

ROBERT STEFFEN & ASSOCIATES

Trusted Person Contact Form

By providing the following contact information, I authorize Robert Steffen & Associates to contact the person(s) listed below and to disclose information about me in the following circumstances: to address possible financial exploitation, to prevent the presumption of property abandonment, to confirm specifics of my current 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 federal or state law. Any information on this form will replace the information currently on file.

- Add the following individual as a trusted contact to my account
- Remove the following individual as a trusted contact from my account

Name of Trusted Contact

Relationship

Telephone #

Email Address

Contact Address

- Add the following individual as a trusted contact to my account
- Remove the following individual as a trusted contact from my account

Name of Trusted Contact

Relationship

Telephone #

Email Address

Contact Address

Client Signature

Date