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Trusted Contact/Authorization to Disclose

Under current regulatory and ethical rules governing the confidentiality of client communications, any information you have disclosed to us, the financial plans we have prepared for you, and information about your investment accounts may NOT be disclosed to, or discussed with, anyone other than you without your written authorization.

Therefore, we need specific authorization in your file to cover any such situation. Please complete this form to add a Trusted Contact to your files. A Trusted Contact provides us with a resource to contact on your behalf, to disclose information about your account(s), address, possible financial exploration, confirm your contact information and / to discuss your health status.

Trusted Contact Information

Name: _____

Relationship: _____

Contact Email: _____

Contact Telephone: _____

Name: _____

Relationship: _____

Contact Email: _____

Contact Telephone: _____

Authorization

Full Authorization

You are authorized to disclose any of my confidential information and discuss any of my accounts at any time for any reason with my contact(s), unless I have otherwise indicated below (Limited Authorization).

____ Limited Authorization

As indicated below, this authorization is limited to these circumstances:

- If you cannot promptly contact me using my contact information on record.
- For this specified period of time only: from _____ through _____.
- If you have concerns about my health or mental capacity.
- Other (must specify) _____.

I understand that, absent separate written instructions, this authorization does not give the above-named person(s) authority to place trades in or withdraw funds from my account(s).

This authorization will remain in effect unless and until I notify you in writing that I am rescinding this authorization (or as through the date specified above, if applicable).

Signature

Date

Print Name

Signature

Date

Print Name