

COGNITIVE IMPAIRMENT/ELDER ABUSE FORM

Challenges in life may arise from time to time. These challenges may be both physical and cognitive. As your advisor, we would like to address these issues before they present difficulties that may affect you financially. Completing this form will assist us in serving you should we believe that a cognitive impairment or an elder abuse situation is interfering with your financial decision-making.

Clarifying My Preferences:

In the unlikely event that I appear to exhibit behavioral changes due to cognitive decline (such as an inability to make decisions) or if I make requests that appear to disregard or run contrary to my previously stated decisions or goals, I give Bright Futures Wealth Management, LLC ("BFWM") and its employees permission to (i) temporarily decline to follow my instructions, (ii) to contact any of the following persons and proceed in accordance with the applicable Section, and (iii) to provide such information related to my potential cognitive impairment or abuse situation and the transaction at issue as BFWM deems appropriate under the circumstances:

- A. The person(s) named below who I have named in my current Durable Power(s) of Attorney and proceed as they direct (and, if they have no authority unless I am incapacitated, to rely upon such person(s) as though he/she were named in Section B below):

Name	Phone Number	Email Address	Relationship

- B. The following individuals (*e.g.*, family, friends, medical, legal or other professional advisors, etc.), proceeding as such person so directs with respect to the transaction at issue and, as BFWM deems appropriate, request assistance from such person to arrange a consultation with an elder care specialist or my physician for a medical evaluation:

Name	Phone Number	Email Address	Relationship

BFWM may rely on the first person it contacts who is willing and able to act. BFWM is not obligated to update this form absent a written request from the undersigned to do so. This authorization shall remain in effect until terminated by either party, or their authorized representative, in writing.

I understand that my completion of this document is for the express purpose of providing guidance to BFWM during what may be a difficult time. This in no way is to be considered a replacement for any legal documents I may have executed or otherwise supersede, modify, revoke or serve as a valid substitute for a legally binding general durable power of attorney. I agree, with my signature below, that I and my heirs and assigns will hold BFWM harmless for either acting or failing to act on my stated preferences herein.

Client Name: _____

Witness Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____