



Trusted Contact Form - Use this form to add a trusted contact to your account. **Important information regarding trusted contact:** Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the account owner's account, but it does authorize GWN Securities, Inc. (GWN) to communicate with the trusted contact regarding the account. There can only be one trusted contact on the account.

At this time, I choose NOT to add a trusted contact to my account.

1 GWN Account Number and Registration Information

SSN or TIN (Required)

[Empty text box for SSN or TIN]

Client Name (Please print name(s) as it appears on account.)

[Empty text box for Client Name]

Primary Phone Number

Email Address

[Empty text box for Primary Phone Number]

[Empty text box for Email Address]

2 Trusted Contact Information

By providing the information in this section, I authorize GWN to contact the person listed below and to disclose information about me in the following circumstances: to prevent the assumption of abandonment, to address possible financial exploitation, to confirm the specifics of my 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 federal or state law.

Any information provided on this form will replace the information currently on file.

NOTE: Your trusted contact cannot be your financial advisor of record.

Please select one.

Add the following individual as trusted contact to my account.

Remove the following individual as trusted contact from my account.

Full name of trusted contact.

[Empty text box for Full name of trusted contact]

Mailing Address (Including apartment or P.O. Box Number)

[Empty text box for Mailing Address]

City

State

Zip Code

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip Code]

Primary Phone Number

Email Address

[Empty text box for Primary Phone Number]

[Empty text box for Email Address]

Relationship to Account Owner

[Empty text box for Relationship to Account Owner]

3 Authorization and Signature(s)

By Signing this form, I authorize GWN to maintain the account(s) referenced above in accordance with the instructions set forth above.

Client Signature (Required)

Date

Joint Signature

Date

Rep Signature

Date