

## **Trusted Contact Person Form**

John Marshall Bank 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 JMB 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).

Please accept this document as instructions to add a trusted contact person(s) to the accounts at John Marshall Bank for which I am either account owner or an authorized person.

Name of Account Owner	
(first, middle and last)	
Account Numbers:	

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom John Marshall Bank 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).

## **Primary Trusted Contact Person Information**

Name of trusted contact person	
(first, middle and last)	
Relationship (e.g., spouse, child,	
holder of my power of attorney,	
lawyer, accountant, etc.	
Street Address	
City, State, Zip	
Work phone	
Home phone	
Mobile phone	
Email	



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Name of trusted contact person (first, middle and last)	
Relationship (e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.	
Street Address City, State, Zip	
Work phone	
Home phone	
Mobile phone	
Email	
□ Check here if this Trusted Conta	ct Person Form with the box checked below to indicat  form supersedes previous Trusted Contact Person Form(s)
Printed Name	Date
Signature of Customer	
	Date
For Internal Use	Date
For Internal Use Received By:	Date