



# Trusted Contact Person Authorization and Information Form

NY TEAM Federal Credit Union

## Contact Information

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This is a **new** trusted contact.     This **replaces an existing** trust contact (does not add another trusted contact).

Name of account owner: \_\_\_\_\_

Member number(s): \_\_\_\_\_

Naming a Trusted Contact Person gives you the opportunity to designate a person to be your advocate in the event of certain circumstances, such as a change in health, capacity, or availability, or in the event [[CU Name]] observes changes in your financial activity or behavior that could be the result of fraud or financial exploitation.

**This form is not a Power of Attorney; the named individual CANNOT change account ownership or address, complete withdrawals, or affect other transactions on your account.**

By signing this form, I give NY TEAM FCU permission to contact the individual identified below as my Primary Trusted Contact Person and the individuals identified on the attached Addendum as additional Trusted Contact Persons regarding the account(s) listed above if NY TEAM FCU (a) has questions or concerns about (1) my health (capacity and well-being, etc.); (2) my welfare (endangerment, self-neglect, etc.); (3) possible financial exploitation or fraud; or (4) my contact information; (b) needs to confirm the identity of a new individual or entity that has been given legal authority to act for me (for example, an agent to whom I have given power of attorney, a successor trustee of a trust for which I am trustee, or a court-appointed guardian, conservator, or executor); or (c) is unable to contact me. In the event of any of these circumstances, NY TEAM FCU may:

- Contact and provide information about me and my account(s) to the individual I identified below as my Trusted Contact Person(s)
- Confirm with my Trusted Contact Person(s) whether another individual or entity has been given legal authority to act for me; and
- Communicate with individuals who claim legal authority for me and determine the legitimacy of their legal claim.

I understand that:

- I authorize with NY TEAM FCU to contact my Trusted Contact Person(s) for the designated account(s) I may have with NY TEAM FCU
- NY TEAM FCU is not required to contact, or attempt to contact, my Trusted Contact Person(s) and, in the event NY TEAM FCU reasonably believes that the Trusted Contact Person has engaged in, is engaging in, or will engage in financial exploitation, NY TEAM FCU will not disclose information to the Trusted Contact Person;
- This Authorization is optional, and I may withdraw it at any time by notifying NY TEAM FCU
- I may change or amend my Trusted Contact Person(s) at any time by providing NY TEAM FCU in writing;
- I may change or amend my Trusted Contact Person(s) at any time by providing NY TEAM FCU a newly signed Trusted Contact Person Authorization form, and that this new form will supersede any previous form on file; and
- The named Trusted Contact Person(s) must be 18 or older.



# Trusted Contact Person Authorization and Information Form

\_\_\_\_\_  
Name of Primary Trusted Contact Person

(Note: Your Trusted Contact Person(s) should not be a co-owner of your account)

\_\_\_\_\_  
Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.) (Optional)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Additional Trusted Contact Persons may be named on the attached Addendum. The undersigned hereby agrees to indemnify NY TEAM FCU and its parent, subsidiaries, and affiliates, and their respective past and present officers, directors, employees, and agents against any and all loss, liability, claim, damage, or expense (including, without limitation, judgments, amounts paid in settlement, and attorney's fees) arising out of or relating to providing information to the Trusted Contact Person or any related activity.

Please note that this form represents an individual account owner release and that each account owner must sign.

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's Printed Name

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date



# Trusted Contact Person Authorization and Information Form

## Contact Information

## ADDENDUM

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Name of account owner: \_\_\_\_\_

Account number(s): \_\_\_\_\_

### Additional Trusted Contact Person(s):

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Name of Trusted Contact Person (Note: Your Trusted Contact Person(s) should not be a co-owner of your account)

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Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.) (Optional)

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Phone

E-mail

---

Address

City

State

Zip Code

---

Name of Trusted Contact Person (Note: Your Trusted Contact Person(s) should not be a co-owner of your account)

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Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.) (Optional)

---

Phone

E-mail

---

Address

City

State

Zip Code

---

Name of Trusted Contact Person (Note: Your Trusted Contact Person(s) should not be a co-owner of your account)

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Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.) (Optional)

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Phone

E-mail

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Address

City

State

Zip Code