



TRUSTED CONTACT PERSON AUTHORIZATION

Account Number(s): _____

Naming a Trusted Contact Person gives you the opportunity to designate a person to be your advocate when personal circumstances arise, such as a change in health, capacity, or availability, or observations of changes in your financial activity or behavior.

This form is not a Power of Attorney; the named individual CANNOT change account ownership or address, complete withdrawals, or effect other transactions on your account.

Account Owner's Name: _____

By signing this form, I give Galaxy permission to contact the individual identified below as my Trusted Contact Person in the event of a situation described below regarding any or all accounts I have with Galaxy.

If Galaxy has questions or concerns about my health (capacity and well-being, etc.) or welfare (endangerment, self-neglect, or financial exploitation, etc.), or is unable to contact me, it may:

- Contact and provide information about me and my account(s) to the individual I identified below as my Trusted Contact Person
Confirm with my Trusted Contact Person whether another individual or entity has been given legal authority to act for me
Communicate with individuals who claim legal authority for me and determine the legitimacy of their legal claim.

I understand that: (1) I authorize Galaxy to contact my Trusted Contact Person for the designated account(s) I may have with Galaxy; (2) Galaxy is not required to contact, or attempt to contact, my Trusted Contact Person; (3) this Authorization is optional, and I may withdraw it at any time by notifying Galaxy in writing; (4) I may change or amend my Trusted Contact Person at any time by providing Galaxy a newly signed Trusted Contact Person Authorization form, and that this new form will supersede any previous form on file; and (5) the named Trusted Contact Person must be 18 or older.

Name of Trusted Contact Person (Note: Your Trusted Contact Person should not be a co-owner of your account)

Relationship (e.g., spouse, neighbor, sibling, lawyer, accountant, etc.) (Optional)

Phone E-mail (optional)

Address City State Zip Code

The undersigned hereby agrees to indemnify Galaxy Federal Credit Union, and its parent, subsidiaries, and affiliates, and their respective past and present officers, directors, employees, and agents against any and all loss, liability, claim, damage, or expense (including, without limitation, judgments, amounts paid in settlement, and attorney's fees) arising out of or relating to providing information to the Trusted Contact Person or any related activity.

Please note that this form represents an individual account owner release and that each account owner should sign.

Member's Printed Name Member's Signature Date

Member's Printed Name Member's Signature

Return to: Galaxy Federal Credit Union
1313 Liberty St
Franklin, PA 16323
Phone 814-432-1207
Toll Free: 866-835-2125
Fax: 814-437-3131
Email: galaxyfcu@galaxyfcu.com