employer _____

City State ZIP

Social Security No. _____

E-Mail _____

Phone (_____) _____

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

Phone (_____) _____

Address _____

E-Mail Address _____

City State ZIP

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 _____