



- New Application
 Change of Information

For Office Use Only
Account # _____

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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)

C o A p p l i c a n t Name : _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone _____ Work: _____ Cell: _____
 Email: _____ SS# _____
 Marital Status: Single Married Widow Birth Date: _____

C o - A p p l i c a n t Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone _____ Work: _____ Cell: _____
 Email: _____ SS# _____
 Marital Status: Single Married Widow Birth Date: _____

4. Church Affiliation

Church Name: _____
 C h u r c h A d d r e s s : _____

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.

