



3rd Party Authorization/Trusted Contact

A trusted contact is someone who we can get in touch with and disclose information about your account to address possible financial exploitation, confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power attorney, or as otherwise permitted.

The undersigned authorizes Joel Nelson / Nelson Financial, LLC and its successors and/or assignees, to receive, review and/or discuss the undersigned’s financial account information with the following authorized party:

Name of Authorized Party: _____

Address: _____

Telephone Number: _____

Email: _____

Relationship to Undersigned: _____

This authorization is for the following accounts:

ALL ACCOUNTS

OR

Account Number(s): _____

This authorization will remain in effect:

INDEFINITELY

OR

From a start date of ____/____/____ to an end date of ____/____/____.

*If “indefinitely” is checked, the authorization will remain in effect until the undersign revokes such authorization in writing and such written revocation is received by **Nelson Financial**.*

(Client Signature)

(Date Signed)

(Printed Client Name)

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