



CABÁN FINANCIAL  
CLIENT QUESTIONNAIRE

This comprehensive questionnaire provides us with the information we need to better serve your needs. Please complete to the best of your ability. All of your information, both within this form and delivered via other means, will be kept strictly confidential.

This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms. This information is provided by you (the client). If any of the information is incorrect, you should notify your financial advisor. The information provided by you should be reviewed periodically and updated when either the information or your circumstances change.



## Personal Information

	Client	Co-client
Name		
Birth date		
Marital status		
Home address		
City, State, ZIP		
Mailing address (if different)		
City, State, ZIP		
Phone (home)		
Phone (cell)		
Phone (work)		
Email		
Social Security number		
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Driver's license number		
Issue Date		
Expiration Date		
State Issued		
Employment status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Employer name		
Occupation/title		
Employer address		
Annual earned income (salary, commissions, bonuses)		

## Trusted Contact

A trusted contact should be someone you trust and who knows how to reach you. In the event that we cannot contact you, or if we suspect financial exploitation, we will communicate with your trusted contact. A trusted contact does not have the power to make investment decisions or withdraw money on your behalf.

Name	Relationship to you	Address
Daytime/Work Phone	Evening/Home Phone	Email

## Family

Name	Dependent	Birth Date	Social Security Number	Relationship to you
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

## Primary Beneficiaries

Name	Beneficiary Percentage	Birth Date	U.S. Citizen	Social Security Number	Relationship to You	Per stirpes or per capita*
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita

\*In a per stirpes distribution, in the event that any original beneficiary predeceases you, their share is distributed to their direct heirs in equal shares. In a per capita distribution, the share of any deceased beneficiary is split equally between the surviving beneficiaries.

## Contingent Beneficiaries

Contingent beneficiaries only receive your assets in the event that all primary beneficiaries are deceased.

Name	Beneficiary Percentage	Birth Date	U.S. Citizen	Social Security Number	Relationship to You	Per stirpes or per capita*
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita
			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita

## Financial Information

Investable Assets	
Investments	
Savings account(s)	
Checking account(s)	
Employer-sponsored retirement plan (e.g. 401(k))	
Total Investable Assets	

Other Assets	
Real estate (not including primary residence)	
Jewelry/collectables/precious metals, etc.	
Other:	
Total Other Assets	

Liabilities	
Home equity loans	
Auto loan	
Auto loan	
Student loans	
Credit card	
Credit card	
Other:	
<b>Total Liabilities</b>	

Mortgage	Current Balance	Expected payoff date
Mortgage one		
Mortgage two		
<b>Total Mortgages</b>		

## Net Worth

Not including primary home or mortgage

Total investable assets	_____	
Total other assets	_____	+
Total liabilities	_____	-
<b>Net worth</b>	_____	=

## Investor Information

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, and dependents:

1. A political official?

Yes  No

If yes, please check the applicable choice(s):

- Elected official who has the legal authority to hire a financial professional for their affiliated government entity
- Elected official who has appointment authority and can influence the hiring of a financial professional for their affiliated government entity
- No potential influence to hire a financial professional for their affiliated government entity

2. Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager of a broker-dealer firm) or a financial regulatory agency?

- No
- Yes, FINRA
- Yes, Registered Investment Adviser (RIA)
- Yes, state or federal securities regulator (e.g., Securities Exchange Commission, state agency)
- Yes, broker-dealer or municipal securities dealer

3. A director, 10 percent shareholder, or policy making officer of a publicly traded company?

Yes  No

If yes, please list the name and stock symbol of the company: \_\_\_\_\_

4. A senior military, governmental, or political official of a foreign country?

Yes  No

If yes, please list the name of the country: \_\_\_\_\_

## Account Time Horizon

When do you expect to use the assets in your portfolio?

0-2 years  2-5 years  5-10 years  10+ years

## Expenses

What are your total annual expenses? \_\_\_\_\_

Do you anticipate any one-time special expenses in the next 5 years (e.g., home renovations, college costs, large purchase, etc.)?

Yes  No

If so, when do you expect these special expenses to occur?

Within the year  1-2 years  2-5 years  5+ years

## Federal Tax Bracket

10%  12%  22%  24%  32%  35%  37%

## Investing Experience

Please rate your investing experience with each of the following asset types using the scale below and list the current amount of assets held in each category. You must complete each section.

1 – No experience 2 – Occasional experience 3 – Frequent experience 4 – Extensive experience

Asset Type	Level of Experience	Current Amount Invested
Stocks		
Bonds		
Options		
Commodities		
Real estate		
Mutual funds		
Insurance/annuities		
REITs/DPPs/LPs		
Other:		

### What is your estimated risk tolerance?

Conservative  Moderate-conservative  Moderate  Moderate-aggressive  Aggressive

### What is your primary investment objective? (choose one)

Current income  High current income  Growth and Income  Growth  Speculation

### What is your secondary investment objective? (choose one)

Current income  High current income  Growth and Income  Growth  Speculation



## Insurance

	Life Insurance	Long-term Care	Disability
Company			
Insured(s)			
Issue date			
Monthly premium			
Coverage amount			
Cash value amount			

## Additional Investor Information

1. Do you have any sources of passive income (income you receive that is not derived from your main employment, such as rental properties, outside business income, investment properties, legal settlement, inheritance, alimony, etc.)?

Yes  No

2. Do you foresee any large expenses in your future that you would like to plan for such as college, wedding, vacation, new home?

Yes  No

3. Are you named as a trustee on any trusts?

Yes  No

4. Do you have any assets you'd like to try to protect as a legacy for your heirs or as a gift to a charity?

Yes  No

5. Do you own a business that currently offers a pension plan or is looking to offer a pension plan to employees?

Yes  No

6. Do you have any health insurance concerns?

Yes  No

**Please provide any further information you think your advisor should know:**

## Notes:



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