

PROSPECTIVE INVESTOR DATA

Please complete and return via email- dock@treeceinvestments.com, fax: 419/843-7742, phone: 419/843-7744 or US Mail

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name M.I. Last Name Date of Birth (mm/dd/yyyy) SSN/TIN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Street Address City State Zip Code No of Years

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Mailing Address (if different) City State Zip Code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Daytime Phone Number Evening Phone Number Cell Phone Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Driver's License Number State E-Mail Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Name of Employer/Occupation Title Position

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Employer Address Employment Date

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Bank Name Year acct opened Annual Household income Household net worth

JOINT INVESTOR INFORMATION

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name M.I. Last Name Date of Birth (mm/dd/yyyy) SSN/TIN

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Street Address City State Zip Code No of Years

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Mailing Address (if different) City State Zip Code

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Daytime Phone Number Evening Phone Number Cell Phone Number

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Driver's License Number State E-Mail Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Name of Employer/Occupation

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Employer Address

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Title Position Employment Date

BENEFICIARY INFORMATION

1. _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name MI Last Name Date of birth (mm/dd/yyyy) SSN/TIN
 Primary
 Contingent
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Relationship Share %
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Address City State Zip

2. _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name MI Last Name Date of birth (mm/dd/yyyy) SSN/TIN
 Primary
 Contingent
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Relationship Share %
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Address City State Zip

3. _____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
First Name MI Last Name Date of birth (mm/dd/yyyy) SSN/TIN
 Primary
 Contingent
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Relationship Share %
_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|
Address City State Zip

4. Do you have any other beneficiaries? _____ if yes, please list other beneficiaries on the back of this form