



GUARDIAN RECORD INFORMATION FORM

1. GUARDIAN INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

OFFICE #: _____ CELL #: _____ EMAIL: _____

COURT CASE NUMBER _____ COUNTY/STATE _____

DATE ORDER SIGNED _____ DATE LETTERS OF GUARDIANSHIP SIGNED _____

ATTORNEY REPRESENTATION (NAME AND CONTACT INFORMATION: _____

2. SHAREHOLDER INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

DATE OF BIRTH _____ LAST 4 OF SSN _____ EMAIL: _____

3. Would you like to receive electronic updates from Leisnoi via email ? YES NO

4. Would you like to opt into receiving the Shareholder Newsletter via email? YES NO

5. NEXT OF KIN'S INFORMATION

NAME: _____
(First) (Middle) (Last)

ADDRESS: _____

DATE OF BIRTH: _____ Male Female RELATIONSHIP: _____

PHONE #: _____ EMAIL: _____

NAME _____ TITLE _____

 Signature: _____ Date: _____

