



Symphony Financial New Client Information

Client Name (1): _____
 Home Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 SSN: _____
 Birth date (mm/dd/yyyy): _____
 Primary contact during business hours is? _____

Client Name (2): _____
 Home Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____
 Fax: _____
 Email: _____
 SSN: _____
 Birth date (mm/dd/yyyy) _____

Family Members (List children and other dependents)

Name	Relationship	Date of Birth	Residence (city, state)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Client Employer (1): _____
 Title/Job: _____
 Salary: _____
 Self Emp. Income _____
 Bonus/commissions: _____
 Other earned income: _____
 Total income: _____

Client Employer (2): _____
 Title/Job: _____
 Salary: _____
 Self Emp. Income: _____
 Bonus/commissions: _____
 Other earned income: _____
 Total income: _____

Projected Retirement Date? _____
 Citizenship (USA or name of country): _____

Projected Retirement Date? _____
 Citizenship (USA or name of country): _____

Are you or a family member a 10% shareholder or policy making officer of a publicly held company?

YES NO

Are you or a family member associated with a senior military, government or political official in a foreign country?

YES NO

ASSETS:

Real Estate and Personal Property:

Primary Residence	Original Purchase Price & Date	_____
	Mortgage Rate:	_____
	Mortgage Origination Date & Amt	_____
	Current Balance:	_____
	Monthly Payments: Principal & Interest	_____
	Homeowners Insurance	_____
	Real Estate Taxes	_____
Secondary Residence	Original Purchase Price & Date	_____
	Mortgage Rate:	_____
	Mortgage Origination Date & Amt	_____
	Current Balance:	_____
	Monthly Payments: Principal & Interest	_____
	Homeowners Insurance	_____
	Real Estate Taxes	_____
Second Mortgage/Home Equity		
	Balance & Interest Rate	_____

Please attach a separate sheet for rental properties. Include above information & Schedule E from your tax form.

Vehicle 1	Estimated Value	_____
	Monthly Payment	_____
	Loan Start/End Dates	_____
	Original Loan Amount	_____
	Owned by? (Individual name or Joint)	_____
Vehicle 2	Estimated Value	_____
	Monthly Payment	_____
	Loan Start/End Dates	_____
	Original Loan Amount	_____
	Owned by? (Individual name or Joint)	_____
Other	Estimated Value	_____
	Monthly Payment	_____
	Loan Start/End Dates	_____
	Original Loan Amount	_____
	Owned by? (Individual name or Joint)	_____

Bank Accounts

Bank Name	Account Type	Ownership	Avg Balance/Interest Rate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CD's

Where Held?	Interest Rate/Maturity Date	Ownership	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____

College Accounts

For Whom?	Plan Name or Account Type	Owner/Trustee	Approx. Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach a copy of your most recent brokerage, mutual fund, Social Security benefits & retirement statements.

Please list the estimated value for any other investment assets not appearing on the list above or in the statements provided.

LIABILITIES

Credit Cards/Loans	Interest Rate/Avg Mo. Payment	Whose Debt?	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you received a copy of your credit report recently? YES NO

Insurance

If you wish, you may provide us with copies of the coverage pages from your policies

Type	Coverage Provider	Group or Indiv?	Who is Covered	Mo. Premium
Health	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Disability	_____	_____	_____	_____
Homeowners	_____	N/A	N/A	_____
** Auto	_____	_____	_____	_____
** Umbrella Liability	_____	_____	_____	_____

**** Life Insurance**

Coverage Amount	Whole or Term Life	Who is Covered	If term, # yrs remaining	Premium
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

****Please provide copies of the coverage page(s) for these insurances.**

Have you ever been turned down for insurance? YES NO

Who prepares your tax return? _____

Do you have any of these estate planning documents?

Wills	YES	NO	Date _____
Living Trusts	YES	NO	Date _____
Power of Attorney	YES	NO	Date _____
Adv. Medical Directive	YES	NO	Date _____
Other	YES	NO	Date _____

Please comment on the areas of advice that you seek:

These items may be needed, should you engage our services:

Prior Year Tax Return	Paycheck Stubs
Brokerage Account Statements	Employee Benefit Booklet
Mutual Fund Account Statements	Retirement Plan Statements (401K, 403B)
Insurance Policies	Pension plan benefits (FERS, CSRS, Profit Sharing, etc)
Social Security Benefit Statement	Copy of wills and trusts, if any
Risk Profile (form provided by us)	Cash Flow Worksheet (form provided by us)

Our Privacy Policy: Protecting your privacy is very important to us. We value your trust and want you to understand what information we collect, how we protect it and how we use it. We treat personal information (non-public information that identifies you) with respect and in accordance with our privacy policy. A copy of our privacy policy is available upon request.

Please bring a copy of this form to our initial meeting, or you may fax or mail this form to the following address:

Symphony Financial

441 Carlisle Dr Suite A
Herndon, VA 20170

Office Phone: 703-865-4092

Office Fax: 703-865-4096

Email: Amy Brandts: abrandts@symphonyfinancial.net • Nancy Rick: nrick@symphonyfinancial.net
Kristin Rodriguez: krdriguez@symphonyfinancial.net

Visit our web site: www.symphonyfinancial.net



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