



LANGLEY
INVESTMENTS
LIMITED LIABILITY COMPANY

CLIENT CONTACT FORM

Please Read Instructions Carefully. Please strike through any sections that are not relevant or applicable

INVESTOR DETAILS

First Name _____

Last Name _____

Cell Phone _____

Email _____

Address _____

Zip Code _____

Social Security Number _____

Membership Number

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BENEFICIARY DETAILS

First Name _____

Last Name _____

Cell Phone _____

Email _____

Relationship to Investor _____

*E.g., Child, Spouse,
Brother, Sister*

**SIGNATURE &
DATE**

	MM/ DD/ YYYY
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