# Trusted Contact Authorization

If the undersigned ("Client") has indicated a trusted contact ("Trusted Contact") below, Client hereby authorizes Robert W. Baird & Co. Incorporated or Client's Baird Financial Advisor (collectively, "Baird") to discuss certain aspects of Client's accounts or other relationships with Baird with such Trusted Contact on the terms and conditions described herein.

## Trusted Contact *(ONE Trusted Contact for each account owner)*

| **Owner's Name** | **Trusted Contact Information** | | |
|---|---|---|---|
| _____ | Full Legal Name | Email Address | Phone |
| | Address | City, State, ZIP Code | Country |

## Client Acknowledgement and Agreement

Each of the undersigned understands, acknowledges and agrees as follows:

- Baird is authorized to contact Client's Trusted Contact and disclose information regarding Client's accounts to address possible financial exploitation, confirm the specifics of Client's 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 law, rule or regulation.
- Client understands Baird may share with Client's Trusted Contact certain confidential or non-public information about Client including providing information about Client's Baird accounts.
- Baird may, but is not obligated to, contact any Trusted Contact and Baird shall not be liable to Client or any other third party for any loss, claim or expense caused by or related to any act or failure to act in reliance upon the authorizations and instructions provided herein.
- If Client is a non-individual, such as a trust, corporation, partnership or other entity, Client agrees Baird may, in Baird's sole discretion, treat Client's authorized representatives' Trusted Contact, if any have been provided to Baird, as a Trusted Contact of Client.

## Client Signature and Date

*Account owner must sign below.*

| Full Legal Name (Print or Type) | |
|---|---|
| Signature | Date *(MM-DD-YYYY)* |