



Client Root Number(s):


**TRUSTED CONTACT PERSON CONSENT FORM**  
(Alternate Contact Authorization)

Should there be a time when my Advisor is concerned about:

- My understanding of my financial situation;
- My ability to make financial decisions;
- Financial abuse; or
- An inability to contact me/us;

I authorize my Advisor or a member of Aligned Capital Partners Inc. (ACPI) staff to contact my Trusted Contact Person(s) set out below and I further authorize them to disclose personal information, if deemed necessary, to assist me. I also authorize my Trusted Contact Person(s) to disclose any information that they believe is relevant to ACPI.

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This authorization allows ACPI to provide information to the person(s) I/we have designated below concerning activity ACPI has observed or transactions I/we requested, to allow for such designated person(s) to determine what steps need to be taken to review the situation and identify actions that possibly should be taken to protect my property or person.

I/We realize this document is not a general or limited power of attorney or trading authorization, and does not authorize ACPI to accept purchase, sale, or other transaction-related instructions for my/our account(s) from the person(s) I/we designated below. I/We realize that if I/we have not properly executed a valid power of attorney granting an appropriate person or entity with such powers, the person or entity that is contacted under this authorization will likely need to complete the steps necessary for a court of competent jurisdiction to appoint a guardian or conservator for my/our property and/or person before an appropriate person or entity will be in a position to take control of the account(s) on my/our behalf.

I/We understand ACPI may, and specifically authorize ACPI to take any action that, in its absolute discretion, believes is consistent with the purpose of this authorization to protect my interests, including, but not specifically limited to: refusing to process transactions; placing a temporary hold on my account(s); and contacting provincial or federal authorities (including, without limitation, any provincial securities commission or government agency charged with the protection of vulnerable individuals) if concerns arise involving possible criminal activities against me/us, financial abuse, or my/our ability to make informed decisions.

Notwithstanding this grant of authorization, I/we understand and agree that nothing herein creates an obligation for ACPI or my Advisor to take any action pursuant to this authorization.

I/We understand that this authorization shall remain in effect until I/We provide ACPI with written direction withdrawing the authorization. Further, unless this authorization is withdrawn, I/we declare that this authorization shall survive any subsequent incapacity.

**[SIGNATURE PAGE FOLLOWS]**



**Client Root Number(s):**


I/We hereby authorize ACPI to contact the individuals designated below, jointly and severally, regarding my/our ACPI accounts in accordance with the terms set forth above:

<b>Name of Authorized Individual</b>	<b>Relationship to Client</b>	<b>Phone Number</b>	<b>Email Address</b>
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<b>Name of Authorized Individual</b>	<b>Relationship to Client</b>	<b>Phone Number</b>	<b>Email Address</b>
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<b>Client Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Client Name</b>	<b>Signature</b>	<b>Date</b>
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