



LEVEL FOUR

Financial
A DIVISION OF
LEVEL FOUR GROUP, LLC

12400 Coit Rd
Ste 700
Dallas, TX 75251
(251) 650-0840
Fax (251) 281-2007

LFF008

Form #

Account #

Branch #

FA #

Emergency Contact Consent-Rule 4512

All investors, regardless of age or current health, should consider planning for the future so that temporary or permanent mental or physical incapacity will not derail their retirement and wealth transfer plans under the direction of another with a different agenda.

We take your privacy very seriously. We will not share information about your account with anyone without your permission outside of information needed to process your account or as required by regulation or law. If you are unable to respond and if account transactions or activities seem to contradict your wishes, knowing the name of your Power of Attorney ("POA") or another trusted person you have given us permission to contact about your account could help protect you from becoming the victim of financial crime or abuse.

Acknowledgements

By my signature below, I authorize Level Four Financial, LLC, and its affiliates, to communicate with my designated contact person in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, including, but not limited to, concerns that I may not be able to manage my financial affairs. This authorization applies to any current or future account(s) I may maintain at Level Four Financial.

Specifically, I authorize Level Four Financial to:

- Discuss with any contact person appearing below, which individual may be an immediate family member, close personal friend, attorney, accountant or clergy, among any others that I so authorize, any concerns or observations regarding my cognitive or health related ability to make reasonable decisions about my financial affairs. Such communications will not specifically disclose any information about your Level Four Financial securities account(s), investments or other personally identifiable information;
- Discuss with my contact person whether any individual(s) has/have legal authority to act on my behalf; and
- Communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority.

I understand that there is no requirement that Level Four Financial to reach out to my contact person and that I may withdraw this Contract Authorization at any time by notifying my advisor or Level Four Financial in writing at the address shown on my account statement. By signing below, you, and your heirs, hold Level Four Financial harmless if we either act, or fail to act, on your stated preferences based upon our own best judgement.

Emergency Contact Opt Out option – I do not wish to designate an Emergency Contact at this time

Account Owner(s):

| | | | |
|-----------|------|-----------|------|
| _____ | | _____ | |
| Name | | Name | |
| _____ | | _____ | |
| Signature | Date | Signature | Date |

Designated Contact Person(s)

| | |
|--|--|
| Contact Name: _____ | Contact Name: _____ |
| Relationship: _____ | Relationship: _____ |
| i.e. spouse, child, trusted friend, attorney | i.e. spouse, child, trusted friend, attorney |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Email: _____ | Email: _____ |

Multiple contact persons may be designated by completing additional copies of this form for each contact person.