

TRIPLETT-WESTENDORF FINANCIAL GROUP LLC

Trusted Contact Authorization Form

This form gives permission to Triplett-Westendorf Financial Group representatives and Royal Fund Management (“Agent”) as a financial professional acting on your behalf to use his/her discretion to contact the trusted contact(s) designated below and to provide information about you and your account(s) to such trusted contact(s) anytime Agent in his/her sole discretion feels that there is reasonable basis to believe that:

- You may have been, or may be, the victim of fraud or other financial exploitation.
- Agent has been unable to contact you for an extended period of time using the contact information on file;
- Agent has reason to believe that your health has been compromised (either mental or physical) and this may affect your ability to make sound decisions regarding your financial well-being; or
- There is a need to confirm the identity of an executor, trustee, power of attorney, or other legal representative.

Designating trusted contact(s) is a protective measure that provides authorization to Agent to contact and provide your information to the individual(s) you have designated as trusted contact(s) if and when any of the above circumstances arise.

1) Client(s) Information:

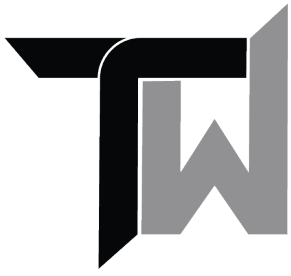
First Name	Middle Name	Last Name
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First Name	Middle Name	Last Name
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Address

City	State	Zip
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Phone Type	Phone Number	Email Address
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2) Authorization:

I/We, _____, hereby authorize Agent as my financial professional to contact and provide information to the person(s) set forth below regarding me and my accounts based on his/her reasonable belief that one or more of the circumstances listed on the previous page exists or may exist.

3) Trusted Contact(s) Designation(s):

Note: Your trusted contact(s) must be age 18 or older. They should not be a joint account owner, your financial professional or anyone already authorized on your account(s).

First Name Middle Name Last Name

Address

City State Zip

Phone Type Phone Number Email Address

Date of Birth (mm/dd/yyyy) Relationship to Client



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4) Acknowledgement:

I acknowledge that by signing this authorization:

- I/We understand that adding one or more trusted contacts is optional and can be revoked by me/us, in writing, at any time.
- I/We understand that by signing this authorization, I am allowing Agent to use his/her discretion to contact the designated trusted contact(s) whenever Agent believes any of the listed circumstances has or may arise.
- I/We understand that by signing this authorization, I am allowing Agent to disclose information about me/us and my/our accounts to the trusted contact(s) whenever Agent believes any of the listed circumstances has or may arise.
- I/We understand that this form does NOT provide authorization for the trusted contact(s) to conduct transactions on my account(s).
- I/We understand that it is recommended that I/we consult with an attorney and/or tax advisor for guidance on my/our specific situation.

Client Signature

Date

Client Signature

Date