

Instructions in the Event of Incapacity

The following are my preferences about the role I would like my financial advisor at Summit Financial Strategies, Inc. ("Summit") to take, if in his/her opinion, a "Triggering Event" has occurred and I appear to no longer be able to handle my financial affairs on my own. Triggering Events might include but are not necessarily limited to a health problem, an accident, a change in my behavior, or decisions that contrast with past actions and goals.

Choose One Option upon a Triggering Event:

_____ I decline to appoint any individuals with whom Summit's advisor(s) may communicate upon a Triggering Event. I realize this situation may cause Summit to determine that it cannot continue our professional relationship if it perceives that a Triggering Event has occurred.

or

_____ I would like my Summit advisor to discuss his/her concerns with me. If his/her concerns remain after this discussion, I would like that advisor and/or another Summit representative to contact, in order, the individuals listed in the table below to discuss concerns about my ability to handle my financial affairs, and to discuss my accounts and related financial issues if selected below:

Name/Relationship	Phone Number and/or Email Address	Does this Person Have a Valid Financial Power of Attorney (POA)?
		Yes / No
		Yes / No
		Yes / No
		Yes / No

I understand that my completion of this document is for the express purpose of providing guidance to Summit during what may be a difficult time. It is absolutely not a power of attorney and does not confer upon any person listed above any authority over my accounts that has not been separately granted. Unless specifically prohibited by law, I hereby agree to release and hold Summit and each of its officers, directors, members, employees, affiliates and agents harmless with respect to any and all claims from me or any of my beneficiaries, heirs, affiliates, or assigns that might result from Summit acting and/or relying upon this authorization.

I agree and intend to be fully bound by all terms and conditions of the above.

Signature: _____ Date: _____

Name: _____

In the event that circumstances arise that may merit contacting the person on the Acknowledgment, the Chief Compliance Officer must be first advised before any contact is made.

ANY QUESTIONS: Should be addressed with the *Firm's* Chief Compliance Officer.

Addressing Elder Issues/Abuse: In the event that the *Firm* suspects that an elderly client is the potential victim of abuse (physical, emotional and/or financial), the *Firm* employee **shall immediately report** the issue to the Chief Compliance Officer. The Chief Compliance Officer shall assess the situation and then determine the corresponding appropriate action, including:

- If applicable, contact the person who has been vested with a power of attorney over the client's affairs;
- Contact the person identified above in the above ***Authority to Contact and Share Information***; or, if there is no such form or person identified, then,
- Contact the person identified by the client as the client's "Trusted Contact" on any account custodian-required form.

Additional Issues regarding Powers of Attorney (POA)

- How old is the POA document? Has such time elapsed that it could have been rescinded or modified?
- Has the *Firm* reasonably attempted to verify that the POA upon which the *Firm* seeks to rely remains valid? Before acting on a POA that the *Firm* does not reasonably believe to be currently valid, seek to confirm, in writing, the validity with:
 - (1) the client (if the client is able to so verify);
 - (2) client's children;
 - (3) if the client's child has been appointed as the POA, to the extent applicable, confirm with remaining sibling(s); and/or
 - (4) client's legal counsel who prepared the POA, or any successor legal counsel.
- Obtain written confirmation from the POA that the *Firm* is permitted to also share information and/or communicate with the client/children/siblings/attorney. By so doing, in the event that the *Firm* suspects that the POA is taking advantage of the client or not acting in the client's best interest (including not appropriately addressing the *Firm's* concerns that others may be taking advantage of the client), the *Firm's* notice and/or potential intervention will not be limited to the appointed POA;
- The *Firm* should cease assisting with any distributions requested from the accounts by the POA until its concerns are appropriately addressed; and,
- Thereafter, if notice/intervention does not resolve the situation, the *Firm* should seriously consider resigning, in writing (via regular and certified mail), and provide a copy of such written resignation to the POA (if one is appointed), children/siblings, legal counsel, or trusted contact (via regular and certified mail).

Should the *Firm* report the matter to local authorities? The answer depends on various factors, and *Firm* legal counsel should be consulted.

Change of Status Issues (i.e., Change in Power of Attorney, Trustee, Beneficiaries, and Death, etc.). All such prospective changes should be reported to the Chief Compliance Officer. The change/event will be confirmed with the client and/or appropriate client representative. When applicable, and unless an exception has been made by the Chief Compliance Officer, it is the *Firm's* general policy to follow the documentary procedures/requirements of the account custodian.

ANY QUESTIONS: Should be addressed with the *Firm's* Chief Compliance Officer.