

**FOY FINANCIAL SERVICES/SELECTOR[®] MONEY MANAGEMENT
INCEPTION DATE/DATE OF ISSUE VERIFICATION FORM**

Client Name(s): _____

1. Product: _____

Account number: _____ Inception date: ____/____/____

2. Product: _____

Account number: _____ Inception date: ____/____/____

3. Product: _____

Account number: _____ Inception date: ____/____/____

4. Product: _____

Account number: _____ Inception date: ____/____/____

5. Product: _____

Account number: _____ Inception date: ____/____/____



Solicitor Printed Name

x _____
Solicitor's Signature

Date

x _____
Foy Financial Services, Inc.

Date