



**Address**

Please provide the requested information for the primary registrant only. This information will be used as the address of record for correspondence.

Address

City State Zip Code

Home Telephone Number Work Telephone Number

Email Address

Please indicate whether or not we may list you among TRF financial supporters in the annual report.

- Yes, please list my/our name(s) in the annual report.
- No, please do not list my/our name(s) in the annual report.

**Type of Investment**

Please select one account type (A, B or C) and provide the information requested for that section.

A. Individual or Joint Investment (An investor must be of legal age for the state in which s/he resides in order to be listed as an Individual or a Joint Owner of an account.)

Owner (first, middle initial, last)

Birth Date (mm/dd/yyyy) Social Security Number

Joint Owner (first, middle initial, last)

Birth Date (mm/dd/yyyy) Social Security Number

**or**

**B. Uniform Gifts/Transfers to Minors Act Investment**

Custodian's Name (first, middle initial, last)

Birth Date (mm/dd/yyyy) Social Security Number

Minor's Name (first, middle initial, last)

Birth Date (mm/dd/yyyy) Social Security Number

This investment is being made under the \_\_\_\_\_ (name of state) Uniform Gifts/Transfers to Minors Act. \*UGMA/UTMA accounts will be registered in the minor's Social Security number.

**or**

**C. Business of Organization Investment**

Name of Business or Organization

Employer Identification Number

Contact Person

Title

Is Business or Organization an accredited investor (total assets in excess of \$5 million)? Yes  No

Type of Organization:

- Corporation
- Nonprofit/Gov't
- Partnership

