



EMERGENCY CONTACT AUTHORIZATION FORM

Contact Information

Name of Contact Person Relationship

Home Phone Cell Phone Email Address

Street Address City and State

Check here if this Contact Authorization supersedes a previous Contact Authorization

Acknowledgements and Signatures

By my signature below, I authorize Bristol Financial Services, Inc. and its affiliates, to communicate with my designated contact person in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, including, but not limited to, concerns that I may not be able to manage my financial affairs. This authorization applies to any current or future accounts I may maintain at Bristol Financial Services, Inc.

Specifically, I authorize Bristol Financial Services, Inc. to:

- discuss with any contact person appearing above, which individual may be an immediate family member, close personal friend, attorney, accountant or clergy, among any other that I so authorize, any concerns or observations regarding my cognitive or health related ability to make reasonable decisions about my financial securities account(s), investments or other personally identifiable information;
- discuss with my contact person whether any individual(s) has/have legal authority to act on my behalf; and
- communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority.

I understand that there is no requirement that Bristol Financial Services, Inc. reach out to my contact person and that I may withdraw this Contact Authorization at any time by notifying Bristol Financial Services, Inc. in writing at the address shown on my Bristol Financial Services, Inc. account statement. By signing below, you, and your heirs, hold Bristol Financial Services, Inc. harmless if we either act, or fail to act, on your stated preferences based upon our own best judgement.

Multiple contact persons may be designated by completing additional copies of this form for each contact person.

Client Print Name Client Signature Date

Client Print Name (if applicable) Client Signature (if applicable) Date

Financial Advisor Signature Branch Manager Signature Date