

Symphony Financial New Client Information

Date of Completion: _____

| | |
|--|-------------------------------|
| Client Name (1): _____ | Client Name (2): _____ |
| Home Address: _____ | Home Address: _____ |
| City, State Zip: _____ | City, State Zip: _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Fax: _____ | Fax: _____ |
| Email: _____ | Email: _____ |
| Social Security #: _____ | Social Security #: _____ |
| Birth date: _____ | Birth date: _____ |
| Primary contact during business hours? _____ | |

Family Members (List children and other dependents):

| Name | Relationship | Date of Birth | Residence? (City and State) |
|-------|--------------|---------------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| | |
|------------------------------------|------------------------------------|
| Client Employer (1) _____ | Client Employer (2) _____ |
| Title/Job _____ | Title/Job _____ |
| Salary _____ | Salary _____ |
| Self Emp. Income _____ | Self Emp. Income _____ |
| Bonus/commissions _____ | Bonus/commissions _____ |
| Other Earned Income _____ | Other Earned Income _____ |
| Total Proj. Retirement Date? _____ | Total Proj. Retirement Date? _____ |
| Citizenship? _____ | Citizenship? _____ |

Are you or a family member a 10% shareholder or policy making office of a publicly held company? Y / N

Are you or a family member associated with a senior military, govt or political official in a foreign country? Y / N

Assets

| Real Estate & Personal Property | Estimated Value/Loan origination date | Ownership (Sole, Joint or Trust) | Loan rate/monthly payment/Balance Due/Term |
|--|--|---|---|
| Primary Residence | | | |
| Sec. Residence | | | |
| Other Real Estate | | | |
| Vehicle | | | |
| Vehicle | | | |
| Other | | | |
| Other | | | |

Bank Accounts

| Bank Name | Account Type | Ownership | Average Balance |
|------------------|---------------------|------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 below 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 /Ave. Mo. Payment | Who's Debt? | Current Balance |
|--------------------|---------------------------------|-------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Have you received a copy of your credit report recently? Y / N

| Insurance | Coverage | Group or Individual | Who's Covered? |
|--------------------|----------|---------------------|----------------|
| Health | _____ | _____ | _____ |
| Disability | _____ | _____ | _____ |
| Disability | _____ | _____ | _____ |
| Life | _____ | _____ | _____ |
| Life | _____ | _____ | _____ |
| Life | _____ | _____ | _____ |
| Life | _____ | _____ | _____ |
| Homeowners | _____ | N/A | _____ |
| Auto | _____ | N/A | _____ |
| Umbrella Liability | _____ | N/A | _____ |
| Long Term Care | _____ | _____ | _____ |
| Long Term Care | _____ | _____ | _____ |

Have you ever been turned down for insurance? Y / N

Who prepares your tax return? _____

| | | | |
|--|------------------------|-------|------|
| Do you have any estate planning documents? | Wills | Y / N | Date |
| | Living Trusts | Y / N | Date |
| | Power of Attorney | Y / N | Date |
| | Adv. Medical Directive | Y / N | Date |
| | Other | Y / N | 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 Benefits Booklets |
| Mutual Fund Account Statements | Copy of wills, trusts, & other legal documents if applicable. |
| Retirement Plan Statements (401k, 403b) | Insurance Policies |
| Pension plan benefits (FERS, CSRS, Profit Sharing Etc) | Asset Allocation Questionnaire (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 fax or mail this form to the following address:

Symphony Financial • 481 Carlisle Drive, Suite 202 Herndon, VA 20170
Phone (703) 865-4092 • Fax: (703) 865-4096 • Email: abrandts@symphonyfinancial.net or nrick@symphonyfinancial.net

Visit our website at: www.symphonyfinancial.net

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