

Trusted Contact Person Form

Client Name(s):		
Account number(s):		
Direct Account title or number(s) and Company:		
quickly and effectively addre Therefore, we request that you someone you would like IPI to	or IPI Wealth Management, Inc. (collectively, "IPI ses suspected financial exploitation of seniors ou provide us with the name, phone number, contact in case we have questions about your we riend that you feel comfortable in including in your	and other vulnerable adults mailing and email address o ell-being. Typically, this persor
about you and your account(account(s) to confirm the speciegal guardian, executor, trusted	ling IPI the authorization to contact the Trusted (s). IPI may disclose to your Trusted Contact P cifics of your current contact information, health see or holder of power of attorney. A written requed uired, verbal requests will not be honored.	erson information about you status, and the identity of any
the account. This means that a Person to discuss your accour person related to your accour requesting monies, money move	hould be age 18 or older and is not authorized to although you have provided authorization for IPI to ht(s), IPI may not act on any orders/directions pront. Such orders/directions could include, but not vement between accounts, transferring assets into r other court document before we may take orders	o contact your Trusted Contact vided from the trusted contact be limited to, placing trades or out of the account, etc. IP
Trusted Contact Person:		-
Phone #:		-
Mailing Address:		-
Email Address:		-
Relationship (family/friend): _		-
Client Signature		
Olient Signature	Date	
Client Signature	 Date	