

Trusted Contact Form

PO Box 219109 • Kansas City, MO 64121-9109 • 800-525-3713

Use this form to establish a Trusted Contact on your account(s) at Janus Henderson.

- A Trusted Contact is a designated individual that Janus Henderson may contact for additional information if there is a concern about your account activity and we are unable to reach you.
- Please print or type using black ink.
- Your Trusted Contact must be at least 18 years old.
- One Trusted Contact will be added to all accounts under the primary owner's Social Security Number.
- On accounts with multiple owners, the Trusted Contact information applies only to the account holder completing/ signing the form.
- Your Trusted Contact is not authorized to transact on your Janus Henderson account(s).
- This can be changed at any time. To remove a Trusted Contact, please contact Janus Henderson by telephone or submit written instructions. To replace an existing Trusted Contact, please submit a new Trusted Contact Form.

Questions?

Call us at **800-525-3713**

In a Hurry?

Fax form to **877-319-3852**

Step 1 - Provide your information (all fields required unless noted)

Primary Owner

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Joint Owner (if applicable)

First Name

Middle Initial

Last Name

Social Security Number

Date of Birth

Remember to sign on the last page

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Step 2 - Provide your Trusted Contact’s information

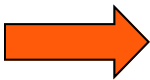
First Name	Middle Initial	Last Name
Date of Birth		
Preferred Phone Number	E-mail Address	
Mailing Address		
Address		
City	State	Zip Code

Step 3 - Please read and sign below

I authorize Janus Henderson to contact the Trusted Contact Person and disclose information in the following circumstances:

- To prevent the presumption of abandonment.
- To address possible financial exploitation.
- To confirm my current contact information.
- To confirm my health status.
- To obtain the identity of any legal guardian(s), executor(s), trustee(s), or holder(s) of a power of attorney.
- To obtain information as otherwise permitted by federal or state law.

Please note, the Trusted Contact information provided in Step 2 will apply to and/or replace the existing Trusted Contact information for all accounts under the primary owner's Social Security Number.



X	
Signature of Owner	Date