☐ New Account
☐ Account Update

TRUSTED CONTACT PERSON FORM

GWS&A
Global Wealth Strategies & Associates

Trusted Contact Person Authorization Form

At the time of account opening, the firm's Investment Adviser Representative ("IAR") should ask for information about a designated "Trusted Contact Person" when a senior client, age 65 and older, engages our Firm, or for existing clients when the firm normally updates its client profile.

The senior client is not required to provide the name of a Trusted Contact Person, but the firm should make a reasonable effort to collect this information. A Trusted Contact must be a person over 18.

A Trusted Contact, or Trusted Contact Designation is a person who the client designates as a contact and authorizes the firm to disclose information to about the client's account and to address possible financial exploitation; to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules. You may assign up to two Trusted Contacts (over the age of 18) for your account(s).

Client Account Information

Client Name ______________________ Client Name ______________________

Account Number __________ Account Number __________ Account Number __________ Account Number __________

☐ Check here if this contact authorization supersedes previous contact authorizations.

☐ I do not wish to designate a Trusted Contact Person.

Trusted Contact Person Information

Name of Trusted Contact Person: (First, Middle, Last) ______________________

Relationship: (e.g.: Spouse, Child, Power of Attorney, Lawyer, Etc.) ______________________

Street Address __________ City __________ State __________ Zip __________

Work Phone __________ Mobile Phone __________ Email Address __________

Account Holder / Trustee / Agent Authorization

I designate the person identified above as my Trusted Contact Person. This person is age 18 or older. I authorize the firm to contact my Trusted Contact Person and disclose information about my account.

I understand that the firm is not required to contact my Trusted Contact Person; and the completion of this form is optional. I may withdraw it at any time by notifying the firm in writing. If I would like to change my Trusted Contact Person, I may do so by submitting a newly-signed Trusted Contact Person Form with the box checked above to indicate that the new form supersedes the previous form.

Signatures

Client Printed Name __________ Client Signature __________ Date __________

Investment Advisor Representative Name __________ Investment Advisor Representative Signature __________ Date __________