



Transmittal Form

Client Name: _____ **Emp:** _____

S.S. Number: _____ Date of Birth: _____

Driver's License Number: _____

Spouse Name: _____ **Emp:** _____

S.S. Number: _____ Date of Birth: _____

Driver's License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home: _____

Spouse's Work #: _____ Client Cell #: _____

* **E-Mail Address:** _____

Representative Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Broker Dealer / RIA Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Client Statement	
<u>Delivery</u>	
<u>Preferences</u>	
Fairlane	
<input type="checkbox"/>	E-Mail *
<input type="checkbox"/>	Mail
Fidelity	
<input type="checkbox"/>	E-Mail *
<input type="checkbox"/>	Mail

- | |
|--|
| <p>1) Is Client's 401(k) / 403(b) to be managed? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, <i>enclose 401(k)/403(b) Statement</i>)</p> <p>2) Is Client Terminating Employment --- (Retirement/Disability) Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
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Applicable Forms / Information - Check the appropriate box(es)

- IRA
- Regular Brokerage / Trust / Custodial / Business
- Check Enclosed**
- Transfer Forms
- Transferring Assets Account Statement
- Investment Management Agreement
- Investor Profile
- Referring Representative Fee Acknowledgement
- Pin Disclosure (in sealed envelope)
- 403(b) Forms
- Representative Received Referrals

Are there "After-Tax" funds to be managed?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If Yes, fill out a Brokerage Application.	