



**Wealth Management**

### Trusted Contact Person (TCP) Authorization

Client name: \_\_\_\_\_

Client number (PCDID #): \_\_\_\_\_

You may provide us<sup>1</sup> with the name and contact information of a person you trust to assist us in protecting you from financial exploitation or if there are concerns about your mental capacity as it relates to your account(s) with us. By completing this form, you **consent and agree** to the following:

**Who should you designate as your TCP?** Preferably choose someone you trust who is:

- Mature (regardless of age) and able to conduct potentially difficult conversations about your personal situation
- Not involved in making investment decisions or transactions with respect to your account(s)
- In addition to and separate from a Power of Attorney or Trading Authority on your account(s)

You agree that you will notify your TCP that you have named them as such, obtain their consent to share their personal information with us and advise us if they decline to serve as your TCP.

**Can you change your TCP?** You may change or remove your TCP by submitting a new authorization form, which will replace or revoke any prior designation.

**When may we contact your TCP?** We may contact your TCP at our discretion in relation to your current or future account(s) with us regarding the following only:

- Our concerns about possible financial exploitation affecting you
- Our concerns about your mental capacity as it relates to decisions involving financial matters
- Accuracy of your contact information
- Name and contact information of your legal representative (if any)

You will release us from all claims, causes of action, damages, losses, expenses, costs, and liabilities, direct or indirect, of any kind that may arise out of, relate to, or are in connection with us contacting or failing to contact your TCP.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TCP First name\*

TCP Last name\*

\_\_\_\_\_  
\_\_\_\_\_

Relationship to you\* (e.g. spouse, child, relative, friend, professional, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Primary phone number\*

\_\_\_\_\_  
\_\_\_\_\_

Email address

\_\_\_\_\_  
\_\_\_\_\_

Mailing address

\_\_\_\_\_  
\_\_\_\_\_

City

\_\_\_\_\_  
\_\_\_\_\_

Prov/State

\_\_\_\_\_  
\_\_\_\_\_

Postal Code/Zip Code

\_\_\_\_\_  
\_\_\_\_\_

Country

\* Required

This TCP Authorization supersedes your appointment of \_\_\_\_\_.

Remove your existing TCP named above and do not add a replacement at this time.

\_\_\_\_\_  
\_\_\_\_\_

YOUR SIGNATURE

\_\_\_\_\_  
\_\_\_\_\_

DATE (MM/DD/YYYY)

<sup>1</sup> "We", "us" or "our" refers to RBC Dominion Securities Inc. and RBC Phillips, Hager & North Investment Counsel Inc. This document has been prepared for use by the RBC Wealth Management member companies, RBC Dominion Securities Inc.\* and RBC Phillips, Hager & North Investment Counsel Inc. \*Member-Canadian Investor Protection Fund. Each of the Companies and the Royal Bank of Canada are separate corporate entities which are affiliated. ® / ™ Trademark(s) of Royal Bank of Canada. Used under licence. ©Royal Bank of Canada 2021. All rights reserved.