

Trusted Contact: Instructions For My Financial Advisor

As you know, we are all aging and this process can present challenges for our clients and their families. The challenges that are presented may be physical and /or cognitive.

As your advisory firm, we would like to address these issues before they present difficulties that may affect you personally and financially. Therefore, we are asking for your help to prepare for an eventuality that, hopefully, will never occur. Please provide us with your guidance below.

Clarifying My Preferences

In the unlikely event that I exhibit behavioral changes due to cognitive decline (inability to make decisions) or make requests that appear to disregard or run contrary to my previously stated decisions or goals I would prefer that you first:

Speak with me directly about any concerns;

If after such a discussion, your concerns are not resolved, I give R.W. Rogé & Company, Inc. permission to:

Contact one or more of the following individuals to discuss the issue (i.e. family, friends, medical, legal or other professional advisors, etc.) and if necessary, assist in arranging for a consultation with an elder care specialist or my physician for a professional evaluation.

Name	Relationship	Phone Number	E-mail Address

Contact the person or persons I have named in my current Durable Power of Attorney and proceed as they direct.

NOTE: I understand that my completion of this document is for the express purpose of providing guidance to R.W. Rogé & Company, Inc. during what may be a difficult time. This in no way is to be considered a replacement for any legal documents I may have executed. I agree, with my signature below, that I and my heirs and assigns will hold R.W. Rogé & Company, Inc. harmless for either acting or failing to act on my stated preferences herein. By submitting this form, your trusted contact agrees to receive e-mail communications from R.W. Rogé & Company, Inc. They can unsubscribe at any time. Privacy is our top priority; we will never share the contact information provided with anyone.

Client Name: _____ Client Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____