

## TRUSTED CONTACT PERSON AUTHORIZATION

A Trusted Contact Person ("TCP") is someone that Vision may contact if we suspect you may be subject to financial exploitation or if we have questions about your mental or physical well-being. For example, many people in their advancing years may demonstrate declining cognitive ability. The TCP may be able to help you and Vision in such circumstances. Designating one or more TCPs is solely your decision and is optional.

Account Name

Account Number

### TRUSTED CONTACT PERSON:

Name

Telephone

Street Address

E-mail Address

City, State, Zip, Country

Relationship to Account Holder

Date of Birth (must be over 18)

I prefer not to provide a Trusted Contact Person.

By electing a TCP, you understand that you have authorized Vision to contact the TCP at our discretion and to disclose any information about your account to help us address the situations noted above. This includes disclosing information about your account to address possible financial exploitation, confirming the specifics of your current contact information, your mental and physical health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by industry regulations or state law.

If you have a financial advisor on your account, you understand that you are authorizing both Vision and your advisor to contact the TCP and we may share TCP information with each other and may coordinate on any conversations with a TCP and on any follow-up actions. You agree that Vision will not be responsible for, and cannot monitor, your advisor's use of the TCP information. You may change, add or remove your TCP at any time by contacting Vision by phone or in writing. A TCP is a source of information for Vision and is not a power of attorney. A TCP is not authorized to make investment decisions or withdraw funds from your account.

You authorize us to place a temporary hold on disbursements of funds or securities from your account if Vision reasonably believes financial exploitation has been attempted or has occurred in your account or in other circumstances we believe are necessary for your protection.

You also acknowledge that we may report any reasonable belief of financial exploitation, or in other circumstances we believe are necessary for your protection, to the applicable state securities administrator, to a state adult protective services agency, or to law enforcement agencies.

Providing Vision with a TCP does not ensure that financial exploitation will not be attempted or occur. You agree to indemnify and hold harmless Vision, its affiliates and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorney's fees, arising out of or relating to: Vision contacting your TCP; Vision putting a temporary hold on disbursements of funds and/or securities from your account; and Vision not contacting your TCP or placing temporary holds on disbursements of funds and/or securities from your account.

### PLEASE SIGN AND DATE BELOW

X

Your Signature

Print Your Name

Date

X

Signature of Additional Account

HolderPrint Name of Additional Account Holder

Date

### For Registered Representative Use Only

X

Signature of Registered Representative

Registered Representative Name and Number

Date

X

Signature of Office Manager

PrincipalName of Office Manager / Principal

Date