THE CAPITAL FINANCIAL GROUP
...the independent's choice®

H. BECK, INC.
Member FINRA, SIPC
6600 Rockledge Drive 6th Floor, Bethesda MD 20817-9809
Phone: 301-230-1602 Fax: 301-231-5505

Order Transmittal

Account Registration:_____
SSN/TIN: _____ **Client's State of Residence:** _____

New Accounts	**Existing Accounts**
☐ Direct Business *(New Account Form required)* ☐ Pershing *(New Account Form required)* ☐ Advisory *(Client Agreement required)*	☐ Direct Business - HBI Account #_____ ☐ Pershing - Account :_____

Investment Information (use a separate form for each sponsor)

Investment Amount ($, shares, or premium)	**(S) Solicited (U) Unsolicited**	**Investment Name(s)**	**Investment Account #** (if established)

Enclosures (*check all that apply*)
☐ $_____ Check enclosed
☐ Bonds or Stock Certificates
☐ Investment Application
☐ New Account Form
☐ Account Update Form
☐ Other:_____
(S*ee Checklists posted on the website*)

Product Type
☐ Mutual Fund
☐ Direct Placement
☐ Variable Annuity
☐ Variable Insurance
☐ Investment Advisory:_____
☐ Equity Indexed Annuity (Please enter the product information in the Additional Information section and ensure that all appropriate disclosures are attached.)
☐ Other:_____

Additional Information for EIA Products:
Product Sponsor Name: _____

Are you using an FMO? ☐ Yes ☐ No If yes, please provide the H Beck approved FMO name and address:

Additional Information for All Other Products:

The Representative certifies that he or she is FINRA-licensed in the client's state of residence, and appropriately insurance-licensed (for insurance products).

_____	_____	_____	_____
Print Rep Name	**Rep No.**	**Rep Initials**	**Date**