



Trusted Contact Person Authorization

Member Name: _____

Membership Number: _____

Naming a Trusted Contact Person gives you the opportunity to designate a trusted contact person to be your advocate in the event of certain circumstances, such as a change in health, capacity, or availability, or in the event Piedmont Advantage Credit Union (“PACU”) observes changes in Your financial activity or behavior that could be the result of fraud or financial exploitation.

By signing this Trusted Contact Person Authorization (“Authorization”), the undersigned (“You” or “Your”) give PACU permission to contact the individual(s) identified below as Your Trusted Contact Person(s) to disclose non-public personal information regarding Your account(s), loan(s), credit cards, and all other financial products and services associated with the membership identified above (“Membership”) if PACU (a) has questions or concerns about (1) Your health (capacity and well-being, etc.); (2) Your welfare (endangerment, self-neglect, etc.); (3) possible financial exploitation or fraud; or (4) Your contact information; (b) needs to confirm the identity of a new individual or entity that has been given legal authority to act for You (for example, an agent to whom You have given power of attorney, a successor trustee of a trust for which You are trustee, or a court-appointed guardian, conservator, or executor); or (c) is unable to contact You. In the event of any of these circumstances, PACU may:

- Contact and provide non-public personal information about You and Your account(s), loan(s), credit cards, and all other financial products and services associated with the Membership to the individual(s) identified below as Your Trusted Contact Person(s)
- Confirm with Your Trusted Contact Person(s) whether another individual or entity has been given legal authority to act for You; and
- Communicate with individuals who claim legal authority for You and determine the legitimacy of their legal claim.

This form is not a Power of Attorney; named Trusted Contact Person(s) CANNOT change account ownership, change Your address or contact information, complete withdrawals, or conduct transactions on Your account(s), loan(s) or credit card(s).

You understand that:

- You are authorizing PACU to contact Your Trusted Contact Person(s) and disclose non-public personal information about You for the account(s) loan(s), credit cards, and all other financial products and services associated with the Membership;
- PACU is not required to contact, or attempt to contact, Your Trusted Contact Person(s);
- In the event PACU reasonably believes that the Trusted Contact Person has engaged in, is engaging in, or may engage in financial exploitation, PACU will not disclose information to the Trusted Contact Person;
- This Authorization is optional, and You may withdraw it at any time by notifying PACU by completing and returning a Removal of Trusted Contact Person form to PACU;
- You may change Your Trusted Contact Person(s) at any time by providing PACU a new Trusted Contact Person Authorization form, and such new form will revoke and supersede any previous Trusted Contact Person Authorization form on file;
- All joint account owners on Your account(s) associated with the Membership must sign this Authorization; and
- The named Trusted Contact Person(s) must be 18 or older.



Trusted Contact Person Authorization

Name of Primary Trusted Contact Person

(Note: Your Trusted Contact Person(s) should not be a joint owner of any of Your PACU accounts)

Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.)

Phone

E-mail

Address

City

State

Zip Code

Additional Trusted Contact Person(s) (optional but recommended):

Name of Trusted Contact Person

(Note: Your Trusted Contact Person(s) should not be a joint owner of any of Your PACU accounts)

Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.)

Phone

E-mail

Address

City

State

Zip Code

Name of Trusted Contact Person

(Note: Your Trusted Contact Person(s) should not be a joint owner of any of Your PACU accounts)

Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.)

Phone

E-mail

Address

City

State

Zip Code

You further acknowledge and agree that PACU is not voluntarily undertaking a legal duty to contact any Trusted Contact Person(s) designated in this Authorization. PACU will administer the Trusted Contact Person program in good faith, but the undersigned acknowledges PACU's ability to identify issues related to Your health, capacity, or availability, identify changes in Your financial activity or behavior that could be the result of fraud or financial exploitation is limited by a variety of factors, including, but not limited to, the information that is available to PACU, the ability to know if a transaction was intended by You, and determinations of mental capacity.



Trusted Contact Person Authorization

You understand that by offering You the opportunity to participate in the Trusted Contact Person Program, PACU is not making any promises, representations, or guarantees. The Trusted Contact Person Program is not insurance. Losses resulting from financial exploitation or other misconduct of third parties can occur notwithstanding your designation of a Trusted Contact Person.

You hereby agree to indemnify and hold harmless PACU, and its parent, subsidiaries, and affiliates, and their respective past and present officers, directors, employees, representatives, agents and insurers against any and all loss, liability, claim, damage, expenses or costs (including, without limitation, judgments, amounts paid in settlement, and attorney's fees) arising out of or relating to (i) the Trusted Contract Person program at PACU; (ii) the authority granted by this Authorization including providing non-public personal information to Trusted Contact Person(s); or (iii) arising from or in any way related to PACU's contact, failure to contact, or attempt to contact any individual designated as a Trusted Contact Person in this Authorization.

BY NAMING ONE OR MORE TRUSTED CONTACTS AND SIGNING BELOW, YOU REPRESENT AND WARRANT THAT YOU HAVE READ, UNDERSTOOD, AND VOLUNTARILY AGREED TO THE TERMS AND CONDITIONS OF THIS AUTHORIZATION.

Check one:

- I DO want to add a Trusted Contact to my accounts (complete Trusted Contact information and sign below)
- I DO NOT want to add a Trusted Contact to my accounts at this time (sign below).

Member's Printed Name

Member Signature

Date

If applicable:

Printed Name of Joint Owner

Joint Owner Signature

Date

Printed Name of Joint Owner

Joint Owner Signature

Date

Printed Name of Joint Owner

Joint Owner Signature

Date

Printed Name of Joint Owner

Joint Owner Signature

Date

Printed Name of Joint Owner

Joint Owner Signature

Date

Printed Name of Joint Owner

Joint Owner Signature

Date