Pension Advisors, Inc.
WE KNOW PENSION PLANS

PENSION ADVISORS, INC

Wealth Max 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 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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Wealth Max Client Information Sheet

Entity Information

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

Question

Is the client creating a new entity for Wealth Maximization Strategy? Yes No

If yes, who is responsible: Name:
Phone:
Email:

Note: It will be the advisor's responsibility to inform PAI f all up-to-date information on the creation of a new entity.
PAI will not take any responsibility in creating a new entity for the client.

Submit

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