



PAPERWORK REQUEST FORM

Please use this form to request SMS and custodial paperwork for new accounts

*Is this an existing client? Yes No
 (If existing client, please fill in First Name and Last Name only under "Personal Info")

*Will this account(s) be managed by SMS? Yes No

Preferred Due Date _____

*Advisor Name _____

Total Client Fee _____
 (Please list below under "Account Information" if different for any accounts)

*Advisor Code(s) _____
 (Please list below under "Account Information" if more than one)

Household _____
 (Please list below under "Account Information" if different for any accounts)

PERSONAL INFO

	Primary Account Holder	Secondary Account Holder	Other Account Holder
First Name	_____	_____	_____
Last Name	_____	_____	_____
DOB	_____	_____	_____
SSN	_____	_____	_____
Email	_____	_____	_____
Street Address	_____	_____	_____
City	_____	_____	_____
State	_____	_____	_____
Zip	_____	_____	_____
Phone	_____	_____	_____
Employer	_____	_____	_____
Occupation	_____	_____	_____
Type of Business	_____	_____	_____
Trust Name & Date	_____	_____	_____
TIN & State Where Organized (if Trust)	_____	_____	_____
List Trustees (if Trust)	_____	_____	_____
Grantor (if Trust)	_____	_____	_____



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ACCOUNT INFORMATION

	Account 1	Account 2	Account 3	Account 4	Account 5
*Custodian	_____	_____	_____	_____	_____
Account Name	_____	_____	_____	_____	_____
*Account Type	_____	_____	_____	_____	_____
Custodial Pricing (ABP or TBP)	_____	_____	_____	_____	_____
Model (if applicable)	_____	_____	_____	_____	_____
*Advisor Code (if applicable)	_____	_____	_____	_____	_____
Client Fee (if different from Total Client Fee)	_____	_____	_____	_____	_____
Household (if different from others)	_____	_____	_____	_____	_____

FUNDING SOURCES

ACAT 1 Amt	_____	_____	_____	_____	_____
ACAT 2 Amt	_____	_____	_____	_____	_____
Check Deposit Amt	_____	_____	_____	_____	_____
Rollover Amt	_____	_____	_____	_____	_____
Other Amt	_____	_____	_____	_____	_____
Total Estimated Value	_____	_____	_____	_____	_____

PERIODIC INSTRUCTIONS

Contribution or Distribution	_____	_____	_____	_____	_____
Method (Check, ACH, Wire, etc)	_____	_____	_____	_____	_____
Amount	_____	_____	_____	_____	_____
Frequency (Once, monthly, quarterly, semi-annual, annual)	_____	_____	_____	_____	_____
Bank Acct #	_____	_____	_____	_____	_____
Bank Routing #	_____	_____	_____	_____	_____
Bank Street Address	_____	_____	_____	_____	_____
City	_____	_____	_____	_____	_____
State	_____	_____	_____	_____	_____
Zip	_____	_____	_____	_____	_____



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BENEFICIARY INFO

(If more than 4 beneficiaries, please use a copy of this page to list)

	Account 1	Account 2	Account 3	Account 4	Account 5
Beneficiary 1	_____	_____	_____	_____	_____
Relationship	_____	_____	_____	_____	_____
Primary or Contingent	_____	_____	_____	_____	_____
SSN	_____	_____	_____	_____	_____
DOB	_____	_____	_____	_____	_____
Percentage	_____	_____	_____	_____	_____

Beneficiary 2	_____	_____	_____	_____	_____
Relationship	_____	_____	_____	_____	_____
Primary or Contingent	_____	_____	_____	_____	_____
SSN	_____	_____	_____	_____	_____
DOB	_____	_____	_____	_____	_____
Percentage	_____	_____	_____	_____	_____

Beneficiary 3	_____	_____	_____	_____	_____
Relationship	_____	_____	_____	_____	_____
Primary or Contingent	_____	_____	_____	_____	_____
SSN	_____	_____	_____	_____	_____
DOB	_____	_____	_____	_____	_____
Percentage	_____	_____	_____	_____	_____

Beneficiary 4	_____	_____	_____	_____	_____
Relationship	_____	_____	_____	_____	_____
Primary or Contingent	_____	_____	_____	_____	_____
SSN	_____	_____	_____	_____	_____
DOB	_____	_____	_____	_____	_____
Percentage	_____	_____	_____	_____	_____

*Required Fields

Sowell Management Services assumes no responsibility for inaccurate information provided.
Advisory services offered through Sowell Management Services, a Registered Investment Advisor.