



**AUTHORIZATION TO NOTIFY CLIENT ADVOCATE IN CASE OF POTENTIAL IMPAIRMENT**

There may come a time in the future when we perceive the requests we receive from you are different from those of the past. While it is possible your circumstances have changed, it is also possible that this change in behavior may be an indication of cognitive impairment.

Should we observe a change that we do not perceive as in your best interest, is there a third party/parties that we may contact that would safeguard your best interest?

As an example, it may be a spouse, significant other, best friend, relative, or agent for your financial power of attorney or successor trustee.

We would like to be proactive about having your preferences in place. *Please provide the name of the person(s), your relationship with them, their telephone number(s) or other contact information.*

	Full Name:	Relationship:	Telephone No.:	Email Address:
1.				
2.				
3.				

Please check one:  Yes  No If my spouse is not listed above, you may share information with my spouse and allow him/her to give instructions for my account.

I understand that the completion of this document is for the express purpose of providing guidance to Financial Connections Group, Inc. (FCGI) in the case of perceived health changes that can affect decision-making. This is not considered part of the services contracted with FCGI to perform. I agree that I and my heirs and assignees will hold FCGI harmless for either acting or failing to act on my stated preferences.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date