

1. Owner Information

Name: _____

Social Security Number: _____

Account Number: (Leave blank if unknown) _____

2. Co-Owner Information (If Applicable)

Name: _____

Social Security Number: _____

2. Distribution of Interest (Please choose one)

Pay to me by check: Monthly Quarterly Annually

Pay to me by EFT* (Electronic Fund Transfer) Monthly Quarterly Annually

*(EFT Only) Please attach a completed Bank Authorization Form and a voided check

3. Acknowledgement

Print Name (Owner) : _____

Signature: _____

Print Name (Co-Owner) : _____

Signature: _____