

6S Alternatives LLC Application Form

Client Information

Title:

Mrs.

Ms.

Mr.

First Name

Last Name

Surname

Date of Birth

SSN/EIN

E-mail address

Phone

2nd Applicant (if applicable)

Check Here

2nd Client Information

Title:

Mrs.

Ms.

Mr.

First Name

Last Name

Surname

Date of Birth

SSN/EIN

E-mail address

Phone

Primary Contact Information

Client One Only Please

Street address

Street address line 2

City

State

Zip code

Phone

Investment Options

(Please place a check next to the fund(s) you are interested in applying for):

Pro Football (American)

College Football (American)

Pro Basketball

College Basketball

Pro Baseball

Investment Amount

Minimum Investment Amount: \$50,000USD
Maximum Investment Amount: \$500,000USD*

*Maximum can be adjusted at fund manager's discretion

Investment Allocation:

(Please assign a percentage next to each fund option. The total should equal 100% of investment.)

Pro Football American

Pro Basketball

Pro Baseball

College Basketball

College Football

Specific Registration Requests/Details

Signature _____

Printed Name _____

Date / /

2nd Applicant (if applicable)

Signature _____

Printed Name _____

Date / /

Please return a signed digital copy to the e-mail address below.

E-mail: info@6salternatives.com