

# Trusted Contact Person Form

Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill") encourages you to designate a trusted contact person by completing this form.

### What is a trusted contact person?

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom Merrill could contact and disclose information about your account:

- to address possible financial exploitation;
- to confirm 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
- as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

## What if you previously completed a Contact Authorization Form?

Merrill previously made available a Contact Authorization Form, which was similar to the Trusted Contacted Person Form. If you completed a Contact Authorization Form, Merrill will treat the contact person(s) you designated as your Trusted Contact Person(s). If you wish to add, update or remove a previously named contact person(s), please complete and return the Trusted Contact Person Form to the address noted below.

#### How do you add a trusted contact person?

For faster service, this form can be completed electronically by signing into your account on merrilledge.com.

or

Please complete this form and fax to 866.994.7807 or mail to: Merrill Document Processing PO Box 14354 Lexington, KY 40512-4353 (Please retain a copy of this form for your records.)

If you have questions or would like help completing the form, please call the Investment Center at 877.653.4732.

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Investment products:

Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value



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Please accept this document as instruction to add a trusted contact person(s) to the following 8-digit Merrill® Account Number ar	nd all
other accounts at Merrill® for which I am either account owner or an authorized person.	

Name of account owner	☐ Mr. ☐ Mrs. ☐ N	Ms. □ Dr. Suffix: □ Sr. □ ,	_ lr. Merrill account nu	mber: –
•	s an individual (age	18 or older) identifie	d by you, whom Merrill c	could contact and disclose information about
your account: • to address possible financia • to confirm specifics of you	•	nformation, health sta	tus, or the identity of an	ny legal guardian, executor, trustee,
or holder of a power of atto	orney; or			loitation of Specified Adults).
Primary Trusted Conf	tact Person In	formation		
Name of trusted contact person $\square$ Mr. $\square$ Mrs. $\square$ Ms. $\square$ Dr. Suffix: $\square$ Sr. $\square$ Jr. (first, middle and last)		Relationship (e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)		
Street address			Work phone	Home phone
			Mobile phone	
City	State	ZIP	Email	
Alternate Trusted Co	ntact Person I	nformation		
Name of trusted contact person (first, middle and last)	□ Mr. □ Mrs. □ Ms.	□ Dr. Suffix: □ Sr. □ Jr.	Relationship (e.g., spouse, cl	hild, holder of my power of attorney, lawyer, accountant, etc.)
Street address			Work phone	Home phone
			Mobile phone	
City	State	ZIP	Email	
to contact my trusted contact contact person(s); (3) <b>the c</b> (use Merrill address as show	act person(s) but mompletion of this wn on the previous by providing Merr supersedes any pro	nay at their discretion <b>a form is optional ar</b> page or Merrill addre ill with a newly signed evious form(s).	contact one or more of ad I may withdraw it a ss shown on account sta d Trusted Contact Person	es of this form); (2) Merrill is not required the people I have designated as trusted <b>t any time by notifying Merrill in writing</b> atement). If I would like to change my trusted in Form with the box checked below to
Signature				
Printed name			Date	
Signature of client			 Date	