

Instructions in the Event of Incapacity

The following are my preferences about the role I would like my financial advisors at Summit Financial Strategies, Inc. to take, if in his/her opinion, I am no longer able to handle my financial affairs on my own. Triggering events might include a health problem, an accident, or a change in my behavior or decisions that contrast with past actions and goals.

Choose one or more options below:

- _____ I appreciate my advisor's interest, but simply want him/her to continue the same role he/she has previously had in my life. I realize there is a chance, in an extreme case, this may mean the advisor feels he/she has to terminate our professional relationship.
- _____ I would like my advisor to discuss his/her concerns with me. If his/her concerns remain after this discussion, and I have checked any boxes below requesting notification of another person, I would like my advisor to make that contact.

Please list, in order, who you would like Summit to contact.

Name	Phone	Relationship

In case the advisor feels it is necessary, Summit has my permission to release my financial information to: _____

This person has Power of Attorney (POA)? _____ Yes _____ No

I understand that my completion of this document is for the express purpose of providing guidance to Summit Financial Strategies, Inc. during what may be a difficult time. This in no way is to be considered a part of the services I have contracted with Summit to perform. I agree, with my signature below, that I and my heirs and assigns will hold Summit harmless for either acting or failing to act on my stated preferences.

I, _____, ask that my advisor at Summit Financial Strategies, Inc., and others named above, follow these wishes.

Signature: _____

Date: _____

SUMMIT FINANCIAL STRATEGIES

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