

Use this form to provide Trusted Contact Person (TCP) information for your client's existing accounts or to change the existing TCP(s).

By choosing to provide information about a TCP, you authorize us, although not obligated, to contact the TCP(s) listed below and disclose information about your account to that person(s) in the following circumstances: to address possible financial exploitation or fraud, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or in cases where the firm has been asked to conduct activity in your account and the firm has reasonable belief that you may be the subject of financial exploitation. The TCP must be age 18 or older and not someone authorized to transact business on your account. Naming someone a TCP does not allow that person to transact business on your behalf, nor to receive your confidential information regarding account holdings, such as account numbers, values, balances, etc. We also advise that you name two TCPs in the event one of the TCPs is unavailable. You may change your TCP at any time by notifying Lincoln Investment or your Lincoln Investment Financial Professional.

NOTE: The TCPs provided will apply to all accounts held at Lincoln.

1 FINANCIAL PROFESSIONAL AND BRANCH INFORMATION

Financial Professional #	Branch #	Financial Professional Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 INVESTOR INFORMATION

Investor First Name	Middle Name/Initial	Last Name	Entity ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3 TRUSTED CONTACT PERSON(S)

Primary Trusted Contact Person

(* designates required fields)

First Name*	Last Name*	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address*	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number*	Type of Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone Number	Type of Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="text"/>		<input type="text"/>	
Email	Relationship to Investor*		
<input type="text"/>	<input type="text"/>		

Secondary Trusted Contact Person

(* designates required fields)

First Name*	Last Name*	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address*	City*	State*	Zip Code*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number*	Type of Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	Secondary Phone Number	Type of Phone <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
<input type="text"/>		<input type="text"/>	
Email	Relationship to Investor*		
<input type="text"/>	<input type="text"/>		



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4 INVESTOR ACKNOWLEDGMENT AND SIGNATURE

I agree to indemnify and hold harmless Lincoln, their affiliates, financial professionals, officers, employees and agents, from any and all claims, demands, actions, judgments, settlements amounts, costs, and liabilities, including attorneys' fees and costs, arising out of or relating to the reliance on this authorization. This authorization will remain in effect until you notify Lincoln Investment or your Lincoln Investment Financial Professional of a change.

Investor Signature (optional)	Print Name	Date

Financial Professional Signature (required)	Print Name	Date

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