

SENSIBLE DAILY MONEY MANAGERS, LLC

"Helping ease our clients' burden of managing daily finances"

MARLENE BELOHOUBEK
201-447-4358



NORA BERGER
201-248-0220

Request for Account / Policy Verification

TO:

DATE:

Please be advised that due to the receipt of certain state benefits, my accounts are subject to periodic verifications. In that regard, please provide the requested information about my account with you to:

Sensible Daily Money managers, LLC

P.O. Box 503

Midland Park, NJ 07432

I understand that the information is being requested for the purpose of verifying my eligibility and level of benefits under various State of New Jersey assistance programs. I hereby consent to the release of information for that purpose and use.

Print Name: _____

Signature and Date: _____

Witness (only if signed by an X): _____

SENSIBLE DAILY MONEY MANAGERS, LLC

"Helping ease our clients' burden of managing daily finances"

Banking:

Account No.: _____

Type of Account: Savings Checking Money Market CD

Funeral / Burial Trust

Current Balance: _____ as of _____

Insurance:

Policy No.: _____

Type of Policy: Whole Life Annuity Term Life

Irrevocable Assignment for Burial/Funeral Funding

Current Cash Value: _____ as of _____

Current Cash Value: _____ as of _____

Pension Benefits:

Monthly benefit amount: _____

Other:

Info provided by: _____

Of: _____

Date: _____