CFG Account # ____________

NEW ACCOUNT DATA

Inception Value

$ ____________________

TYPE OF ACCOUNT:
(Specify One)

☐ Core Equity

☐ Aggressive Equity

☐ Balanced

TYPE OF CLIENT:
(Specify Each Column)

☐ Retirement

☐ Trust

☐ Individual

☐ Corporate

☐ **Taxable**

☐ **Non-Taxable**

CLIENT DATA

Account Title ____

Prefix: (Circle One) Mr. Ms. Mrs. Dr.

Client Name: ____________________

Social Security or Tax ID #: ____________________

Prefix: (Circle One) Mr. Ms. Mrs. Dr.

If Joint, Name of Co-Owner ____________________

Social Security #: ____________________

Address: ____

City: ____________________

State: ____________ Zip Code: ____________

Telephone: Home (______)____________________

Work (______) ____________________

Brokerage Firm: ____________________

Branch Address: ____________________

____

____

____

Account Executive: ____________________

Phone: ____________ Fax: ____________

e-mail address ____________________

Account #: ____________________

Wrap _______ or **Commission** ____________________

Additional Quarterly Statements To:

____

____

____

____

Billing Statement To:

____

____

____

____

Special Instructions

RESTRICTIONS ____

WITHDRAWLS ____

OTHER ____

____

____

Please use reverse side, if needed

Cambridge Financial Group, Inc.
Form NAD (2/04)