

TRUSTED CONTACT DESIGNATION FORM

Knoxville TVA Employees Credit Union ("Credit Union") strives to protect our members from fraud and financial exploitation. To assist in this effort, members may designate "Trusted Contacts" that may be contacted if the Credit Union becomes aware of possible suspicious activity. The National Credit Union Administration (NCUA), the Consumer Financial Protection Bureau (CFPB), the Federal Bureau of Investigation (FBI), the State of Tennessee, and other government agencies have identified fraud and financial exploitation against individuals 65 or older as an area of high importance. Each year, older individuals lose **billions of dollars** to fraud and financial exploitation. Common scenarios include:

- Winning a lottery or sweepstakes
- Romance scams (typically over the internet)
- Investment scams (cryptocurrency, gold, "can't miss" opportunities)
- Government impersonation (IRS, Social Security, Medicare, etc.)
- Inheritance scams (often involving a "relative" living overseas that you've never met)

To better protect your account, the Credit Union encourages you to designate individuals who may be contacted if suspicious activity is detected. These will typically be individuals you consider reliable and trustworthy, such as a family member, close friend, or attorney.

☐ I designate the following Trusted Contacts and authorize the Credit Union to contact any or all of them if suspicious activity is detected on my account:

_____ Trusted Contact #1 Name	_____ Relationship	_____ Phone Number/Contact Information
_____ Trusted Contact #2 Name	_____ Relationship	_____ Phone Number/Contact Information
_____ Trusted Contact #3 Name	_____ Relationship	_____ Phone Number/Contact Information

I authorize the following information be disclosed to Trusted Contacts (please initial one):

- _____ Provide general information about suspected activity and request they contact me.
- _____ Provide detailed information about suspected activity and request they contact me.

☐ I elect to not designate Trusted Contacts on my account. Even without my authorization, I understand that State of Tennessee regulations allow the Credit Union to contact individuals such as co-owners on my account or family members if financial exploitation or fraud are suspected.

I may revoke or amend this authorization at any time by providing an updated Trusted Contact Designation Form or by delivering written notice of revocation to the address listed at the bottom of this form. I understand that any update or revocation will not be effective until the Credit Union is provided sufficient time to receive, review, and enter the updated information into my account records. I understand that the Credit Union will make good faith efforts to identify suspicious activity but cannot guarantee activity will be identified or that Trusted Contacts will be notified. All terms of my Membership Agreement and accompanying account opening disclosures remain in effect. Members are encouraged to contact the Credit Union immediately with any concerns regarding financial exploitation or fraudulent account activity.

Primary Member	Date
Account #	

Joint Owner #1 _____ Date _____

Joint Owner #2	Date
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Credit Union Employee	Date
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NOTARY

Must be completed when signature(s) not witnessed by a Credit Union employee.

STATE OF: _____

COUNTY OF: _____

On this ____ day of _____, 20____, before me personally appeared _____,
_____, _____, and _____ to
me known (or proved to me on the basis of satisfactory evidence) to be the person(s) described in and who
executed the foregoing instrument, and acknowledged that such person(s) executed the same as such
person's(s') free act and deed.

(Seal)

(Notary's Signature)

My commission expires:

FOR CREDIT UNION USE ONLY

☐ New☐ Update

Date: _____ Branch/Department: _____

Reviewed By: _____ Printed Name: _____