

Trusted Contact Authorization

Use this form to designate a trusted contact, who must be 18 years or older, for your Horan Capital Management LLC (HCM) account(s). Naming a Trusted Contact is optional.

- If HCM has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or neglect, this form authorizes us to contact the trusted contact and:
 - Provide the trusted contact with information about you and/or your account(s), but not the ability to transact on your account(s).
 - Inquire about your current contact information or health status.
 - Inquire about whether another person or entity has legal authority to act on your behalf (e.g. legal guardian or trustee).
- The Trusted Contact will not be able to view your account information, execute transactions, or inquire about account activity.

1. Name (The Trusted Contact will be for the owner named on this form only. For accounts with multiple account holders, please fill out a separate Trusted Contact Authorization form for each account holder.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Name	Last Name

2. Accounts

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Number	Account Number	Account Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Number	Account Number	Account Number	Account Number

3. Trusted Contact Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>		
Email	Relationship to Owner		
<input type="text"/>			
Street Address (Cannot be a P.O. Box)			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code	Country
<input type="text"/>			
Phone Number			

4. Signature and Date

By signing below, you authorize Horan Capital Management, at Horan Capital Management's sole discretion, to communicate with your trusted contact on any designated accounts you may have on the file and disclose information about designated accounts to address possible financial exploitation or confirm specifics about your current contact information, your health status, or inquire about the identity of an legal guardian, executor, trustee, or holder of a power of attorney. This does not allow your trusted contact to transact on your accounts. You further certify that your trusted contact is 18 years or older.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Owner Name	Signature	Date