



- New Application  
 Change of Information

*For Office Use Only*  
Account # \_\_\_\_\_

*For Office Use Only*  
Investment # \_\_\_\_\_

**1. Type of Account Registration**

- Individual  Joint With Rights of Survivorship  Other: \_\_\_\_\_

**2. Owner Information (s) (Applicant)**

Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ SS# \_\_\_\_\_  
 Marital Status:  Single  Married  Widow Birth Date: \_\_\_\_\_

**3. Co-Owner Information (If Applicable) (Attach additional sheet for more co-owners)**

Co-Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ SS# \_\_\_\_\_  
 Marital Status:  Single  Married  Widow Birth Date: \_\_\_\_\_

C o - Applicant Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_ SS# \_\_\_\_\_  
 Marital Status:  Single  Married  Widow Birth Date: \_\_\_\_\_

**4. Church Affiliation**

Church Name: \_\_\_\_\_  
 Church Address: \_\_\_\_\_

**5. "Payable On Death" Designation (Beneficiaries)**

- I would like my/our account(s) designated "Payable On Death" (attach additional sheet if needed)

Beneficiaries Name & Address	Date of Birth	Social Security #	Relationship	Share
1.				%
2.				%
3.				%

If one or more of the beneficiaries predeceases me, I would like their share to  go to the estate or heirs of the deceased beneficiary or  be equally shared among the remaining beneficiaries. If neither are checked, funds will be made payable to the estate or heirs of the deceased beneficiary.

