Topside
Federal Credit Union

Trusted Contact Authorization Form

Use this form to designate a primary and alternate trusted contact for your Topside Federal Credit Union account(s). Trusted Contacts must be 18 years of age or older.

Helpful Tips

- To prepare yourself and your trusted contact(s) for success, consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, like a beneficiary or power of attorney, to ensure fairness and objectivity.
- This form supersedes any previous trusted contact designations that you may have submitted.
- If Topside has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to get in touch with the trusted contact(s) and:
  - Provide the trusted contact(s) listed below with information about you and/or your account(s), including notice of a temporary hold. Your trusted contacts do NOT have authorization to transact on your account.
  - Inquire about your current contact information or health status.
  - Inquire about whether another person has legal authority to act on your behalf (e.g., legal guardian or conservator, executor, or trustee).

1. Account Owner

First Name	Middle Name	Last Name

Primary Membership Account

2. Primary Trusted Contact

Name, email, phone, and address are all required.

First Name	Middle Name	Last Name

Email	Relationship to Owner *(Spouse, Child, Parent, Sibling, Friend, Other)*

Primary Phone	☐ Mobile Number	Secondary Phone	☐ Mobile Number

3. Legal/Permanent Address

This cannot be a PO Box, mail drop, or c/o.

Street Address			
City	**State/Province**	**ZIP/Postal Code**	**Country**

4. Alternate Trusted Contact

Name, email, phone, and address are all required.

First Name	Middle Name	Last Name

Email	Relationship to Owner *(Spouse, Child, Parent, Sibling, Friend, Other)*

Primary Phone	☐ Mobile Number	Secondary Phone	☐ Mobile Number

5. Legal/Permanent Address

This cannot be a PO Box, mail drop, or c/o.

Street Address			
City	State/Province	ZIP/Postal Code	Country

6. Signature and Date

Form cannot be processed without your signature and date.

By signing below, you:

- Authorize Topside FCU to communicate with your trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize your trusted contact(s) to separately access or transact on your account(s).
- Understand that you may identify multiple trusted contacts on this form, provided they are 18 years or older.
- Understand that this trusted contact designation is optional and you may withdraw it at any time by notifying Topside FCU in writing either by mail, in person or through secure message in online banking.
- Understand that you may change your trusted contact(s) at any time by completing a new form.
- Certify that all information provided in this form is true, accurate, and complete.
- Acknowledge that we may remove any trusted contact from any account, at any time or for any reason.

PRINTED NAME OF OWNER/AUTHORIZED INDIVIDUAL

X

OWNER/AUTHORIZED INDIVIDUAL SIGNATURE **DATE** ***MM/DD/YYYY***

7. Revocation-Signature and Date

Sign below ONLY if you are revoking a previously appointed Trusted Contact.

I, , revoke the Trusted Contact Authorization appointing .
I understand that may no longer be contacted on my behalf for any matters that relate to my account(s) with Topside Federal Credit Union.

PRINTED NAME OF OWNER/AUTHORIZED INDIVIDUAL

X

OWNER/AUTHORIZED INDIVIDUAL SIGNATURE **DATE** ***MM/DD/YYYY***