

# Trusted Contact Person (TCP) Consent Form

Should there be a time when my financial advisor is concerned about my understanding of my financial situation, my ability to make financial decisions or about financial abuse, I authorize my financial advisor to contact my Trusted Contact Person (TCP) set out below and to disclose personal information if required to assist me.

TCP Name \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_

Client's Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor's Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_



Canadian Mental  
Health Association  
Toronto

# Mental Health & Financial Well-Being

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