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Trusted Contact Authorization Form

Client Name(s): _____

PERSONAL Trusted Contact #1

Full Name: _____ Relationship: _____

Primary Phone: _____ Email: _____

Full Mailing Address: _____

Authorized Date Range: __ Until Revoked __ From: _____ To: _____

PERSONAL Trusted Contact #2

Full Name: _____ Relationship: _____

Primary Phone: _____ Email: _____

Full Mailing Address: _____

Authorized Date Range: __ Until Revoked __ From: _____ To: _____

Disclosures:

By completing this form, you authorize Legacy Financial Group 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 Legacy Financial Group suspects that I may be a victim of fraud or financial exploitation;
- If Legacy Financial Group 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 Legacy Financial Group has any other concerns or is unable to contact me about my accounts with Legacy Financial Group.

NOTE: Your Trusted Contact must be someone other than an account owner and cannot be your Legacy Financial Group advisor. You may provide additional Trusted Contacts by completing and signing additional Trusted Contact Authorization forms.

You further agree that:

- The Trusted Contact Authorization does not impose any obligation that Legacy Financial Group 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 with on my behalf;
- The Trusted Contact Authorization is optional and I may change or withdraw it at any time by notifying Legacy Financial Group in writing;
- All named Trusted Contact person(s) are age 18 years of age or older;
- Legacy Financial Group is released and discharged from all claims, causes of action, damages, losses, expenses, costs, and liabilities of any kind that may arise out of, relate to, and are in connection with the release of, or failure to release, personal and/or account information to the Trusted Contact person(s).

Investment advisory services offered through Legacy Financial Group, LLC, a Registered Investment Advisor. Past performance is no guarantee of future returns. Securities offered through Integrity Alliance, LLC, Member SIPC. Integrity Wealth is a marketing name for Integrity Alliance, LLC. Legacy Financial Group is not affiliated with Integrity Wealth.

CONSENT AND AUTHORIZATION FORM
RELEASE/EXCHANGE OF CLIENT INFORMATION

*Security regulations require this consent form to be provided by you. Unless authorized by law, we cannot disclose, without your consent, your financial information to third parties. If you agree to the disclosure of your financial information, your consent is valid for the time range that you specify. **If you do not specify the duration of your consent, your consent is valid until revoked.***

Consent:

On behalf of myself, my spouse, and every company for which either of us, separately or combined, are a majority shareholder, I authorize the release of all financial information to the below named recipient(s). Please release my information to (must be completed):

PROFESSIONAL Trusted Contact #1

Full Name: _____ Firm: _____
Primary Phone: _____ Email: _____
Full Mailing Address: _____
Authorized Date Range: __ Until Revoked __ From: _____ To: _____

PROFESSIONAL Trusted Contact #2

Full Name: _____ Firm: _____
Primary Phone: _____ Email: _____
Full Mailing Address: _____
Authorized Date Range: __ Until Revoked __ From: _____ To: _____

I do not authorize the following items or companies to be included in this authorization (leave blank if no restrictions):

I understand that the information will be transmitted by mail, facsimile, or electronic format. The transmission may use the internet using a secure 256-bit SSL encryption format. I hereby release Legacy Financial Group from any consequences that may arise as a result of the release of the financial information set forth above.

Client Name: _____ Signature: _____

Client Name: _____ Signature: _____

Date: _____