



Trusted Contact Authorization Form

I hereby designate the person(s) identified below as my Trusted Contact(s) and authorize Patelco to contact my Trusted Contact(s) about my account, to:

- Address suspicious financial activity;
- Confirm the specifics of my current contact information;
- Confirm my health status; and/or
- Confirm the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Member Name	Member Number
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Trusted Contact #1 (Primary)

Name
Date of Birth
Relationship to Member
Phone
Email
Postal Mailing Address

Trusted Contact #2 (Secondary – optional)

Name
Date of Birth
Relationship to Member
Phone
Email
Postal Mailing Address

I further agree that (1) each Trusted Contact named above is 18 years of age or older; (2) **naming someone as a Trusted Contact does not give that person any authority to act on my behalf, execute transactions, or engage in activity in my account**; (3) I may identify multiple Trusted Contacts; (4) Patelco is not required to contact or attempt to contact my Trusted Contact(s), and Patelco may contact my Trusted Contact(s) at Patelco's discretion; (5) **my authorization is optional, and I may withdraw it at any time by notifying Patelco in writing**; and (6) I may change or amend my Trusted Contact(s) at any time by providing Patelco a newly-signed Trusted Contact Authorization Form, and that the new form will supersede any previous form on file.

Check here if this Trusted Contact Authorization Form supersedes previous Trusted Contact Authorization Form(s).

Signature of Member	Today's Date <i>mm dd yyyy</i>
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