CLIENT INFORMATION FORM

DATE_____

Iname:	Soc. Sec. #:	Date of Birth:	
Cell Phone:	E-Mail Address:		
Driver's License Number:	State: Expiration D	ate: Date Issued:	
Home Address:State:		Anniversary:	
City: State:	: Zip Code:	Home Phone:	
Attorney's Name:CPA's Name:	-	City:	
CPA's Name:	_	City:	
Country of Citizenship: $\Box U.S. \Box Other$	⊔ Emplo	oved 🛯 Self-Employed 🖾 Retired 🖾 N	ot Employed
Occupation:	Employer's Name		1 5
Employer's Address:	City	State	Zip
Employer's Phone:		******	r
Marital Status: Single Married Divorce	ed 🗆 Widow/Widower Mothe	r's Maiden Name:	
	FINANCIAL INFORMAT	TION	
Annual Income: \$			
(Net Investable Assets = Sum of all investable as	sets, including outside holdings,	minus liabilities on these assets.)	
Net Worth: <i>Total assets minus total liabilities, exclud</i> □ <\$50,000, must specify: \$ □ \$250,000-\$500,000 □ \$500,000 Risk Tolerance & Primary Investment Objective	-\$1 million □ \$1-\$2 million	0 🗆 \$100,000-\$250,000	
Risk Tolerance: Conservative Moderate- Objective: Current Income High Current	Conservative DModerate		2
Account Time Horizon: 0-2 years 2-5 year Monthly Expenses: (Best e Estimated Special Expenses: Special Expenses Time Frame: 0 years 1-2 Investment Experience: Use one number to signi	estimate of total monthly expenses _ (Any planned upcoming expenses 2 years □ 2-5 years □ 5+ years	s) diture such as remodeling project, new (When do you plan to spend the money	<i>car, etc.)</i> ??)
StocksBondsOptions REITs/DDPs/LPsOther:	CommoditiesReal E	stateMutual FundsInsur	
StocksBondsOptions REITs/DDPs/LPsOther: Outside Holdings: List current holdings outside include primary residence.	CommoditiesReal E	stateMutual FundsInsur	ance/Annuities
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DATE_____

SPOUSE INFORMATION

Cell Phone: E-Mail Address: Driver's License Number: State: Expiration Date: Date Issued: Country of Citizenship: U.S. Occupation: Employed Employer's Address: City: State: State Mother's Maiden Name: Mother's Maiden Name:	Not Employed
Country of Citizenship: U.S. Other Employed Self-Employed Retired I Occupation: Employer's Name: Employer's Address: City: State Zip Employer's Phone: State Zip	Not Employed
Occupation: Employer's Name: Employer's Address: City: Employer's Phone: State	
Employer's Phone:	
Employer's Phone:	
)
Mother's Maiden Name:	
FINANCIAL INFORMATION	
Annual Income: \$ Federal Tax Bracket% Net Investable Assets \$	
(<i>Net Investable Assets = Sum of all investable assets, including outside holdings, minus liabilities on these assets.</i>)	
(Net Investuble Assets – Sun of all investable assets, including buistile notatings, natias tabilities on these assets.)	
Net Worth: Total assets minus total liabilities, excluding primary residence, but including all other personal holdings	
$\Box < 50,000, \text{ must specify: } \Box $50,000-$100,000 \Box $100,000-$250,000$	
$\Box $ \$50,000, must specify. \$ $\Box $ \$50,000-\$100,000 $\Box $ \$100,000-\$250,000 $\Box $ \$20,000 $\Box $ \$500,000 $\Box $ \$500,000 $\Box $ \$500,000 $\Box $ \$1.\$2 million $\Box $ \$2 million \$	
$\Box $250,000-$500,000 \Box $500,000-$1 million \Box $1-$2 million \Box >$2 million $$	
Risk Tolerance & Primary Objective:	
Risk Tolerance: Conservative Moderate-Conservative Moderate Aggressive Aggressive	e
Objective: Current Income High Current Income Growth & Income Growth	
Account Time Horizon: \Box 0-2 years \Box 2-5 years \Box 5-10 years \Box 10+ years (How long do you expect your money to A	be invested?)
Monthly Expenses: \$ (Best estimate of total monthly expenses)	
Estimated Special Expenses: \$ (Any planned upcoming expenditure such as remodeling project, new	
Special Expenses Time Frame: \Box 0 years \Box 1-2 years \Box 2-5 years \Box 5+ years (When do you plan to spend the mone	y?)
Investment Experience: Use one number to signify investment experience: 1-None 2-Infrequent 3-Frequent 4-Exter StocksBondsOptionsCommoditiesReal EstateMutual FundsInsu	nsive rance/Annuities
REITs/DDPs/LPsOther:	
Outside Holdings: List current holdings outside Cambridge. For insurance/annuities, use cash value. For real estate inversion include primary residence.	estments, do not
□ None	
Insurance/Annuities \$ REIT/DPP/LP \$ Checking & Savings \$	
Unspecified \$ Other \$ CD's \$	
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BENEFICIARY INFORMATION (P = Primary C =Contingent)	
DP DC Beneficiary:	
	ercent %
1 ddi 055 1 d	//o
□P □C Beneficiary:Relationship:S.S. #:D.O.B	
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Address: Pe □P □C Beneficiary:	
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