

Family Data Collection Form



The following information will assist us in setting up your new account(s).
Return this COMPLETED FORM, VOIDED CHECK and ACCOUNT NUMBERS (when transferring accounts).

Section 1 – Personal Information

Contact's Name _____	Contact's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Name _____	Spouse's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Social Security Number _____	Date of Birth _____	Social Security Number _____
Contact's Drivers Lic. # _____	Expires _____	Spouse's Drivers Lic. # _____	Expires _____
Contact's Employer _____		Spouse's Employer _____	
Contact's Occupation _____	Salary \$ _____	Spouse's Occupation _____	Salary \$ _____
Contact's Email _____		Spouse's Email _____	
Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> 1 st marriage	<input type="checkbox"/> 2 nd + marriage <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
Contact's Cell _____	Home Phone _____	Spouse's Cell _____	
Contact's Work _____		Spouse's Work _____	
Legal/Residential Address _____			
City _____		State _____	Zip _____
Alternative Mailing Address _____			
City _____		State _____	Zip _____

Section 2 – Beneficiary Designation

I/we hereby designate the following person or persons as primary and contingent Beneficiaries of my/our retirement accounts payable by reason of mine or my/our death. Additional space is available on the next page if necessary.

All information must be completed for processing. You must initial any changes made on the form.

No.	Beneficiary's Name & Address	Date of Birth Social Security #	Relationship	Contact's Beneficiaries		Spouse's Beneficiaries	
				Primary or Contingent	Share %	Primary or Contingent	Share %
0.	Name: Spouse	listed above	spouse	<input type="checkbox"/> Primary	_____	<input type="checkbox"/> Primary	_____
1.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
2.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
3.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
4.	Name: _____ Address: _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____

Section 3 – ACH Transfer

Attach a voided check to this form from your primary bank checking

Section 4 – Account Numbers &/or Statements

Attach a list of all brokerage account numbers, recent statement or print out the summary page of your online access
 When applicable, attach a copy of statements for 529 accounts and/or annuities

Section 2 – Beneficiary Designation (continued if necessary)

All information must be completed for processing. You must initial any changes made on the form.

No.	Beneficiary's Name & Address	Date of Birth Social Security #	Relationship	Contact's Beneficiaries		Spouse's Beneficiaries	
				Primary or Contingent	Share %	Primary or Contingent	Share %
5.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
6.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
7.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
8.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
9.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
10.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
11.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____
12.	Name: _____ Address: _____ _____	DOB: _____ SS#: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	_____