

CONTACT INFORMATION *(as required by industry standards)*



NAME: E-MAIL ADDRESS

ADDRESS: S.S.N. D.O.B.

PHONE: FAX # EMPLOYER

CELL # DRIVERS LICENSE # & STATE OF ISSUE

ACCOUNT TYPE - FOR TRUST ACCOUNTS PLEASE PROVIDE THE FIRST & SIGNATURE PAGES OF THE TRUST DOCUMENTS.

	Individual	Joint	Trust	IRA	Other
Please select account type					

JOINT ACCOUNT HOLDER INFORMATION

JOINT HOLDER NAME: JOINT HOLDER D.O.B.

S.S.N. DRIVERS LICENSE # & STATE OF ISSUE

TYPE OF IRA ACCOUNT

Traditional Rollover Roth SEP-IRA

NAMED BENEFICIARIES - Please provide S.S.N. & D.O.B for each as well as their relationship to the account holder.

TRUST ACCOUNT INFORMATION

NAME OF TRUST: DATE OF TRUST: TAX I.D. OF TRUST

How will you Fund your Account?

- Deposit Check or Wire Funds
- Transfer Existing Account
- Rollover of Existing Retirement Plan

I would like my Winslow Statements E-Mailed.

- Yes, please choose monthly or quarterly
- No
- Monthly
- Quarterly

Would you like Checkwriting on your Non-IRA Account?

- Yes
- No

I give Winslow authorization to deduct my fees directly from my account.

- Yes
- No

Do you require statements sent to any outside parties?

- Yes
- No

If yes, please provide name & mailing information.

DATE

SIGNATURE

I VERIFY THIS INFORMATION TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE, AND UNDERSTAND IT WILL BE RELIED UPON BY WINSLOW ASSET MANAGEMENT, INC. IN THE OPENING OF MY ACCOUNT(S).

WINSLOW ASSET MANAGEMENT, INC.
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www.winslowasset.com