# Diminished Capacity Directive

Our primary goal is to offer sound advice to our clients throughout all stages of their lives and to help our clients make informed decisions regarding their financial affairs. It is an unfortunate fact that the changing age demographic in the United States increases the likelihood that investors may at some point begin to show signs of cognitive impairment. As your financial advisor, we want to be prepared to help you if we notice signs of behavioral changes that lead us to believe that your ability to make sound financial decisions may be compromised. This type of situation can pose a severe risk to your family’s well‐being.

Your privacy and financial well‐being are of paramount importance to us. To that end, we ask that you consider completing the information below to designate the individual(s) we are authorized to contact regarding any concerns we may have about your ability to make sound decisions or to effectively manage your financial affairs.

# Directive

I, , give my financial advisor, , permission to contact the person(s) listed below should my advisor, based on his or her own best judgment, suspect any diminution in my mental, psychological, or cognitive abilities that raises concerns about my ability to make sound financial decisions. I understand that I may modify or revoke this Directive at any time and for any reason by written notice to my financial advisor.

Contact Name: Relationship:

Address:

Home Telephone:  E‐Mail:

Contact Name: Relationship:

Address:

Home Telephone: E‐Mail:

**Please note:** This document *does not* authorize us to accept or act on any instructions from the person(s) identified above in relation to your account or your investments. We will not accept or act on any instructions from any individual purporting to act on your behalf, including those persons listed above, unless we are in receipt of a duly executed power of attorney or court appointment granting such authorization.

If you would like a designated person to be able to provide instructions to us about your accounts, without executing a full power of attorney, please speak with us about completing a Trading Authorization form.

Signed this day of , 20

Client Printed Name:

Client Signature: