



**TRUSTDEED
CAPITAL**

INVESTOR PROFILE

Name: _____

(Please type or print)

Mailing Address: _____

City	State	Zip Code
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Telephone: Home: _____ Work: _____ Cell: _____

E-mail Address: _____

Date(s) of Birth: _____

Tax Payer Identification/Social Security Number(s): _____

Investor/Beneficiary Vesting: _____

Note interest is what % of your monthly income? _____

Initial Investment Amount: _____

Investor Checks Payable to: _____

Type of Funds: Personal: _____ Pension: _____ IRA: _____

If Using Retirement Funds, what age would begin your annual distribution? _____

Name of CPA: _____

California Resident: Yes ___ No ___

Have you invested in Trust Deeds before: Yes ___ No ___

If yes, how many in the last 5 years? _____ Yes ___ No ___

Do you have a Financial Advisor? If yes, name: _____

How did you hear about us? _____

Comments: _____

Signature/Date

Signature/Date