

ACCOUNT INFORMATION SHEET

The information below is required to set up your account. Please complete the information below and either email it to amanda@codreafinancial.com or fax it to 888-458-5596.

Full name _____

Home Street Address _____ City _____ State ____ Zip _____

Home phone _____ Cell Phone _____ Home Fax _____

E-mail address _____

Preferred method of contact: Home phone Cell Phone Email Business Phone

SSN _____ - _____ - _____ Date of Birth ____/____/____

Driver's license number _____ State of issuance _____

ID issue date _____ Expiration date _____

Occupation _____ Nature of Business _____

Employer Name _____

Employer Street Address _____ City _____ State ____ Zip _____

Business phone _____ Business Fax _____

SECONDARY ACCOUNT HOLDER INFORMATION (If applicable):

Full name _____

Home Street Address _____ City _____ State ____ Zip _____

Home phone _____ Cell Phone _____ Home Fax _____

E-mail address _____

Preferred method of contact: Home phone Cell Phone Email Business Phone

SSN _____ - _____ - _____ Date of Birth ____/____/____

Driver's license number _____ State of issuance _____

ID issue date _____ Expiration date _____

Occupation _____ Nature of Business _____

Employer Name _____

Employer Street Address _____ City _____ State ____ Zip _____

Business phone _____ Business Fax _____

BENEFICIARY INFORMATION

PLEASE COMPLETE THE TABLE BELOW INDICATING YOUR PRIMARY AND/OR SECONDARY BENEFICIARIES:

	First, Middle, Last Name	Social Security Number	Date of Birth	% Allocation
PRIMARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				

Number of Dependents _____

INVESTMENT EXPERIENCE

Please provide the number of years of your investment experience next to each item listed below:

	None
	Margin
	Stocks
	Options
	Mutual Funds

	Annuities
	Bonds
	Partnerships
	Other (Please Specify)

Source of Client Wealth and income (inheritance, employment salary, sale of real estate, etc.)
