



Please Mail, Fax or E-Mail Completed Forms to:

Asset Strategies International
 750 Third Ave
 Suite 702
 New York, NY 10017
 Fax: 646-219-1615
 E-Mail: support@asipdirect.com

Joint Tenants With Rights of Survivorship Application Form

Title of Account (if applicable)					
Account Owner Name*			Co-Account Owner Name*		
Mr.	Mrs.	Ms.	Mr.	Mrs.	Ms.
Street Address*			Street Address*		
City*	State*	Postal Code*	City*	State*	Postal Code*
Country*	Telephone (Day)*	Telephone (Evening)*	Country*	Telephone (Day)*	Telephone (Evening)*
Social Security Number*	Date of Birth (MM/DD/YYYY)*		Social Security Number*	Date of Birth (MM/DD/YYYY)*	
Fax	E-Mail*		Fax	E-Mail*	
Employment Status			Employment Status		
Employed	Self-Employed	Retired	Student	Not Employed	
Employer Name (If Applicable)			Employer Name (If Applicable)		
Employer Address			Employer Address		
United States Citizenship (check one)*			United States Citizenship (check one)*		
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)		
Signature*					
Account Owner Signature*:			Date:*		
Owner Full Name (Print)*:					
Co-Account Owner Signature*:			Date:*		
Co-Owner Full Name (Print):					

* Mandatory Field

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