

## Financial Directive

The purpose of this Financial Directive is for you to decide in advance the action that may be taken by Keener Financial Planning, LLC if we notice a decline in your financial decision-making capacity. The Financial Directive gives us your permission to contact your designated individuals with concerns that may occur during the term of our engagement. This Directive serves as a waiver of your expectation of confidentiality under these limited circumstances to those persons you direct in this document. We will use this directive to give us permission to contact family, friends, lawyers, accountants, or medical professionals on your behalf.

Signs of decline in financial functioning may occur before other problems become evident. Because we have developed an understanding of your personal approach to financial decisions, we may be one of the first to notice a change in behavior that could represent a decline in cognitive abilities. We do not have the training to explain or interpret these observations so this allows us to appropriately express our concerns if we see changes.

You providing us with this document and our accepting it is no way to be construed as a commitment on our part to act as your agent outside of the terms of your advisory agreement with us.

You acknowledge that you have not been influenced by Keener Financial Planning, LLC and understand that we are in no way responsible for the competency of the person(s) you have appointed to be contacted under this directive.

We advise you to seek legal advice about whom to appoint when making this choice. You understand that this directive does not replace the need for other more comprehensive estate planning documents. If there are any inconsistencies between the information contained in the Directive and your estate planning documents, the direction contained in your estate planning documents will prevail.

You may revoke this directive at any time by notification in writing to us and signed and dated by you. The revocation will become effective upon delivery to Keener Financial Planning, LLC.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**DESIGNATED INDIVIDUALS WHO MAY BE CONTACTED**

Listed below are those individuals Keener Financial Planning, LLC may contact under the circumstance referred to in this Directive.

NAME	RELATIONSHIP	CONTACT PHONE, EMAIL
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Related Documents: Check all those that apply

\_\_\_\_\_ I have completed a Durable Financial Power of Attorney and have provided a copy to Keener Financial Planning, LLC.

\_\_\_\_\_ I have completed a Durable Power of Attorney for Health Care and have provided a copy to Keener Financial Planning, LLC.