

New 401k Account Form



Last Name: _____ First Name _____

Soc. Sec #: _____ Your DOB: _____

Home Phone: _____ Business Phone: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Your Income: _____

Contribution: _____ % or \$ _____

Name of Spouse: _____ Spouse's Date of Birth: _____

Spouse's Soc. Sec. #: _____

What kind of investor do you think you are? Please check only one.

Investment Objectives:

- Income Investor
 - Conservative Investor
 - Growth Investor
 - Aggressive Investor
-

Participant Signature: _____

Representative Signature: _____

Principal Review - Initial: _____

Date: _____

By signing the management agreement, client acknowledges that the information provided is true and correct.

ASSET MANAGEMENT SERVICES GROUP

200 Atlantic Avenue • Manasquan, NJ 08736
Phone 732-223-1388 • Fax 732-223-1886 • Toll Free 1-800-346-1002 www.TheBest401k.com