

TRUSTED CONTACT AUTHORIZATION FORM

What is a trusted contact?

A trusted contact is an individual (age 18 or older) identified by you, whom Northern Hills Federal Credit Union (NHFCU) can 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.

PRIMARY TRUSTED CONTACT PERSON INFORMATION

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

ALTERNATE TRUSTED CONTACT PERSON INFORMATION

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

By signing below, you (1) authorize NHFCU to communicate with your trusted contact(s) and disclose information about your account to address possible financial exploitation; confirm specifics about your current contact information, your health status, or other emergency that affects your financial affairs; to identify any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted; (2) understand that NHFCU is not required to contact your trusted contact(s), but may at their discretion; (3) understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s) and that you can limit what information NHFCU is allowed to share by requesting it in writing; (4) understand that this trusted contact designation is optional and may be withdrawn or changed at any time by updating this form; (5) acknowledge that we may remove any trusted contact(s) from any account, at any time or for any reason; (6) understand that you may contact the designated NHFCU Compliance staff to discuss issues or concerns, such as privacy, family dynamics, and maintaining financial independence; and (7) certify that all information provided in this form is true, accurate, and complete to the best of your knowledge.

Date: _____ Account Number: _____

Print Name: _____

Signature: _____

I hereby declare that I wish to revoke this trusted contact authorization effective _____.

Signed _____

Staff Signature: _____

Date Scanned: _____