

| New Account Worksheet

Beneficiary Information

| | | | |
|--------------------|-------------|-------------|-------------|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | State: | ZIP: | Birth Date: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Social Security #: | | Email: | |

Guardian/Legal Representative Information

(Must be filled out if Beneficiary is a minor or incompetent)

| | | | |
|------------------------------------|-------------|-------------|-------------|
| First Name: | | Last Name: | |
| Address: | | | |
| City: | State: | ZIP: | Birth Date: |
| Home Phone: | Work Phone: | Cell Phone: | |
| Capacity (parent, guardian, etc.): | | Email: | |
| SSN: | | | |

Public Benefits Information

| | | |
|--|------------------|------------------|
| Are you receiving: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid | | |
| SSI Benefit: \$ | SSDI Benefit: \$ | Other Income: \$ |