

TRUSTED CONTACT PERSON

What is a Trusted Contact Person?

A Trusted Contact Person is a person you designate that Azura Credit Union may contact if Azura is concerned you are experiencing fraud, a health crisis, or another emergency that affects your financial affairs. You should choose someone you trust who is reliable and has your best interests at heart. You can choose a family member, friend, attorney, or someone else. Consider choosing multiple trusted contacts, in case the first person is unavailable or is involved in a suspicious situation.

When will Azura contact my Trusted Contact Person?

Azura may (but is not required to) contact your Trusted Contact Person under the following circumstances:

- Azura has questions or concerns about your health (capacity and well-being, etc.), your welfare (endangerment, self-neglect, etc.), or possible financial exploitation or fraud;
- Azura needs to confirm your contact information;
- Azura needs to confirm the identity of a new individual or entity that has been given legal authority to act for you (for example, an agent to whom you have given power of attorney, a successor trustee of a trust for which you are trustee, or a court-appointed guardian, conservator, or executor); or
- Azura cannot contact you.

Because you have the ability to designate multiple trusted contacts, it is recommended that you establish a “primary” contact for the credit union to contact first, before other named trusted contacts and/or if the primary is unavailable or involved in a suspicious situation.

What information will Azura provide to my Trusted Contact Person?

If any of the above circumstances occur, Azura may contact and provide information about you and your account(s) to the Trusted Contact Person. However, if Azura suspects the Trusted Contact Person may be involved in the fraud or financial exploitation, it will not contact the Trusted Contact Person.

Your Trusted Contact CANNOT view your Account or make any transactions or decisions about the account unless they have some other legal authority (such as guardianship or POA). We recommend choosing someone other than a guardian, trustee, executory or POA as your Trusted Contact.

Do I have to designate a Trusted Contact Person?

Authorizing a Trusted Contact Person is optional. However, given the increase in fraud and financial exploitation, the Consumer Financial Protection Bureau, NCUA, and other regulatory agencies have recommended that credit unions offer a Trusted Contact program to help prevent fraud and protect consumers. Most consumers support the concept of a Trusted Contact Person. Ultimately, however, it is your decision whether or not to appoint a Trusted Contact Person.

What if I change my mind or want to change my Trusted Contact Person?

You can always revoke your decision to have a Trusted Contact Person. You can also change your Trusted Contact Person at any time by filling out a new form, which will replace and supersede any previous form.



TRUSTED CONTACT INFORMATION AND AUTHORIZATION



Naming a Trusted Contact Person gives you the opportunity to designate a person to be your advocate in the event of certain circumstances, such as a change in health, capacity, or availability, or in the event Azura Credit Union observes changes in your financial activity or behavior that could be the result of fraud or financial exploitation.

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.

By signing this form, I give Azura Credit Union permission to contact the individual identified below as my Primary Trusted Contact Person and the individuals identified on the attached Addendum as additional Trusted Contact Persons regarding the account(s) listed above if Azura Credit Union (a) has questions or concerns about (1) my health (capacity and well-being, etc.); (2) my welfare (endangerment, self-neglect, etc.); (3) possible financial exploitation or fraud; or (4) my contact information; (b) needs to confirm the identity of a new individual or entity that has been given legal authority to act for me (for example, an agent to whom I have given power of attorney, a successor trustee of a trust for which I am trustee, or a court-appointed guardian, conservator, or executor); or (c) is unable to contact me. In the event of any of these circumstances, Azura Credit Union may:

- Contact and provide information about me and my account(s) to the individual I identified below as my Trusted Contact Person(s)
- Confirm with my Trusted Contact Person(s) whether another individual or entity has legal authority to act for me; and
- Communicate with individuals who claim legal authority for me and determine the legitimacy of their legal claim.

I understand that:

- I authorize with Azura Credit Union to contact my Trusted Contact Person(s) for the designated account(s) I may have with Azura Credit Union;
- Azura Credit Union is not required to contact, or attempt to contact, my Trusted Contact Person(s) and, in the event Azura Credit Union reasonably believes that the Trusted Contact Person has engaged in, is engaging in, or will engage in financial exploitation, Azura Credit Union will not disclose information to the Trusted Contact Person;
- This Authorization is optional, and I may withdraw it at any time by notifying Azura Credit Union;
- I may change or amend my Trusted Contact Person(s) at any time by providing Azura Credit Union in writing;
- I may change or amend my Trusted Contact Person(s) at any time by providing Azura Credit Union a newly signed Trusted Contact Person Authorization form, and that this new form will supersede any previous form on file; and
- The named Trusted Contact Person(s) must be 18 or older.

TRUSTED CONTACT INFORMATION AND AUTHORIZATION



Account Holder Contact Information	
Full Name	
Account Number(s)	
Primary Trusted Contact Person	
Full Name (Note: Your Trusted Contact Person(s) should not be a co-owner on account)	
Relationship (Optional. Example: spouse, neighbor, sibling, lawyer, accountant, etc.)	
Address, City, State. ZIP	
Phone Number	
Email Address	
Secondary Trusted Contact Person	
Full Name (Note: Your Trusted Contact Person(s) should not be a co-owner on account)	
Relationship (Optional. Example: spouse, neighbor, sibling, lawyer, accountant, etc.)	
Address, City, State. ZIP	
Phone Number	
Email Address	

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

MEMBER SIGNATURE

JOINT OWNER SIGNATURE

MEMBER PRINTED NAME

JOINT OWNER PRINTED NAME

DATE

DATE