

## NOTICE OF DESIGNATED AUTHORIZED SIGNER

I, \_\_\_\_\_, have made arrangements with my financial institution to have the following authorized signer on my client trust account in the event I am unexpectedly incapacitated to facilitate the continued operation of my law practice or to assist with the closure of my law practice:

Name of Authorized Signer for Trust Account(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Authorized Signer's Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*[Planning Attorney]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Authorized Signer]*

\_\_\_\_\_  
*[Date]*

\_\_\_\_\_  
*[Alternate Authorized Signer]*

\_\_\_\_\_  
*[Date]*

**[NOTE:** *This form may be used in lieu of, or in addition to, the Notice of Designated Assisting Attorney and the Notice of Emergency Practice Coordinator. If you have selected an Assisting Attorney to help in the facilitation or closure of your practice **and** added someone as an Authorized Signer on your lawyer trust account, you should communicate your choices to your family, the Assisting Attorney, the Authorized Signer, the Emergency Practice Coordinator, and any designated alternates to avoid confusion.]*

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**DISCLAIMER:** The State Bar as a regulatory entity does not provide legal advice to licensees. The information provided in this document should not be used as a substitute for obtaining legal advice. You should always consult a suitably qualified attorney regarding any specific legal problem or matter.

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