



1-877-281-6469

2145 Chenault Dr. ~ Carrollton, TX 75006

Fax: 214-572-0415

GOLF RETIREMENT PLUS

LORENTE PROGRAM ENROLLMENT FORM

The following information is required in order for a PGA Professional to earn Golf Retirement Plus incentives by participating in the **Golf Retirement Plus Lorente Program**. Please fax this form to Lorente at 214-572-0415 at your earliest convenience.

PGA Golf Enterprises, Inc. requires that a signed **Facility Authorization Agreement** be on file at the PGA in order for your Golf Retirement Plus incentives to be deposited in your retirement account.

Facility Name: _____

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

PGA Member Name: _____

PGA Member Number: _____

PGA Member Social Security Number: _____

It is the responsibility of the PGA Member to notify Lorente of any change to the above information.

Lorente Information:

Date Received: _____ Date Member/Sales Rep Notified: _____

Date Account Established: _____

Lorente Financial Representative

