

1. Owner Information

Name: _____

Security Social Number: _____

Account Number (Leave blank if unknown): _____

2. Co-Owner Information (If Applicable)

Name: _____

Security Social Number: _____

3. 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.

4. Acknowledgement

Print Name (Owner): _____ Signature _____

Print Name (Owner): _____ Signature _____