_____

OFAC by _____

Acct # _____

Description of 1st Tran _____

Dividend (H/S/RD)_____

Other Special Instructions _____

Consolidated Financial Investments, Inc.
222 North Meramec Avenue
Clayton, MO 63105-3702
314-727-1177 - 800-292-6637
www.cfii.org

How was account acquired?

- ○ Walk-in / Phone-In
- ○ Advertising _____
- ○ Personal Friend
- ○ Related Acct _____
- ○ Referred By _____
- ○ Other (Specify) _____

ACCT. TYPE: ☐ TR ☐ CORP ☐ PARTNERSHIP ☐ INVESTMENT CLUB ☐ PSP ☐ OTHER

PLEASE FILL-OUT COMPLETELY, SIGN, DATE AND RETURN FORM TO OUR OFFICE

Name of Corporation, Partnership, Investment Club or Other Entity:

_____

_____

_____

_____

_____

Tax ID# (Tax ID#, SSN, ITIN) _____

ID Type & ID Issuer _____

ID # _____

Address: _____

_____

_____

_____

Phone # _____

Fax # _____

Primary Bank _____

Please List the Name of the Officers:
(Please Print Names)

PRESIDENT: _____

VICE PRESIDENT: _____

TREASURER: _____

SECRETARY: _____

OTHER: _____

Who Has Authorization to Trade on This Acct.
(Please Print Name(s)

_____

_____

_____

_____

Investment Objectives **(Rank in order of preference)**

___ Preservation of Capital ___ Tax Favored Income ___ Income ___ Income & Growth

___ Long-Term Growth ___ Short-Term Growth ___ Speculation

1. I certify that the information on this page is accurate and complete. I ☐ do ☐ do not want my name, address & security position released to requesting companies in which I hold securities. I understand that if I do not indicate my choice, my name, address & security position will be released.
2. You, or your clearing firm may charge and collect from my account any fees that you establish in connection with the services that you provide including but not limited to retirement account, account transfer and annual service fees. I understand I must pay in full any debts I owe you, including interest.

X _____ **X** _____
SIGNATURE **DATE**

X _____
TITLE

X _____ **X** _____
SIGNATURE **DATE**

X _____
TITLE

X _____ **X** _____
SIGNATURE **DATE**

X _____
TITLE

X _____ **X** _____
SIGNATURE **DATE**

X _____
TITLE

(Rev 10-03)