

43 Maple Ave. #217 Shrewsbury, MA 01545 Ph. 508-233-8373 fax 888-877-2603 email: Friendsmoneymanager@gmail.com

Enrollment Verification Form

To complete your Friends Money Manager enrollment all three sections must be fully completed and fully signed. **Please return the signed original forms** and copy of a current ID to Friends Money Manager.

This form must be signed in the presence of, and notarized.

1.	Client name:								
С	lient address:								
С	lient date of birth:								
С	lient social security	number:							
С	lient place of birth (city and state)	:						
С	lient mother's maid	en name:							
2. Mone	I have read and a	_		=		litions and h	nave comple	ted the Friends	;
	Client signatu	e and date							
3.	I have complete	d and signed t	he Durable	Power of Atto	orney to enro	oll in Friends	s Money Mai	nager services.	
	Client signatu	re and date		_					
On th	is day of					ned notary į			
of identification, which were				me of document signer), proved to me through satisfactory evidence, to be the person whose name is signed on the preceding(official signature and seal of notary)					
or att		CMONEY		lanager is Rent		DENT	psecure	seai of notary)	