



Diminished Capacity Directive

Our company is committed to working with you and your family on issues that extend beyond the balance sheet.

It is essential that clients make sound and informed decisions regarding their financial future. It is equally important that our clients and their investments are secure if we notice changes in thought or behavior that might lessen this capacity to protect you and your account(s) from financial crime or abuse.

To this end, we ask you to identify and provide contact information for those people with whom you authorize us to speak to regarding any matters, including physical health, mental capacity or financial issues. They may be family members, professional advisors, health care providers, or all the above.

While we will always attempt to share our observations or concerns with you first, we would also like to be able to talk with others you designate. To protect your privacy, we will not share information about you or your account(s) without your permission except where required by regulation or law.

This authorization is not contractual. It simply authorizes us in writing to talk with those people named below based on circumstances described above. Nor does this represent a formal or legal Power of Attorney or authority for anyone but you to transact on your behalf. Only a Power of Attorney would allow these individuals to authorize transactions in your account(s).

Please complete the information below for one or more contacts.

Name _____ Relationship _____

Address (optional) _____

Phone _____ Email _____

Name _____ Relationship _____

Address (optional) _____

Phone _____ Email _____

Printed Client Name(s) _____

Client Signature(s) _____

Date _____