ANNEX B
SAMPLE TRUSTED CONTACT PERSON FORM

Alberta Securities Commission

[EMD] is required to take reasonable steps to obtain from you the name and contact information of a **Trusted Contact Person** or "**TCP**" with whom [EMD] may communicate in specific circumstances in accordance with your written consent and instructions. [EMD] is expected to keep current your TCP information as part of the process to update know-your-client (**KYC**) information, including to ask you to confirm if you would like to provide a TCP at each KYC update even in cases where you previously declined to appoint a TCP.

Why should I name a TCP?

A TCP is intended to be a resource for [EMD] to assist in protecting your financial interests or assets. [EMD] may be concerned about your financial welfare in any of the following circumstances:

- possible financial exploitation, including if a temporary hold is placed on your account;
- concerns about your mental capacity to make decisions involving financial matters; and
- [EMD] is unable to contact you after multiple attempts (and particularly where failure to contact you is unusual).

In these instances, [EMD] can contact your TCP to communicate concerns or gather more information such as obtaining your POA's contact information to help ensure that your financial interests are protected and respected.

A TCP does not replace or assume the role of a client-designated attorney under a power of attorney (**POA**), nor does a TCP have the authority to transact on the client's account or to make any other decision on behalf of the client by virtue of being named a TCP. A client-designated attorney under a POA can be named as a TCP, but clients are encouraged to select an individual who is not involved in making decisions with respect to the client's account. A TCP should not be the client's dealing representative or advising representative on the account.

You are not required to name a TCP. Conversely, you may name more than one TCP. You may also withdraw or restrict consent for [EMD] to contact the TCP and/or change your TCP at any time by contacting [EMD] at [Contact Information].

When can [EMD] contact my TCP?

The response above notes the situations when [EMD] is most likely to contact your TCP. However, you can limit this in two ways:

1. You can limit the situations in which [EMD] is permitted to contact your TCP; and
2. You can name more than one TCP and define which TCP is to be contacted in particular situations.

There are specific circumstances defined by law where [EMD] may be required to provide information regarding your affairs. Outside of those specific circumstances and the circumstances listed in the previous section, [EMD] is expected to keep your financial information confidential and cannot contact your TCP to discuss your affairs without your consent. You can withdraw your consent for [EMD] to contact your TCP regarding your affairs at any time.

Who should you name as your TCP?

It is prudent to select a mature individual who is not involved in making decisions for your account or assets. Your TCP should be someone that you trust to communicate and engage in potentially difficult conversations with [EMD] about your personal situation. However, you are free to name any individual you want, name more than one individual, or choose not to name a TCP at all.

It is important for you to inform your prospective TCP that you plan to name them as your TCP and seek their consent to put them in this role. This will give them comfort that they can answer a call and discuss your affairs with [EMD] in the event that [EMD] ever needs to reach out to them.

Please fill out the form on the next page to give [EMD] instructions regarding your TCP nomination.

INSTRUCTIONS

Complete **Part A** if you would like to designate a Trusted Contact Person (**TCP**) for your accounts at [EMD].

Complete **Part B** if you DO NOT wish to designate a TCP for your accounts at [EMD] at this time.

Part A

I, _____, designate the following individual as my Trusted Contact Person (**TCP**) for all my accounts with [EMD]:

Name	
Relationship	
Address	
Phone Number	
Email Address	

Having read and understood [EMD]'s attached "Trusted Contact Person Form," please accept this executed "Instructions" page as written consent to contact my TCP in any of the following circumstances, subject to the restrictions detailed in the box below:

- possible financial exploitation, including if a temporary hold is placed on your account;
- concerns about your mental capacity to make decisions involving financial matters;
- [EMD] is unable to contact you after multiple attempts (and particularly where failure to contact you is unusual); and
- to gather more additional information such as obtaining my POA's contact information.

List restrictions here, if applicable:

Part B

I, _____, DO NOT wish to name a Trusted Contact Person (TCP) for my accounts with [EMD] at this time.

Optional: Please explain why you do not wish to name a TCP for your accounts at this time:

_____ Client's Signature

_____ Date (MM/DD/YYYY)

_____ Joint Client's Signature (if applicable)

_____ Date (MM/DD/YYYY)