DATE: ______________________________

Rep Code: **KN6 KN9 KP2 KN7 ______**

Servicing Advisor: B or F

Keywords: Mailing Newsletter Tax Checklist

Referred By: ELP Client ________________________

Category: A+ A B C D

Client Status: INV INS

Review Frequency: ________________

DocuSign Y or N

CLIENT INFORMATION:

Name: ______________________________

Address: ______________________________

____

DOB: ______________________________

SSN: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

E-Mail: ______________________________

DL #: ______________________________

Issue date: ______________________________

Expiration date: ______________________________

BUSINESS INFORMATION:

Company: ______________________________

Address: ______________________________

____

Title: ______________________________

Work Phone: ______________________________

E-Mail: ______________________________

Marital Status: **S M D W**

Anniversary: ______________________________

SPOUSE:

Name: ______________________________

DOB: ______________________________

SSN: ______________________________

Cell Phone: ______________________________

E-Mail: ______________________________

DL #: ______________________________

Issue date: ______________________________

Expiration date: ______________________________

SPOUSE BUSINESS INFORMATION:

Company: ______________________________

Address: ______________________________

____

Title: ______________________________

Work Phone: ______________________________

E-Mail: ______________________________

CHILDREN:

Name	DOB	Social Security	Details and Prospective Institutions

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FAMILY GOALS:

Please list the three most important goals that you would like to accomplish as a result of working with us.

1 ______________________________

2 ______________________________

3 ______________________________

INCOME SOURCES: (salary, bonus, pension, soc sec, business…)

Name	Income Source	Amount	Comment	Start/End Date

Do you/will you support anyone else? Parents, siblings, in-laws? ______________________

Budget: **Y** **N** +/- monthly cash flow? Savings/month?

DEBTS: (school loans, credit cards, car loans…)

Name	Amount	Interest Rate	Payment

BANK ACCOUNTS: (checking, savings, CDs, money market…)

Account Name	Account Type: Checking, Savings, CD	Current Value	Ownership

PROPERTY:

Description	Current Value	Current Liability	Ownership

INVESTMENTS: (non-retirement, brokerage, 401k, 403b, annuity, 529, trust, pension plan…)

Account Name	Current Value	Account Type, Details	Ownership

CURRENT PLAN OF WILLS AND TRUSTS:			**ASSUMPTIONS:**
	Client	Spouse	Client retirement age:
No Will:			Spouse retirement age:
Simple Will:			
Living Trust:			Desired retirement income?
POA:			

LIFE INSURANCE: 1	2	3	4
Insured:			
Insurance Co.			
Policy Type:			
Death Benefit:			
Annual Premium:			
Beneficiary:			

Desired annual income in the event of your death?______________Spouse's death?________________

DISABILITY INSURANCE: 1	2
Insured:	
Policy Type:	
Monthly Benefit:	
Annual Premium:	
Waiting Period:	
Benefit Period:	

ADVISORS: (Attorney, Accountant, Banker…)	**ADVISORS: (Attorney, Accountant, Banker…)**
Name & Info:	Name & Info:
Name & Info:	Name & Info:
Name & Info:	Name & Info:

5 - FINANCIAL INFORMATION

Refers to ☐ Primary Investor ☐ Primary and Joint Investors or Minor ☐ Joint Investor or Minor ☐ Household

Annual Income ☐ <$20,000 ☐ $20,000-$50,000 ☐ $50,000-$100,000 ☐ $100,000-$200,000 ☐ $200,000-$500,000 ☐ >$500,000

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

☐ <$50,000, **must** specify: $__________.00 ☐ $50,000-$100,000 ☐ $100,000-$250,000 ☐ $250,000-$500,000 ☐ $500,000-$1 million

☐ $1–$2 million ☐ >$2 million, **must** specify: $__________.00

Federal Tax Bracket ____%

Net Investable Assets $__________.00 *(sum of all investable assets, including outside holdings, minus liabilities, on these assets)*

6 - RISK TOLERANCE AND PRIMARY INVESTMENT OBJECTIVE

Risk Tolerance and Investment Objectives are defined in Sections 20, 21, and 22.

Please select the one objective below that would best describe your risk tolerance and investment objective for this registration type and/or account(s).

Conservative	Moderate-conservative	Moderate	Moderate-aggressive	Aggressive
☐ Current Income	☐ Current Income	☐ Current Income	☐ High Current Income	☐ High Current Income
☐ High Current Income	☐ High Current Income	☐ High Current Income	☐ Growth and Income	☐ Growth and Income
☐ Growth and Income	☐ Growth and Income	☐ Growth and Income	☐ Growth	☐ Growth
☐ Growth	☐ Growth	☐ Growth	☐ Speculation	☐ Speculation

7 - SECONDARY INVESTMENT OBJECTIVE

If appropriate, please select up to two secondary investment objectives that coincide with any additional investments for this registration type and/or account(s). These choices will allow for additional investments outside of the primary objective identified above, assuming that the value of these investments do not move the entire portfolio out of the range suggested by the primary investment objective identified above.

☐ Current Income ☐ High Current Income ☐ Growth and Income ☐ Growth ☐ Speculation

8 - TIME HORIZON AND LIQUIDITY NEEDS

Account Time Horizon ☐ 0-2 years ☐ 2-5 years ☐ 5-10 years ☐ 10+ years

Liquidity Needs *Defined in Section 25.*

Annual Expenses $__________.00 *(recurring - might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.)*

Estimated Special Expenses $__________.00 *(future, non-recurring - might include home purchase, home remodel, car purchase, education, medical expenses, etc.)*

Special Expenses Time Frame ☐ 0 years ☐ 1-2 years ☐ 2-5 years ☐ 5+ years

9 - INVESTMENT EXPERIENCE

Use one number to signify investment experience for each investment category: **1** – None **2** – Occasional **3** – Frequent **4** – Extensive

____ Stocks ____ Bonds ____ Options ____ Commodities ____ Real estate ____ Mutual funds ____ Insurance/Annuities

____ REITs/DPPs/LPs ____ Other: __________

Please list current holdings ***outside*** Cambridge. For insurance/annuities, please use cash value. If there are no outside assets, mark None. For real estate investments, please do not include primary residence.

☐ None

Stocks	$______.00	Bonds	$______.00	Options	$______.00
Commodities	$______.00	Real estate	$______.00	Mutual funds	$______.00
Insurance/Annuities	$______.00	REIT/DPP/LP	$______.00	Cash/Bank products	$______.00
Unspecified	$______.00	Other	$______.00		

When you think about your finances, what are your three biggest worries?

1

2

3

What were your best and worst financial moves? What happened?

1

2

3

If you didn't have to work anymore, what would you do?

1

2

3

NOTES: