TRUSTED CONTACT AUTHORIZATION

CUSTOMER NAME: _____ CUSTOMER CIF #: _____

City National Bank allows you to designate a trusted contact person by completing this authorization.

What is a Trusted Contact?

A trusted contact is an individual (age 18 or older) identified by you, whom City National Bank could contact and disclose information about your account:

- to address possible financial exploitation.
- to confirm specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
- as otherwise permitted by Title 6, section 3401 of the Oklahoma Statutes.

Please accept this document as my authorization to add the following trusted contact(s) to the accounts at City National Bank for which I am an account owner. I understand that: (1) I authorize City National Bank to contact my Trusted Contact(s) relating to the accounts I have with City National Bank (2) City National Bank is not required to contact, or attempt to contact, my Trusted Contact(s); (3) this authorization is optional and I may withdraw it at any time by contacting City National Bank in writing; (4) if I have accounts with joint owners, all owners must sign an authorization for the same Trusted Contact(s); and (5) I may change or amend my Trusted Contact(s) at any time by providing City National Bank a newly signed Trusted Contact Authorization and checking the box below on the new authorization to indicate that it supersedes any previous authorization(s).

Check here if this Trusted Contact Authorization supersedes previous Authorization(s) ☐

Primary Trusted Contact Person Information

Name of trusted contact person (first, middle and last)	
Relationship (e.g., spouse, child, attorney-in-fact, lawyer, accountant, etc.)	
Street Address City, State, Zip	
Work phone	
Home phone	
Mobile phone	
Email	

TRUSTED CONTACT AUTHORIZATION

Alternate Trusted Contact Person Information

Name of trusted contact person (first, middle and last)	
Relationship (e.g., spouse, child, holder of my power of attorney, lawyer, accountant, etc.)	
Street Address City, State, Zip	
Work phone	
Home phone	
Mobile phone	
Email	

I hereby agree to indemnify City National Bank, 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(s) or any related activity.

This authorization represents an individual account owner release and applies to all accounts solely owned by the undersigned. Accounts which are jointly owned are included only when City National Bank has received a Trusted Contact Authorization from all owners of an account designating the same Trusted Contact.

Signature

Printed Name	
Signature of Customer	**Date**