



HAWAII MUNICIPAL FUND  
SURFX

## ADD A TRUSTED CONTACT PERSON for Hawaii Municipal Fund

- Use this form to add up to two Trusted Contacts for your Hawaii Municipal Fund account(s). You may also update your Trusted Contact information by contacting us at 1-808-988-8088, or toll free at 1-800-354-9654.
- Adding a Trusted Contact provides the distributor of the Hawaii Municipal Fund, Lee Financial Securities, Inc. (“LFS”), with a resource to contact on your behalf, if necessary. A Trusted Contact is a person whom you are permitting LFS to contact and disclose information to about your account to address possible financial exploitation; to confirm 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 applicable rules or regulations.

### **TRUSTED CONTACT DESIGNATION**

- Naming a Trusted Contact is optional.
- The Trusted Contact(s) must be at least 18 years old.
- The Trusted Contact(s) will not be able to view your account information, execute transactions, or inquire about account activity.
- LFS suggests that your Trusted Contact(s) not be someone who is already authorized to transact business on your account(s) or already able to receive information about your Hawaii Municipal Fund account(s)—e.g., financial consultant, investment advisor, or by virtue of Power of Attorney or View Only authority.
- You do not need to designate a separate Trusted Contact for each Hawaii Municipal Fund account. A single designation covers all Hawaii Municipal Fund accounts over which you are the account holder or joint account holder, trustee, or agent.
- For accounts with multiple account holders, trustees, or agents, please fill out a separate Trusted Contact form for each account holder, trustee, or agent.
- Only you as the account holder have the ability to add, update, or remove a Trusted Contact(s) for your account(s).

### **1 ACCOUNT HOLDER INFORMATION**

The Trusted Contact designation(s) only applies to the Account Holder/Trustee/Agent named below.

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Name**

### **2 TRUSTED CONTACT PERSON(S)**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

#### **PERSON 1:**

\_\_\_\_\_  
**Name**

#### **Relationship (Please select only one.)**

Spouse  Partner  Child  Parent  Sibling  Friend  Other \_\_\_\_\_

Please provide at least one method of contact for each Trusted Contact listed.

\_\_\_\_\_  
**Home/Legal Street Address (No P.O. Boxes, please)**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Home Phone Number**

\_\_\_\_\_  
**Mobile Phone Number**

\_\_\_\_\_  
**Email Address**

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**PERSON 2:**

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**Name****Relationship (Please select only one.)** Spouse  Partner  Child  Parent  Sibling  Friend  Other \_\_\_\_\_

Please provide at least one method of contact for each Trusted Contact listed.

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**Home/Legal Street Address** *(No P.O. Boxes, please)*

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**City****State****Zip Code**

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**Home Phone Number****Mobile Phone Number****Email Address**

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**3 ACCOUNT HOLDER/TRUSTEE/AGENT AUTHORIZATION AGREEMENT AND SIGNATURE**

I understand that there is no requirement that LFS reach out to my Trusted Contact Person and that I may withdraw this Authorization at any time by notifying LFS via phone or in writing at the address shown on my account statement. By signing below, I and my heirs agree to indemnify and hold LFS, its predecessors, successors, officers, directors, employees, agents, representatives, parents, affiliates, assigns, and attorneys harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by LFS as a result of any claim, judgment, or proceeding arising out of or relating to LFS contacting, or failing to contact, my Trusted Contact Person(s) identified in this form.

By my signature below, I authorize LFS and its affiliates to share my nonpublic personal information held at LFS with the named Trusted Contact Person(s) identified above. Nonpublic personal information includes, but is not limited to, financial account information and balances, recommendation for purchase of a security, and, as defined in Title V of the federal Financial Services Modernization Act of 1999 as amended, or as defined by any other federal or state law, personally identifiable financial information (i) provided by a consumer to a financial institution; (ii) resulting from any transaction with the consumer or any service performed for the consumer; or (iii) otherwise obtained by the financial institution.

I understand that LFS or my advisor may contact the Trusted Contact Person(s) and disclose information about my account to address possible financial exploitation; to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by applicable rules or regulations.

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**Account Holder Signature****Today's Date** *(mm/dd/yyyy)*

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**Name**

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**4 RETURN INSTRUCTIONS**

Please return this form to the following address:

Hawaii Municipal Fund  
3113 Olu St  
Honolulu, HI 96816

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*For assistance in completing this form, call (808) 988-8088 or (800) 354-9654*

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