



AMSG *Your bridge to retirement*
 ASSET MANAGEMENT SERVICES GROUP, Inc.

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 Manasquan, NJ 08736

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SERVICE REQUEST FORM

Name: _____ Date: _____

Account Number: _____ Social Security #: ____ - ____ - ____

PLEASE CHANGE MY:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (____) _____

Beneficiary (if qualified account) : _____

Date of Birth: _____ Social Security #: ____ - ____ - ____ Relationship: _____

PLEASE CHANGE MY INVESTMENT ACCOUNT FROM: _____ TO: _____

CORE PORTFOLIOS

- Conservative*
- Moderate*
- Growth*
- Maximum Growth*

TREND PORTFOLIOS

- Market Trend*

Please ADD: \$ _____ to my account # _____

Signed: _____ Date: _____

Joint Owner: _____ Date: _____