

Trusted Contact Person Form

Merrill Lynch, Pierce, Fenner & Smith Incorporated ("Merrill") encourages you to designate a trusted contact person by completing this form.

What is a trusted contact person?

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom Merrill could contact and disclose information about your account:

- to address possible financial exploitation;
- to confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
- as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

What if you previously completed a Contact Authorization Form?

Merrill previously made available a Contact Authorization Form, which was similar to the Trusted Contacted Person Form. If you completed a Contact Authorization Form, Merrill will treat the contact person(s) you designated as your Trusted Contact Person(s). If you wish to add, update or remove a previously named contact person(s), please complete and return the Trusted Contact Person Form to the address noted below.

How do you add a trusted contact person?

For faster service, this form can be completed electronically by signing into your account on merrilledge.com.

or

Please complete this form and fax to 1.877.229.7160 or mail to: Merrill Document Processing PO Box 31024 Tampa, FL 33631-3024 (Please retain a copy of this form for your records.)

If you have questions or would like help completing the form, please call the Investment Center at 877.653.4732.

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Investment products:

Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
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Trusted Contact Person Form

Please accept this document as instruction to add a trusted contact person(s) to the following 8-digit Merrill® Account Number and all other accounts at Merrill® for which I am either account owner or an authorized person.

A trusted contact person(s) is an individual (age 18 or older) identified by you, whom Merrill could contact and disclose information about your account:

• to address possible financial exploitation;

City

- to confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
- as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

Primary Trusted Co	ntact Person In	formation		
Name of trusted contact pers (first, middle and last)	on 🗆 Mr. 🗆 Mrs. 🗆 Ms.	Dr. Suffix: Sr. Jr.	Relationship (e.g., spouse, ch	hild, holder of my power of attorney, lawyer, accountant, etc.)
Street address			Work phone	Home phone
			Mobile phone	
City	State	ZIP	Email	
Alternate Trusted C	Contact Person	Information		
Name of trusted contact pers (first, middle and last)	on 🛛 Mr. 🗆 Mrs. 🗆 Ms.	Dr. Suffix: Sr. Jr.	Relationship (e.g., spouse, cl	hild, holder of my power of attorney, lawyer, accountant, etc.)
Street address			Work phone	Home phone
			Mobile phone	

I understand that (1) I may designate multiple trusted contact persons (use additional copies of this form); (2) Merrill is not required to contact my trusted contact person(s) but may at their discretion contact one or more of the people I have designated as trusted contact person(s); (3) **the completion of this form is optional and I may withdraw it at any time by notifying Merrill in writing** (use Merrill address as shown on the previous page or Merrill address shown on account statement). If I would like to change my trusted contact person, I may do so by providing Merrill with a newly signed Trusted Contact Person Form with the box checked below to indicate that the new form supersedes any previous form(s).

Email

□ Check here if this Trusted Contact Person Form supersedes previous Trusted Contact Person Form(s)

State

ΖIΡ

Signature	
Printed name	Date
Signature of client	Date