

# Symphony Financial New Client Information Form

<p><i>Client 1:</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p> <p>E-Mail: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number: _____</p> <p>US Citizen: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Annual Salary: _____</p> <p>Employer Address: _____</p> <p>Marital Status: _____ #Dep.: _____</p> <p>Associated person with a FINRA member firm? _____</p> <p>Officer/Controlling Stockholder of a public company?: _____</p> <p>Drivers Lic.#: _____ State: _____</p> <p>Issue Date: _____</p> <p>Exp Date: _____</p> <p>Proj Retirement: _____</p>	<p><i>Client 2 (dependent or spouse):</i></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Cell Phone: _____</p> <p>Home Phone: _____</p> <p>E-Mail: _____</p> <p>Date of Birth: _____</p> <p>Social Security Number: _____</p> <p>US Citizen: _____</p> <p>Occupation: _____</p> <p>Employer: _____</p> <p>Work Phone: _____</p> <p>Annual Salary: _____</p> <p>Employer Address: _____</p> <p>Marital Status: _____ #Dep.: _____</p> <p>Associated person with a FINRA member firm? _____</p> <p>Officer/Controlling Stockholder of a public company?: _____</p> <p>Drivers Lic.#: _____ State: _____</p> <p>Issue Date: _____</p> <p>Exp Date: _____</p> <p>Proj Retirement: _____</p>
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**Family Members (List children and other dependents):**

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

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 Origination Date & Amt: \_\_\_\_\_  
Mortgage Rate: \_\_\_\_\_  
Current Balance: \_\_\_\_\_

**Monthly Payments:** Principal & Interest \_\_\_\_\_

Homeowner Insurance: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

**Secondary Residence**      Original Purchase Price & Date: \_\_\_\_\_  
Mortgage Origination Date & Amt: \_\_\_\_\_  
Mortgage Rate: \_\_\_\_\_  
Current Balance: \_\_\_\_\_

**Monthly Payments:** Principal & Interest: \_\_\_\_\_

Homeowner Insurance: \_\_\_\_\_

Real Estate Taxes: \_\_\_\_\_

**Second Mortgage/ Home Equity**

Balance & Interest Rate: \_\_\_\_\_

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

**Vehicle 1**      Estimated Value: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Loan Start/End Dates: \_\_\_\_\_  
Original Loan Amount: \_\_\_\_\_  
Current Loan Amount: \_\_\_\_\_  
Owned by? (Individual name or Joint): \_\_\_\_\_

**Vehicle 2**      Estimated Value: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Loan Start/End Dates: \_\_\_\_\_  
Original Loan Amount: \_\_\_\_\_  
Current Loan Amount: \_\_\_\_\_  
Owned by? (Individual name or JOINT): \_\_\_\_\_

**Other**      Estimated Value: \_\_\_\_\_  
Monthly Payment: \_\_\_\_\_  
Loan Start Date: \_\_\_\_\_  
Loan End Date: \_\_\_\_\_  
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 current brokerage, mutual fund, Social Security benefits and 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	Who's Debt?	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

**Insurance**

If you wish, you may provide us 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Long Term Care**

Coverage	Issued by	Who is Covered	Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach a copy of your most recent auto, umbrella liability, life insurance and long term care statements.

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 of 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.) |
| Risk Profile (form provided by us) | Cash Flow Worksheet (form provided by us)                |
| Social Security Benefit Statement  | Copy of wills and trusts, if any                         |

**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, email or mail this form to the following address:**

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