



Trusted Contact Authorization

Use this form to designate a primary and alternate trusted contact, who must be 18 years or older, for your nonretirement brokerage account, IRA or Retirement Plan account managed by RGB Capital Group LLC.

If there are questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes RGB Capital Group LLC to contact the trusted contact and:

- Provide the trusted contact(s) listed below with information about you and/or your account, but not the ability to transact on your account.
- Inquire about whether another person or entity has legal authority to act on your behalf (e.g., legal guardian, conservator, or trustee).
- Inquire about your current information or health status.

This form supersedes any pervious trusted contact that you may have submitted.

1. Primary Account Owner

First Name _____ Middle Name _____ Last Name _____

- Add Trusted Contact(s)
 Change Trusted Contact(s)
 Elect to not add Trusted Contact(s)

Include all account numbers to be covered under this Trusted Contact Authorization form:

Accounts number(s) _____

Primary Trusted Contact

First Name _____ Middle Name _____ Last Name _____

Email _____ Relationship to Account Owner _____

Mobile Phone _____ Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Check this box if you would like this Trusted Contact to be offered the RGB Perspectives weekly newsletter. We will contact them for their authorization to include them in our newsletter distribution list. This is one way to have your Trusted Contact become more familiar with our services.

Alternate Trusted Contact

First Name _____ Middle Name _____ Last Name _____

Email _____ Relationship to Account Owner _____

Mobile Phone _____ Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Check this box if you would like this Trusted Contact to be offered the RGB Perspectives weekly newsletter. We will contact them for their authorization to include them in our newsletter distribution list. This is one way to have your Trusted Contact become more familiar with our services.



Trusted Contact Authorization

2. Additional Account Owner

First Name _____ Middle Name _____ Last Name _____

- Add Trusted Contact(s)
 Change Trusted Contact(s)
 Elect to not add Trusted Contact(s)

Include all account numbers to be covered under this Trusted Contact Authorization form:

Accounts number(s) _____

Primary Trusted Contact

First Name _____ Middle Name _____ Last Name _____

Email _____ Relationship to Account Owner _____

Mobile Phone _____ Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Check this box if you would like this Trusted Contact to be offered the RGB Perspectives weekly newsletter. We will contact them for their authorization to include them in our newsletter distribution list. This is one way to have your Trusted Contact become more familiar with our services.

Alternate Trusted Contact

First Name _____ Middle Name _____ Last Name _____

Email _____ Relationship to Account Owner _____

Mobile Phone _____ Work Phone _____ Home Phone _____

Address _____

City _____ State _____ Zip _____ Country _____

Check this box if you would like this Trusted Contact to be offered the RGB Perspectives weekly newsletter. We will contact them for their authorization to include them in our newsletter distribution list. This is one way to have your Trusted Contact become more familiar with our services.

Copy this page as necessary for additional account owners.



Trusted Contact Authorization

3. Signature(s) and Date(s)

By signing below, you:

- Authorize RGB Capital Group LLC, at its sole discretion, to communicate with your trusted contact(s) on any designated accounts(s) and disclose information to address possible financial exploitation or confirm specifics about your current contact information, your health status, or inquire about the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that the trusted contact(s) named on this form have no authority to transact on your behalf.
- Represent that the trusted contact(s) you have named on this form are at least 18 years of age.
- Certify that all information you provided is accurate to the best of your knowledge.
- Understand that adding a trusted contact to your account is not required and you may remove it at any time by notifying RGB Capital Group LLC.
- Indemnify and hold harmless RGB Capital Group LLC, their officers, directors, employees, agents, and representatives, from any liability in connection with following the instructions on this form.

Account Owner(s):

Account Owner Name: *First, M.I., Last* _____
(Please Print)

Signature _____ **Date** _____

Additional Account Owner Name: *First, M.I., Last* _____
(Please Print)

Signature _____ **Date** _____

Additional Account Owner Name: *First, M.I., Last* _____
(Please Print)

Signature _____ **Date** _____

Additional Account Owner Name: *First, M.I., Last* _____
(Please Print)

Signature _____ **Date** _____