



Trusted Contact Person Information

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about any accounts held with Ni Advisors, Inc. ("NAI") to that person in the following circumstance: 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 FINRA Rule 2165 (Financial Exploitation of Specified Adults).

We suggest that the named trusted contact person not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above.

If any account holder meets the criteria of a Specified Adult, Trusted Contact information must be provided OR the client must initial to Opt Out. Initial here if you decline to provide this information (Opt Out): _____

Name _____ Relationship _____

Phone Number _____ Email _____

Address _____

City _____ State/Province ____ Zip/Postal Code _____ Country _____

There is no requirement for NAI to reach out to the trusted contact person. The client may withdraw this authorization at any time by notifying NAI in writing at the address shown on the account statement. By signing below, the client and heirs hold NAI harmless if NAI either acts, or fails to act, on the client's stated preferences based upon reasonable judgement.

Signature Date Joint Signature Date