Trusted Contact Request Form

Tradesk Securities, Inc.

830 Morris Tpk.
Short Hills, NJ 07078

Client Name: _____
Account Number: _____
Date: _____

Purpose of the Trusted Contact

As part of our commitment to safeguarding your financial interests and complying with FINRA regulations, we request that you designate a "Trusted Contact" person. This individual will be someone we can contact in the event that we have concerns about your well-being, account activity, or if we are unable to reach you directly.

Your Trusted Contact will not have the authority to make transactions or decisions on your behalf unless they are legally authorized to do so (e.g., through a power of attorney).

Trusted Contact Information

Full Name: _____

Relationship to Client: _____

Phone Number: _____

Email Address: _____

Mailing Address:

Authorization and Acknowledgement

By signing below, you authorize Tradesk Securities, Inc. to contact the individual listed above as your Trusted Contact person. You acknowledge that this authorization does not grant the Trusted Contact person the authority to make transactions or decisions on your behalf. This information will be kept confidential and will only be used in accordance with FINRA Rule 4512.

You also understand that you can change or update your Trusted Contact at any time by submitting a new Trusted Contact Request Form.

Client Signature: _____

Date: _____

Client Printed Name: _____

Privacy Notice

The information provided on this form will be kept confidential in accordance with our privacy policy and will be used solely for the purposes outlined above. Your Trusted Contact's information will not be shared with any third parties without your explicit consent unless required by law.