



Fairlane Investment Advisors, Inc.

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 # _____

Employer _____

E-Mail Address _____

Representative Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____

Broker Dealer / RIA Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Is Client's 401(k) / 403(b) to be managed? Yes _____ No _____
(If Yes, you must enclose a 401(k) / 403(b) Statement.)--circle one
Termination—(Retirement/Disability) Yes _____ No _____

Type Of Account (Check the appropriate box)

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

Representative Received Referrals (circle one) Yes No

**Are there
 "After-Tax" dollars?
 Yes/No (circle one)
 If yes, fill out Non-IRA
 application.**