



Pension Advisors, Inc.
WE KNOW PENSION PLANS

Comparability Plan Client Information Sheet

Advisor Information

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

Client Information Sheet - Life Investment Option (owners only)

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

Additional Clients

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

More Than One Owner

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.



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Comparability Plan Client Information Sheet

Entity Information

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

Investment Options

Who is managing the money?: PAI Other:
Owner(s) Risk Level: 1 2 3 4 5 6 7 8 Name:
Owner(s) Risk Level: 1 2 3 4 5 6 7 8 Name:
Does PAI have an updated employee census? Yes No

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