

DATA FORM

the Prestwick Group

Claimant:

If different than above: _____
Name should match Claimant's government issued documents.

Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone No.: (_____) _____ - _____

E-mail: _____

Social Security No.: _____ - _____ - _____

Date of Birth: _____ - _____ - _____
MM DD YYYY

Please provide a copy of a birth certificate, driver's license or government issued document as proof of age. Originals are not required.

BENEFICIARY INFORMATION

_____ 100 %

Address: _____

Relationship to Claimant: _____ SS #: _____ DOB: _____

Beneficiary Name #2: _____ %

Address: _____

Relationship to Claimant: _____ SS #: _____ DOB: _____

If more than two beneficiaries are designated, please attach an additional sheet with percentages allocated to each beneficiary. The total percentage must equal 100%.

Signature: _____

Date: _____

Printed Name: _____

Please return completed and signed form to:

773-230-3838 • neilherald@ssannuities.com Neil Herald
2115 N. Campbell Ave., Ste. 200 • Chicago, IL 60647 Consultant

OR

Mike Herald 260-438-7786 • mikeherald@ssannuities.com
Consultant 3435 Rockwood Drive • Fort Wayne, IN 46815