

Household Linking Form

INSTRUCTIONS:

1. Complete the attached Household Linking Form.
2. Sign the form
3. Mail or Fax the completed, signed form to:

Please send to: Regular Mail

Primerica Shareholder Services
P.O. Box 534485
Pittsburgh, PA 15253 – 4485

Client Services: (800) 544-5445

Fax Services: (833) 782-4119

Overnight Mail

Primerica Shareholder Services
Attention: 534485
500 Ross Street, 154-0520
Pittsburgh, PA 15262

You may use this form to provide instructions to Primerica Shareholder Services regarding the linking of accounts for printing and display on a single consolidated quarterly statement.

REQUIRED INFORMATION SECTION

Your client must include the account owner's name, lead account number, Social Security Number, and Date of Birth.

NOTE: The address on the lead account number is the address that your quarterly statement will be mailed to. Please write down the account number that you would like to be the lead account number for your consolidated quarterly statement. Account numbers are 9 digits in length and can be found on your confirmation or quarterly statements.

SECTION 1 – LINKED ACCOUNT NUMBERS

- Provide the account numbers that the client would like displayed on their consolidated quarterly statement.

SECTION 2 – SIGNATURES

- Provide signatures of all account owners and date

(This page retained by the Client)

(Continue)

REQUIRED INFORMATION: Please complete all information to avoid any delay in processing your request.

Account Owner's Name: _____ Lead Account Number: _____
Date of Birth: _____ SSN: _____

1 | LINKED ACCOUNT NUMBERS

In the spaces below, please write the account numbers that you would like displayed on your consolidation quarterly statement. Account numbers are 9 digits in length and can be found on your confirmation or quarterly statements.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2 | SIGNATURE

All registered owner(s) of the account numbers listed above must sign and date the authorization section below.

By signing this document, I authorize Primerica Shareholder Services to print my account specific information on a quarterly statement along with the other accounts listed above. This statement will be mailed to the person(s) and address found on the lead account number provided above. My signature releases Primerica Shareholder Services from any liability associated with sending my account specific information to the person and address listed on the lead account number.

X _____
Account Owner's Signature

Date

X _____
Account Owner's Signature

Date

X _____
Account Owner's Signature

Date