

Cambridge Vulnerable Client Intake Form

AI

Please print, preferably in capital letters and black ink. All information requested is **required** unless *optional* is indicated.

1 – GENERAL INFORMATION

Client name _____ Social security number/TIN _____ Date of birth _____

2 – REP-ADVISOR INFORMATION

Financial professional name _____ FP code _____
How and when did you find out about the situation?

3 – PRIORITIZATION

Select the option below that most closely aligns with your case:
 Current transaction pending Transaction requested General inquiry Historical transactions

4 – CASE TYPE

Please select all that apply:
 Diminished capacity Third-party financial exploitation

What client or third-party behavior is causing you concern? Is the behavior new, existing, or getting worse?

Are there any other family or friends involved?

Other authorized individuals (ex. POA, legal guardian, trusted contact):

Other applicable information:

Send completed form to Disclosures and Dispute Resolution via Service Request or email (disclosures@cir2.com).

