

CLIENT

Name: _____
First
M.I.
Last

DOB: ____/____/____ **Sex:** M F

Social Security Number: _____ - ____ - _____

Marital Status: **Anniversary Date:** ____/____/____

Single Married Domestic partner Widowed

U. S. Citizen: Yes No

Legal U. S. Address

Address _____

City _____ State ____ Zip _____

Daytime / Work phone: (____) _____

Evening / Home phone: (____) _____

Mobile phone: _____

Email address: _____

Driver's License or State ID

Document Number: _____

State/Country issued: _____

Expiration date: ____/____/____ Date of issue: ____/____/____

Employment Information

Employed Self-employed Retired Student

Not employed - Not applicable

Occupation: _____

Name of employer / Previous employer (if retired): _____

Employer address: _____

City _____ State ____ Zip _____

Affiliation Information

Political official? Yes No

Financial Regulatory Agency, Broker-dealer or municipal securities dealer? Yes No

Director, 10% shareholder or policy making officer of a publicly traded company? Yes No

Sr. military, governmental, or political official of a non-U.S. country? Yes No

SPOUSE (if applicable)

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First
M.I.
Last

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List of Children, Grandchildren, and Beneficiaries

Name	DOB	Social Security Number	Phone Number	Beneficiary Y/N	Primary / Contingent

SUITABILITY

Financial Information (refers to):

Primary Investor Primary and Joint Investors 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

Investment Experience

1 – None 2 – Occasional 3 – Frequent 4 - Extensive

___ Stocks ___ Bonds ___ Options ___ Commodities ___ Real estate ___ Mutual funds ___ Insurance/Annuities
 ___ REITs/DPPs/LPs ___ Other:

Current Assets

Stocks \$ _____ Bonds \$ _____ Options \$ _____
 Commodities \$ _____ Real estate \$ _____ Mutual funds \$ _____
 Annuities \$ _____ REIT/DPP/LP \$ _____ Cash/Bank products \$ _____
 Life Insurance \$ _____ Interval funds \$ _____ Unspecified \$ _____

Net Worth *Total assets minus 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

Net Investable Assets \$ _____ .00 *(sum of all investable assets minus the liabilities on these assets)*

Risk Tolerance: Conservative Moderate-conservative Moderate Moderate-aggressive Aggressive

Time Horizon and Liquidity Needs

Account Time Horizon 0-2 years 2-5 years 5-10 years 10+ years **Age Expect to Retire** _____

Liquidity Needs Annual expenses (*recurring*) \$ _____ Any special expenses \$ _____

Investment Experience

1 – None 2 – Occasional 3 – Frequent 4 - Extensive

___ Stocks ___ Bonds ___ Options ___ Commodities ___ Real estate ___ Mutual funds ___ Insurance/Annuities
 ___ REITs/DPPs/LPs ___ Other:

Account Specific Information

Trusted Contact (A Trusted Contact is a person that we may contact to obtain information about you in the event that you cannot be reached.)

Add a Trusted Contact to your Accounts? No Yes (If Yes, please provide the following information:)

Name: _____

Email: _____

Daytime / Work phone: (____) _____

Address: _____

Evening / Home phone: (____) _____

City: _____ **State:** _____ **Zip:** _____

Relationship: Brother Children per Capita Children per Stirpes Daughter Domestic Partner Estate
 Father Father-in-law Grandfather Grandmother Granddaughter Grandson Mother Nephew
 Mother-in-law Niece Sister Son Trust Non-Spouse Individual Other Entity Other Individual

ACH with your Bank Account

Upon taking distributions/income, do you want your bank account connected to your investment account(s)? Yes No

If yes, we need a copy of a check with VOID written on the front.

Questions	Yes	No	Comments
Do you have college savings needs?			
Do you have a will or trust?			If yes, when was it last reviewed? ___/___/___ (mm/yyyy)
• If yes, is it in your Client Vault?			
Do you have a financial power of attorney?			
• If yes, is it in your Client Vault?			
Do you have a medical power of attorney?			
Do you have a medical directive?			
Do you have an estate attorney?			
Do you have a personal attorney?			
Do you have an accountant?			
• Have you filed your 2021 tax return?			
Do you need any referrals? e.g., attorney, CPA			

Please list any questions you have for us.

1. _____
2. _____
3. _____

Please review and/or provide updates to the following documents to your advisor.

These documents can be uploaded to the Client Portal by clicking on "Vault" then "Shared Documents"

1. Current investment account(s) statements (brokerage, bank account, IRA, 401(k), savings account, etc.)
2. Employee benefit statements (life insurance, retirement plan, disability (short-term and long term))
3. Life, disability, and long-term care insurance policies, statements, and illustrations (if available)
4. A copy of your 2022 W2's and/or 1099's
5. Copy of your tax return (upon filing for 2021)
6. Copy of your most recent pay stub (if not retired)
7. If applicable, copy of your spouse's most recent pay stub
8. Copy of your current social security statement (www.ssa.gov)
9. If applicable, a copy of your spouse's current social security statement (www.ssa.gov)

The DFS Financial Group New Client Account Questionnaire shall be completed by the client and then uploaded to the Client Portal by clicking “Vault” then “Shared Documents”. The Client Portal can be accessed by visiting <https://thedfsfinancialgroup.com/client-portals> then clicking “ENTER PORTAL”.

If you have not completed a Financial Virtues Survey, please do so by visiting <https://thedfsfinancialgroup.com/client-portals> then clicking “START SURVEY”

Would you like access to your account statements online? Yes (online and by mail) No (mail only) Yes (online only)
Please note, for online only, an additional fee may apply. Please check with your advisor before choosing online only.

Cambridge Investment Research online statements can be accessed, once approved by your advisor, by visiting <https://thedfsfinancialgroup.com/client-portals> then clicking “VIEW STATEMENTS”

For internal use only:

This form has been reviewed by The DFS Financial Group. Review Date: _____ By: _____



This form collects data for compliance purposes only. This information is provided by you (the client). The information provided by you will be reviewed annually and updated when either the information or your circumstances change.

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