

Bayer Heritage Federal Credit Union

Trusted Contact Person Authorization and Information Form

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.

Effective as of the date of the undersigned's signature herein, _____ (individually and collectively, whether one or more, "Owner"), being the account owner and holder of the following accounts having the account number(s) _____ (individually and collectively, whether one or more, the "Accounts"), hereby name the person(s) listed below to be Owner's trusted contact person (individually and collectively, whether one or more, "Trusted Contact Person") for Bayer Heritage Federal Credit Union ("BHFCU"), pursuant to the terms and conditions herein.

- This form is to name a new Trusted Contact Person for the Accounts, whom shall be added to any existing trusted contacts Owner has previously named.
- This form *replaces* all of Owner's existing Trusted Contact Person for the Accounts, and does not add another trusted contact.

Owner hereby acknowledges and recognizes that the purpose of this form and the Trusted Contact Person is to give Owner the opportunity to designate a person to be Owner's advocate in the event of certain circumstances, including, but not limited to, a change in health, capacity, or availability, or in the event BHFCU observes changes in Owner's financial activity or behavior regarding the Accounts that could be the result of fraud or financial exploitation. Specific examples of authorizations are more particularly listed herein. **As stated above, this is not a power of attorney and the purpose of this form is to enable BHFCU to collect information to better serve Owner under certain events.**

By signing this form, Owner hereby understands, acknowledges, and agrees that:

- BHFCU is authorized to contact the Trusted Contact Person for the Accounts;
- In the event that Owner has more than one Trusted Contact Persons, Owner shall name a primary Trusted Contact Person (individually, the "Primary Trusted Contact Person", and included in the term, Trusted Contact Person);
- BHFCU is not required to contact, or attempt to contact, the Trusted Contact Person and, in the event BHFCU reasonably believes that the Trusted Contact Person has engaged in, is engaging in, or will engage in financial exploitation, BHFCU will not disclose information to the Trusted Contact Person;

- BHFCU is not required to contact, or attempt to contact, the Trusted Contact Person in the order listed by Owner on this form and addendum;
- This form and the authorization of the Trusted Contact Person is optional, and may be withdrawn at any time by Owner providing written notice to BHFCU;
- Owner may change or amend the Trusted Contact Person at any time by providing BHFCU with a newly signed Trusted Contact Person Authorization form, and that the new form will supersede any previous forms on file; and
- The Trusted Contact Person must be and is at least 18 years old as of the date herein.

Owner hereby grants and gives BHFCU permission to contact the Trusted Contact Person and the individuals identified on the attached Addendum each as an additional Trusted Contact Person, regarding Owner and the Accounts. Specifically, but in no way as a limitation, BHFCU may contact the Trusted Contact Person in the event that BHFCU (a) has questions or concerns about (1) Owner's health (capacity and well-being, etc.); (2) Owner's welfare (endangerment, self-neglect, etc.); (3) possible financial exploitation or fraud regarding the Accounts; and/or (4) Owner's contact information; (b) needs to confirm the identity of a new individual or entity that has been given legal authority to act for Owner (for example, an agent to whom Owner has given power of attorney, a successor trustee of a trust for which Owner is trustee, or a court-appointed guardian, conservator, or executor); or (c) is unable to contact Owner. In the event of any of these circumstances, BHFCU may:

- Contact and provide reasonably necessary information about Owner and the Accounts to the Trusted Contact Person;
- Confirm with the Trusted Contact Person whether another individual or entity has been given legal authority to act for Owner; and
- Communicate with individuals who claim legal authority for Owner and determine the legitimacy of their legal claim.

Owner hereby releases and forever discharges, and shall hold harmless, BHFCU, and its parent, subsidiaries, and affiliates, and all of their employees, agents, successors, assigns, legal representatives, affiliates, directors, and officers, from and against any and all actions, claims, suits, demands, payment obligations or other obligations or liabilities (including, without limitation, judgments, amounts paid in settlement, and attorney's fees) of any nature whatsoever, whether known or unknown, which now exist or may in the future, arising out of or relating to this form, BHFCU providing information to the Trusted Contact Person, and/or any related activity thereto. Specifically, and notwithstanding anything to the contrary herein, this form shall not create any obligation for or liability on BHFCU to monitor, observe, and/or provide notice to the Trusted Contact Person regarding financial activity or behavior regarding the Accounts that could be the result of fraud or financial exploitation.

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Bayer Heritage Federal Credit Union
788 N. St. Rt. 2
New Martinsville, WV 26155

Name of the Trusted Contact Person and Relationship to Owner:

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

Name Relationship

Phone E-Mail

Address City State Zip Code

- The Trusted Contact Person listed above is the Primary Trusted Contact Person for the Accounts.
- The Trusted Contact Person listed above is **not** the Primary Trusted Contact Person for the Accounts. The Primary Trusted Contact Person is _____.

(Note: Owner must provide sufficient and required information for the Primary Trusted Contact Person to be effective and cannot name such person using the second box only)

Additional Trusted Contact Persons may be named on the attached Addendum.

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

Owner's Printed Name Owner's Signature Date

Owner's Printed Name Owner's Signature Date

Bayer Heritage Federal Credit Union

Addendum to Trusted Contact Person Authorization and Information Form

Owner & Account Information:

Name of Account Owner: _____

Account Number(s): _____

Additional Trusted Contact Person:

Name Relationship

Phone E-Mail

Address City State Zip Code

Additional Trusted Contact Person:

Name Relationship

Phone E-Mail

Address City State Zip Code

Additional Trusted Contact Person:

Name Relationship

Phone E-Mail

Address City State