



**Please Mail, Fax or E-Mail Completed Forms to:**  
 Asset Strategies International  
 750 Third Ave  
 Suite 702  
 New York, NY 10017

**Joint Tenants in Common Application Form**

Fax: 646-219-1615  
 E-Mail: support@asipmndirect.com

<b>Title of Account (if applicable)</b>					
<b>Account Owner Name*</b>			<b>Co-Account Owner Name*</b>		
Mr. Mrs. Ms.			Mr. Mrs. Ms.		
<b>Street Address*</b>			<b>Street Address*</b>		
<b>City*</b>	<b>State*</b>	<b>Postal Code*</b>	<b>City*</b>	<b>State*</b>	<b>Postal Code*</b>
<b>Country*</b>	<b>Telephone (Day)*</b>	<b>Telephone (Evening)*</b>	<b>Country*</b>	<b>Telephone (Day)*</b>	<b>Telephone (Evening)*</b>
<b>Social Security Number*</b>	<b>Date of Birth (MM/DD/YYYY)*</b>		<b>Social Security Number*</b>	<b>Date of Birth (MM/DD/YYYY)*</b>	
<b>Fax</b>	<b>E-Mail*</b>		<b>Fax</b>	<b>E-Mail*</b>	
<b>Employment Status</b>			<b>Employment Status</b>		
Employed Self-Employed Retired Student Not Employed			Employed Self-Employed Retired Student Not Employed		
<b>Employer Name (If Applicable)</b>			<b>Employer Name (If Applicable)</b>		
<b>Employer Address</b>			<b>Employer Address</b>		
<b>United States Citizenship (check one)*</b>			<b>United States Citizenship (check one)*</b>		
Yes No - If no, complete the section below.			Yes No - If no, complete the section below.		
Country of Citizenship:			Country of Citizenship:		
Are you a permanent resident? Yes No			Are you a permanent resident? Yes No		
If Yes, please provide Alien Registration Number:			If Yes, please provide Alien Registration Number:		
If No, indicate your Visa type _____ and complete and sign the U.S. Visa Holder Statement (form number SF1039)			If No, indicate your Visa type _____ and complete and sign the U.S. Visa Holder Statement (form number SF1039)		
<b>Signature*</b>					
Account Owner Signature*:			Date*:		
Owner Full Name (Print)*:					
Co-Account Owner Signature*:			Date*:		
Co-Owner Full Name (Print):					

\* Mandatory Field

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