



EMERGENCY CONTACT AUTHORIZATION FORM

Contact Information

Name of Contact Person

Relationship

Home Phone

Cell Phone

Email Address

Street Address

City and State

- Check here if this Contact Authorization supersedes a previous Contact Authorization

Acknowledgements and Signatures

By my signature below, I authorize Lebenthal Financial Services, Inc. and its affiliates, to communicate with my designated contact person in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, including, but not limited to, concerns that I may not be able to manage my financial affairs. This authorization applies to any current or future accounts I may maintain at Lebenthal Financial Services, Inc.

Specifically, I authorize Lebenthal Financial Services, Inc. to:

- discuss with any contact person appearing above, which individual may be an immediate family member, close personal friend, attorney, accountant or clergy, among any other that I so authorize, any concerns or observations regarding my cognitive or health related ability to make reasonable decisions about my financial securities account(s), investments or other personally identifiable information;
- discuss with my contact person whether any individual(s) has/have legal authority to act on my behalf; and
- communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority.

I understand that there is no requirement that Lebenthal Financial Services, Inc. reach out to my contact person and that I may withdraw this Contact Authorization at any time by notifying Lebenthal Financial Services, Inc. in writing at the address shown on my Lebenthal Financial Services, Inc. account statement. By signing below, you, and your heirs, hold Lebenthal Financial Services, Inc. harmless if we either act, or fail to act, on your stated preferences based upon our own best judgement.

Multiple contact persons may be designated by completing additional copies of this form for each contact person.

Client Print Name

Client Signature

Date

Client Print Name (if applicable)

Client Signature (if applicable)

Date

Financial Advisor Signature

Branch Manager Signature

Date