

Please complete this form and return via mail
or email to Adrienne Heidecker prior to your first
appointment at forms@szarkafinancial.com.



CONFIDENTIAL

CLIENT QUESTIONNAIRE

Please Note: All information is held in the strictest of confidence.

**Szarka
Smart**TM

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FAMILY INFORMATION

Date _____

Your Name: _____

Birthdate: _____ Birthplace: _____

Spouse Name: _____

Birthdate: _____ Birthplace: _____

Child: _____ Birthdate: _____ Married? Y N Children?

Child: _____ Birthdate: _____ Married? Y N Children?

Child: _____ Birthdate: _____ Married? Y N Children?

Child: _____ Birthdate: _____ Married? Y N Children?

Child: _____ Birthdate: _____ Married? Y N Children?

Any medical problems or special health considerations in the family?

Do you smoke? Y N Spouse? Y N

RESIDENCE

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Yrs lived here: _____ Own: Rent:

E-Mail address: _____ Preferred method of contact Letter e-mail

Check if you prefer NOT to receive email regarding updates, newsletters, newsflashes & notices of educational seminars.

First Marriage? _____

Anyone else financially dependent on you? _____

Do you have a will? Y N Trust? Y N (Type: _____) Last Updated? _____

Any major changes since last updated? _____

EMPLOYMENT INFORMATION

Employer: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ May we call you there? Y N Yrs at employer? _____

Notes:

Spouse Employer: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ May we call you there? Y N Yrs at employer? _____

Notes:

CURRENT SOURCES OF INCOME

	<u>Your Income</u>	<u>Spouse Income</u>
Employment Income (Gross)	_____	_____
Bonus	_____	_____
Social Security	_____	_____
Pension	_____	_____
Pension	_____	_____
Other _____	_____	_____
(Other than investment income)	_____	_____
Total	_____	_____

RETIREMENT PLANS

Plan Type: _____ Yrs In Plan: _____

Amount In Plan: _____ Vested Amount: _____ When Fully Vested: _____

How much are you contributing: _____ If there is a company match, how much?: _____

How is it invested?: _____

Are you eligible for a monthly pension benefit? Y N If yes, how much: _____ What age: _____

Any other retirement plans?: _____

Spouse Plan: _____ Yrs You Have Been In Plan: _____

Amount In Plan: _____ Vested Amount: _____ When Fully Vested: _____

How much are you contributing: _____ If there is a company match, how much?: _____

How is it invested?: _____

Are you eligible for a monthly pension benefit? Y N If yes, how much: _____ What age: _____

Any other retirement plans?: _____

When do you plan on retiring?: _____ Your spouse?: _____

Do you plan on working part time after retirement? _____

Any other sources of income at retirement?: _____

OTHER SOURCES OF INCOME

(Net Monthly i.e. Rental, trusts etc.)

Source: _____ Amount: _____

Source: _____ Amount: _____

OTHER ADVISORS

Accountant: _____

Attorney: _____

Insurance Agent: _____

Broker: _____

INSURANCE COVERAGE

Life Insurance (you)

Insurance Company	Type	Amount	Premium	Cash Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life Insurance (your spouse)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Disability Insurance

Do you have Disability Ins? Y N _____

Does your spouse? Y N _____

Health Insurance

Health insurance co: _____ How is it paid? Employer Self Pay

Does your employer provide health insurance in retirement? Y N Details: _____

Long-Term Care Insurance

Do you have LTC Insurance? Y N _____

Does Your Spouse? Y N _____

YOUR PRIORITIES AND GOALS

(check your top concerns)

- | | |
|--|---|
| <input type="checkbox"/> _____ Having a financially secure retirement | <input type="checkbox"/> _____ Minimizing estate expenses |
| <input type="checkbox"/> _____ Increasing the return on my investments | <input type="checkbox"/> _____ Having a will or trust drafted |
| <input type="checkbox"/> _____ Protecting my assets from nursing home expenses | <input type="checkbox"/> _____ Children's college funding |
| <input type="checkbox"/> _____ Providing sufficient income to my family if I die | <input type="checkbox"/> _____ Reducing income taxes |
| <input type="checkbox"/> _____ Having sufficient funds if I am disabled | <input type="checkbox"/> _____ Buying a new home |
| <input type="checkbox"/> _____ Starting a business | <input type="checkbox"/> _____ Establishing a savings program |
| <input type="checkbox"/> _____ Other _____ | |

Any major expenditures anticipated in the next 12 months? _____

ADDITIONAL COMMENTS OR INFORMATION WE SHOULD BE MADE AWARE OF

Listing Of Your Assets

Name:

Date:

A - Bank Accounts (Checking, savings, money markets, TSP's) Titled in: (Your Name, Spouse, Joint) **Amount**

	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

B- Investments (Mutual funds, stocks, bonds, annuities, etc.) **Total A =**

	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

C - Retirement Plan Assets (IRA's, 401k, TSA etc.) **Total B =**

	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	
	+	

Total C =

Your Total Investments (add Total A, B & C)

Real Estate & Other

	+	
	+	

Your Total Assets* (Total investments + real estate) =

Listing Of Your Debts

Credit Cards	Interest Rate (%)	Balance	Monthly Pymt
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+
_____	_____	+	+

Total A =

Other Loans (car, boat, college)

Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+

Total B =

Mortgage(s) & Home Equity

Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+
Years left -	_____	+	+

Total C =

Your Total Debts (add Total A, B & C)

Your Total Assets* (Please fill in from bottom of previous page) _____

Your Net Worth (total assets - total debts)