

**NOTICE OF DESIGNATED AUTHORIZED SIGNER**

I, \_\_\_\_\_, have authorized the following [attorneys] to sign on my lawyer trust account(s) upon the closure of my 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. If you have selected an Assisting Attorney to help in the 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, and any designated alternates to avoid confusion.]*

**IMPORTANT NOTICES**

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