VALUES FIRST ADVISORS

Trusted Contact Authorization Form

A trusted contact person, who must be at least 18 years old, is someone you designate that Values First Advisors, Inc. ("VFA", "we" or "us") may contact in case of an emergency or your incapacity.

Designating a trusted contact is not required and does not authorize the named individual to transact or make changes to your account(s). You can add, remove, or change a trusted contact person at any time by notifying us in writing.

By choosing to provide information about a trusted contact person, you authorize VFA to contact the named individual(s) if there are questions/concerns about your whereabouts or health status (i.e., if we become concerned that you might no longer be able to handle your financial affairs) or in the event that we become concerned that you may be a victim of fraud or exploitation. You also authorize us to disclose information about your account(s) to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or to obtain the identity of any legal guardian, executor, trustee or holder of a power of attorney.

Multiple trusted contact persons may be designated by completing additional copies of this form.

Name of Trusted Contact Person Being Added:		Relationship:
Daytime Phone:	Evening Phone:	Email:
Street Address:		City and State:
☐ Check here if you are hereby withdrawing a prior named trusted contact person(s). If so, print the name(s) below:		

VFA may contact your trusted contact person(s) to discuss your accounts, but is not required to contact, or attempt to contact, this person. This Trusted Contact Authorization Form will remain in effect unless or until you withdraw it in writing. For more information, call us at (877) 832-3847.

By signing below, I hereby agree that I and my heirs hold VFA harmless if VFA either contacts, or fails to contact, my trusted contact person(s) based upon VFA's own best judgement. I further agree to indemnify, defend, and hold harmless VFA from any losses I incur, if any, as a result of the acts or omissions of my Trusted Contact Person.

Client Signature	Client Signature
Printed Name	Printed Name
Date	Date