



FINANCIAL
INFORMATION
WORKSHEET

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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

Please provide a copy of your drivers license and a copy of the most recent statement for investment accounts you intend for Integrated Financial Strategies to manage. Please feel free to call our office if you need assistance.

Client

Mr. Mrs. Ms. Other _____

Name _____
Last First Middle

Date of Birth ____/____/____ Social Security # ____ - ____ - ____
(MM,DD,YYYY)

E-Mail Address _____

(____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Phone Cell Phone Business Phone

Drivers License # _____ State _____ Expiration ____/____ Issue ____/____
(MM/YYYY) (MM/YYYY)

Address _____
Street (Apartment/Suite/etc.) City/State Zip

Occupation _____ Employer _____

Employer Address _____
Street (Apartment/Suite/etc.) City/State Zip

Spouse/Joint Investor/Trusted Contact

Mr. Mrs. Ms. Other _____

Name _____
Last First Middle

Date of Birth ____/____/____ Social Security # ____ - ____ - ____
(MM,DD,YYYY)

E-Mail Address _____

(____) ____ - ____ (____) ____ - ____ (____) ____ - ____
Home Phone Cell Phone Business Phone

Drivers License # _____ State _____ Expiration ____/____ Issue ____/____
(MM/YYYY) (MM/YYYY)

Address _____
Street (Apartment/Suite/etc.) City/State Zip

Occupation _____ Employer _____

Employer Address _____
Street (Apartment/Suite/etc.) City/State Zip





PERSONAL INFORMATION (Continued)

Children/Beneficiaries

_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____
Name	DOB(MM/DD/YYYY)	Gender	Social Security #
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____
Name	DOB(MM/DD/YYYY)	Gender	Social Security #
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____
Name	DOB(MM/DD/YYYY)	Gender	Social Security #
_____	____/____/____	<input type="checkbox"/> M <input type="checkbox"/> F	____ - ____ - ____
Name	DOB(MM/DD/YYYY)	Gender	Social Security #

FINANCIAL OBJECTIVES

Financial Needs

Please number in order of importance.

_____ Funding Children's Education	_____ Maximum Tax Advantage	_____ Income Now
_____ Cash Management	_____ Income at Retirement (at age _____)	_____ Travel
_____ Other _____	_____ Other _____	

Financial Data

Present monthly income (before taxes)	\$	_____
Amount you could save each month	\$	_____
Taxable income last year	\$	_____
Number of Dependents		_____

Retirement Data

Social Security	\$	_____
Pensions	\$	_____
Investments	\$	_____
Other	\$	_____
<hr style="border-top: 3px solid black;"/>		
Total Monthly Retirement Income	\$	_____





FINANCIAL RESOURCES

Cash Reserves (Checking, Savings, Money Market, Certificates of Deposit, etc.)

Bank	Type of Account	Amount	Interest Rate
		\$.	%
		\$.	%
		\$.	%

Stocks, Mutual Funds, ETFs, etc.

# of Shares	Company Name	Current Value
		\$.
		\$.
		\$.
		\$.
		\$.
		\$.

Bonds (Government, Municipal, Corporate)

# of Bonds	Company Name	Current Value
		\$.
		\$.
		\$.

Annuities (Fixed or Variable)

Annuitant	Company	Type (Circle One)	Current Value
		Variable Fixed	\$
		Variable Fixed	\$
		Variable Fixed	\$



FINANCIAL RESOURCES (Continued)
401k, Profit Sharing, Pension Plan

Annual Employee Contribution	\$.
Annual Employer Contribution	\$.
Vested Amount	\$.
Non-Vested Amount	\$.

Limited Partnerships and REITs

Investment Name	Current Value
	\$.
	\$.
	\$.

Real Estate (Residence, Second Home, Industrial, Commercial, Land)

Type	Original Cost	Current Value	Mortgage Balance	Mortgage Rate	Terms	Payments	Property Tax
	\$	\$	\$	%		\$.	\$
	\$	\$	\$	%		\$.	\$
	\$	\$	\$	%		\$.	\$
	\$	\$	\$	%		\$.	\$
	\$	\$	\$	%		\$.	\$
	\$	\$	\$	%		\$.	\$

If you did not have enough room to list all of your assets above (bonds, stocks, mutual funds, real estate, annuities, etc.), please feel free to write them on the notes page on the last page of this form or submit additional information on a separate sheet of paper.





PERSONAL ASSETS

Type	Description	Value
Household Furnishings		\$.
		\$.
		\$.
Automobiles		\$.
		\$.
		\$.
Boats, Campers, etc.		\$.
		\$.
		\$.
Fur and Jewelry		\$.
		\$.
		\$.
Collections (stamps, coins, etc.)		\$.
		\$.
		\$.
Others (please describe)		\$.
		\$.
		\$.

LIABILITIES

Current Liabilities (To be paid off in less than 12 months)

Type	Payment Amount	Approximate Payoff Date (MM, YYYY)	Interest Rate	Loan Balance
Credit Card Balances	\$.	/	%	\$
Current Personal Loans (describe)	\$.	/	%	\$
	\$.	/	%	\$





LIABILITIES (Continued)

Long Term Liabilities (other than real estate and business mortgages)

Type	Payment Amount	Approximate Payoff Date (MM, YYYY)	Interest Rate	Loan Balance
Business Loans	\$.	/	%	\$
Automobile Loans	\$.	/	%	\$
Personal Loans (describe)	\$.	/	%	\$
	\$.	/	%	\$

INSURANCE COVERAGE

Life Insurance

Insured	Company	Face Amount	Cash Value	Annual Premium
		\$.	\$.	\$.
		\$.	\$.	\$.
		\$.	\$.	\$.

Other Insurance (Medical, Disability, Automobile, Umbrella, UTC, and Homeowners)

	Insured	Company	Deductable	Annual Premium
Medical			\$.	\$.
			\$.	\$.
Disability			\$.	\$.
			\$.	\$.
Automobile			\$.	\$.
			\$.	\$.
Homeowners			\$.	\$.
			\$.	\$.
Long Term Health Care			\$.	\$.
			\$.	\$.
Umbrella			\$.	\$.





COLLEGE EDUCATION

Number of children you expect to send to college _____

Name of Child to Attend	Date to Accomplish	Estimated Annual Cost
	/	\$
	/	\$
	/	\$
	/	\$

ADDITIONAL INFORMATION

Your Attorney (____) ____ - _____
Phone Number

Your Accountant (____) ____ - _____
Phone Number

Do you have a will? Yes No Dated: ___ / ___ / _____
(MM/DD/YYYY)

Does your spouse have a will? Yes No Dated: ___ / ___ / _____
(MM/DD/YYYY)

Do you have a trust? Yes No Dated: ___ / ___ / _____
(MM/DD/YYYY)

Does your spouse have a trust? Yes No Dated: ___ / ___ / _____
(MM/DD/YYYY)

Do you expect to receive any: Gifts Trusts Inheritance

Estimated Amount: \$ _____

Do you plan on any business or occupational changes in the near future Yes No

If yes, Explain _____ When _____

Do you expect any major changes in your income in the near future? Yes No

If yes, explain _____

