

By my signature below, I/We authorize St. Therese Financial LLC ("St. Therese Financial") and its affiliates to share my/our nonpublic personal information* held at St. Therese Financial to the named Authorized Individual(s) identified below.

- ☐ I/We authorize this information to be shared with the Authorized Individual(s) at the discretion of St. Therese Financial. This authorization includes, but is not limited to, any of the undersigned client's information regarding securities, insurance, bank related, financial planning or other financial products or services offered by or through St. Therese Financial or any financial information the undersigned may have provided to St. Therese Financial.
- ☐ I/We understand that St. Therese Financial may contact the named Authorized Individual(s) if there are questions/concerns about my whereabouts or health status (i.e. St. Therese Financial becomes concerned that I may no longer be able to handle my financial affairs or if St. Therese Financial becomes concerned that I may be a victim of fraud or exploitation).
- ☐ I/We decline to provide any Trusted Contact information at this time.

St. Therese Financial suggests that the named Authorized Individual(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above.

Full Name of Contact Person:		Relationship:
Daytime Phone:	Evening Phone:	Email:
Street Address:		City and State:
Check here if this Contact Authorization supersedes a previous Contact Authorization: <input type="checkbox"/>		
Notes:		
Full Name of Contact Person:		Relationship:
Daytime Phone:	Evening Phone:	Email:
Street Address:		City and State:
Check here if this Contact Authorization supersedes a previous Contact Authorization: <input type="checkbox"/>		
Notes:		
Full Name of Contact Person:		Relationship:
Daytime Phone:	Evening Phone:	Email:
Street Address:		City and State:
Check here if this Contact Authorization supersedes a previous Contact Authorization: <input type="checkbox"/>		
Notes:		

I/We understand that there is no requirement that St. Therese Financial reach out to my contact person and that I may withdraw this Contact Authorization at any time by notifying St. Therese Financial in writing at the address shown on my account statement. By signing below, I and my heirs, hold St. Therese Financial harmless if we either act, or fail to act, on your stated preferences based upon our own best judgement.

Client Signature	Printed Name	Date
Client Signature	Printed Name	Date

Multiple contact persons may be designated by completing additional copies of this form for each contact person.

* "Nonpublic personal information" includes, but is not limited to: financial account information and balances, recommendation for purchase of a security or insurance product, and, as defined in Title V of the Federal Financial Services Modernization Act of 1999 as amended, or as defined by any other federal or state law, personally identifiable financial information-(i) provided by a consumer to a financial institution; (ii) resulting from any transaction with the consumer or any service performed for the consumer; or (iii) otherwise obtained by the financial institution.