



**Pension Advisors, Inc.**  
WE KNOW PENSION PLANS

## 412(i) Client Information Sheet

### Advisor Information

Name(s): Split:  
 Agent #:  
 Name(s): Split:  
 Agent #:  
 Name(s): Split:  
 Agent #:  
 Name(s): Split:  
 Agent #:  
 Company:  
 Work: Ext.  
 Fax:  
 Mobile:  
 Email:

### Client Information Sheet - Life & Annuity

Insured:  
 Address:  
 City: State: Zip:  
 Home Phone: Work Phone:  
 Mobile:  
 SSN#: D/O/B:

#### Additional Client

Insured:  
 Address:  
 City: State: Zip:  
 Home Phone: Work Phone:  
 Mobile:  
 SSN#: D/O/B:

After completing this form, please click the "Submit" button at the end of the document to send it via an open Internet connection, or fax it to (918) 338-2242, or email it to [info@penplans.com](mailto:info@penplans.com).



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## 412(i) Client Information Sheet

### Client Information Sheet - Life & Annuity (continued)

#### Additional Client

Insured:  
 Address:  
 City: State: Zip:  
 Home Phone: Work Phone:  
 Mobile:  
 SSN#: D/O/B:

#### Additional Client

Insured:  
 Address:  
 City: State: Zip:  
 Home Phone: Work Phone:  
 Mobile:  
 SSN#: D/O/B:

#### Additional Client

Insured:  
 Address:  
 City: State: Zip:  
 Home Phone: Work Phone:  
 Mobile:  
 SSN#: D/O/B:

### Entity Information

Company:  
 Address:  
 City: State: Zip:  
 Phone:  
 Federal Tax ID:

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