

CLIENT INFORMATION FORM

Name: _____ Soc. Sec. #: _____ Date of Birth: _____
 Cell Phone: _____ E-Mail Address: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____ Date Issued: _____
 Home Address: _____ Anniversary: _____
 City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Attorney's Name: _____ City: _____
 CPA's Name: _____ City: _____
 Country of Citizenship: U.S. Other _____ Employed Self-Employed Retired Not Employed
 Occupation: _____ Employer's Name: _____
 Employer's Address: _____ City: _____ State _____ Zip _____
 Employer's Phone: _____
 Marital Status: Single Married Divorced Widow/Widower Mother's Maiden Name: _____

FINANCIAL INFORMATION

Annual Income: \$ _____ Federal Tax Bracket _____ % Net Investable Assets \$ _____
 (Net Investable Assets = Sum of all investable assets, including outside holdings, minus liabilities on these assets.)

Net Worth: Total assets minus total liabilities, excluding primary residence, but including all other personal holdings

<\$50,000, must specify: \$ _____ \$50,000-\$100,000 \$100,000-\$250,000
 \$250,000-\$500,000 \$500,000-\$1 million \$1-\$2 million >\$2 million \$ _____

Risk Tolerance & Primary Investment Objective:

Risk Tolerance: **Conservative** **Moderate-Conservative** **Moderate** **Moderate-Aggressive** **Aggressive**
 Objective: Current Income High Current Income Growth & Income Growth

Account Time Horizon: 0-2 years 2-5 years 5-10 years 10+ years (How long do you expect your money to be invested?)

Monthly Expenses: \$ _____ (Best estimate of total monthly expenses)

Estimated Special Expenses: \$ _____ (Any planned upcoming expenditure such as remodeling project, new car, etc.)

Special Expenses Time Frame: 0 years 1-2 years 2-5 years 5+ years (When do you plan to spend the money?)

Investment Experience: Use one number to signify investment experience: **1**-None **2**-Infrequent **3**-Frequent **4**-Extensive

____ Stocks ____ Bonds ____ Options ____ Commodities ____ Real Estate ____ Mutual Funds ____ Insurance/Annuities
 ____ REITs/DDPs/LPs ____ Other: _____

Outside Holdings: List current holdings **outside** Cambridge. For insurance/annuities, use cash value. For real estate investments, do not include primary residence.

None

Stocks	\$ _____	Bonds	\$ _____	Options	\$ _____
Commodities	\$ _____	Real Estate	\$ _____	Mutual Funds	\$ _____
Insurance/Annuities	\$ _____	REIT/DPP/LP	\$ _____	Checking & Saving	\$ _____
Unspecified	\$ _____	Other	\$ _____	CD's	\$ _____

BENEFICIARY INFORMATION (P= Primary C=Contingent)

P C Beneficiary: _____ Relationship: _____ S.S. #: _____ D.O.B.: _____
 Address: _____ Percent _____ %

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P C Beneficiary: _____ Relationship: _____ S.S. #: _____ D.O.B.: _____
 Address: _____ Percent _____ %

(OVER)

SPOUSE INFORMATION

Name: _____ Soc. Sec. #: _____ Date of Birth: _____
 Cell Phone: _____ E-Mail Address: _____
 Driver's License Number: _____ State: _____ Expiration Date: _____ Date Issued: _____
 Country of Citizenship: U.S. Other _____ Employed Self-Employed Retired Not Employed
 Occupation: _____ Employer's Name: _____
 Employer's Address: _____ City: _____ State _____ Zip _____
 Employer's Phone: _____
 Mother's Maiden Name: _____

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Risk Tolerance & Primary Objective:

Risk Tolerance: Conservative Moderate-Conservative Moderate Moderate-Aggressive Aggressive
 Objective: Current Income High Current Income Growth & Income Growth

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Unspecified	\$ _____	Other	\$ _____	CD's	\$ _____

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