

LIFE INSURANCE						
Insured/Owner	Policy Type/Effective Date	Company/Carrier	Beneficiary	Face Amount	Premium/Mode	Cash Value/Loan
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$

DISABILITY INSURANCE				
Company Name/Type	\$ Monthly Income	Benefit Time Period	Elimination Period	Premium

LONG TERM CARE INSURANCE						
Company Name/Type	\$ Monthly Income	Benefit Time Period	Elimination Period	Premium	HHC	

RISK TOLERANCE AND PRIMARY INVESTMENT OBJECTIVE

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 |
| <input type="checkbox"/> Current Income | <input type="checkbox"/> Current Income | <input type="checkbox"/> Current Income | <input type="checkbox"/> High Current Income | <input type="checkbox"/> High Current Income |
| <input type="checkbox"/> High Current Income | <input type="checkbox"/> High Current Income | <input type="checkbox"/> High Current Income | <input type="checkbox"/> Growth & Income | <input type="checkbox"/> Growth & Income |
| <input type="checkbox"/> Growth & Income | <input type="checkbox"/> Growth & Income | <input type="checkbox"/> Growth & Income | <input type="checkbox"/> Growth | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Growth | <input type="checkbox"/> Growth | <input type="checkbox"/> Growth | <input type="checkbox"/> Speculation | <input type="checkbox"/> Speculation |

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).

- Current Income High Current Income Growth & Income Growth Speculation

TIME HORIZON AND LIQUIDITY NEEDS

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

Liquidity Needs: Annual expenses – include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

Special expenses – include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Annual Expenses (recurring) \$ _____ .00 Estimated Special Expenses (future, non-recurring) \$ _____ .00

Special Expenses Time frame 0-2 years 2-5 years 5+ years

Please list current holdings **outside of Cambridge / Pathway Financial Services**. For Insurance/Annuities, please use cash value.

If there are no outside assets, mark none. **None**

Stocks	\$ _____ .00	Bonds	\$ _____ .00	Options	\$ _____ .00
Commodities	\$ _____ .00	Real estate	\$ _____ .00	Mutual Funds	\$ _____ .00
Insurance/Annuities	\$ _____ .00	REIT/DPP/LP	\$ _____ .00	Other/Unspecified	\$ _____ .00

Other Information: _____

Referred By _____ Client _____ Date _____

**This form collects data for informational purposes only and does not supersede any data or information reported on official Cambridge forms.*