



INSERT YOUR BANK LOGO HERE

HB 1238 - Suggested Bank Forms & Templates

Suggested Use Notice

These sample forms and templates are provided for general informational and operational guidance related to South Dakota HB 1238. Financial institutions may adapt, modify, expand, or combine these materials as appropriate for their institution's size, structure, staffing, products, services, and internal procedures.

These materials are not intended to establish mandatory policies, operational requirements, or legal advice. Member banks should consult with legal counsel and compliance professionals regarding implementation of HB 1238 within their institution.



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TRUSTED CONTACT AUTHORIZATION FORM - "Opt-In"

Trusted Contact Authorization - "Opt-In"

To help protect your account from fraud or financial exploitation, you may designate a trusted contact person that the bank may contact if concerns arise regarding your well-being or financial activity.

Designation of a trusted contact does not grant authority over your account and does not make the individual a joint owner, signer, beneficiary, or power of attorney.

Customer Information

- Customer Name: _____
- Date of Birth: _____
- Account Number(s): _____

Trusted Contact Information

- Name: _____
- Relationship: _____
- Phone Number: _____
- Email Address: _____
- Mailing Address: _____



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Customer Authorization

I authorize the bank and its employees to contact the trusted individual listed above if the bank reasonably believes that:

- I may be the victim of fraud or financial exploitation;
- I may be experiencing diminished capacity;
- There are concerns regarding suspicious account activity; or
- The bank is otherwise permitted to contact the trusted individual under applicable law.

I understand:

- The trusted contact is not authorized to transact on my account unless separately designated;
- The bank may decline to contact the trusted person if it suspects the individual may be involved in the suspected exploitation.

Customer Signature: _____

Date: _____