



Fairlane Investment Advisors, Inc

Pin Disclosure

I (the "Client") am providing my _____ (Employer Name) Savings Program Pin ID # to Fairlane Investment Advisors Inc. (FIAI) for the purpose of managing my 401K / 403(b) account. This account will be operated and processed with the previously agreed upon Asset Allocation Program.

I (the "Client") further understand and authorize FIAI to adjust my account and implement investments as agreed upon.

Your pin # must be at least 6 digits but less than 12 (If your current pin number does not conform please make the necessary changes to it).

Should I (the "Client") terminate my asset allocation program with FIAI, I will change my Pin Number.

I (the "Client") further agree not to make changes in my 401K / 403(b) savings program without previous consultation with FIAI.

(PIN) Identification Number: _____

Customer ID: _____ (If ID is your SS# please change to something else for security reasons)

- CHECK YOUR SECRET QUESTION:
- _____ YOUR BEST FRIEND FROM HIGH SCHOOL
 - _____ YOUR FAVORITE RESTAURANT
 - _____ YOUR FIRST PET
 - _____ MODEL OF FIRST CAR
 - _____ STREET YOU GREW UP ON

Secret Question Answer: _____

Mother's Maiden Name: _____

Client Name (Please Print) _____

Client Signature _____

Date _____

Representative Name _____

**Do not give this form to your representative.
Place in envelope, seal and return with application**

