

Trusted Contact Person Form

Client Name(s):		
Account number(s): Direct Account title or number(s) and Company:		
		Investment Planners, Inc. and/or IPI Wealth Management, Inc. (collectively, "IPI") want to assist our clients to quickly and effectively address suspected financial exploitation of seniors and other vulnerable adults. Therefore, we request that you provide us with the name, phone number, mailing and email address of someone you would like IPI to contact in case we have questions about your well-being. Typically, this person is a trusted family member or friend that you feel comfortable in including in your financial affairs. With this form, you are providing IPI the authorization to contact the Trusted Contact Person named below about you and your account(s). IPI may disclose to your Trusted Contact Person information about your account(s) to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of power of attorney. A written request to terminate or change your Trusted Contact Person is required, verbal requests will not be honored.
the account. This means that although you Person to discuss your account(s), IPI may person related to your account. Such order requesting monies, money movement between	18 or older and is not authorized to transact business on behalf of have provided authorization for IPI to contact your Trusted Contact not act on any orders/directions provided from the trusted contact ers/directions could include, but not be limited to, placing trades, een accounts, transferring assets into or out of the account, etc. IPI document before we may take orders/directions on your account(s)	
Trusted Contact Person:		
Phone #:		
Mailing Address:		
Email Address:		
Relationship (family/friend):		
Client Signature	Date	
Client Signature		