

Personal Information

CLIENT

Name			Birthdate	
Street Address				
City	State	Zip Code	Home Phone	Cell Phone
Occupation	Employer		Office Phone	Facsimile
E-mail				

CO-CLIENT (if applicable)

Name			Birthdate	
Occupation	Employer		Office Phone	Facsimile
E-mail				

CHILDREN

Name	Sex	Birthdate	Marital Status	No. of Children
Name	Sex	Birthdate	Marital Status	No. of Children
Name	Sex	Birthdate	Marital Status	No. of Children

HOW DID YOU HEAR ABOUT GARNET GROUP?

WHAT QUALITIES ARE YOU LOOKING FOR IN A FINANCIAL ADVISOR?

IN ORDER OF IMPORTANCE, WHAT ARE YOUR THREE MOST CRITICAL FINANCIAL ISSUES?

1.

2.

3.

Note: You may attach a net worth statement rather than fill out this section of the form

Assets

CASH EQUIVALENTS

Checking and Savings Accounts \$ _____
 Money Market Accounts \$ _____
 Certificates of Deposits \$ _____
 Life Insurance Cash Value \$ _____
 Annuities \$ _____

STOCKS/BONDS/MUTUAL FUNDS

Attach separate statement listing individual securities/funds

\$ _____
 \$ _____
 \$ _____
 \$ _____

RETIREMENT FUND

IRA Accounts \$ _____
 Pension Plan \$ _____
 Profit Sharing Plan \$ _____
 401(k) or Thrift Plan \$ _____
 Tax Shelter Annuity/403 (b) Plan \$ _____
 Deferred Compensation Plan \$ _____
 ESOP or Stock Option Plan \$ _____
 \$ _____

REAL ESTATE

Home \$ _____
 Other Real Estate \$ _____

BUSINESS INTERESTS

\$ _____
 \$ _____

OTHER ASSETS

Accounts Receivable \$ _____
 Gold or Precious Metals \$ _____
 Oil and Gas Interests \$ _____
 Coin/Stamp/Other Collections \$ _____
 Venture Capital \$ _____

TOTAL ASSETS \$ _____

Liabilities

Home Mortgage \$ _____
 \$ _____
 Home Equity Line of Credit or
 Second Mortgage \$ _____
 \$ _____

Other Mortgages \$ _____
 \$ _____

Auto Loans/Leases \$ _____
 \$ _____

Other Installment Loans \$ _____
 \$ _____

Business Loans \$ _____
 \$ _____

Taxes Due \$ _____
 \$ _____

Credit Cards \$ _____
 \$ _____
 \$ _____

Other Personal Debt \$ _____

TOTAL LIABILITIES \$ _____

Net Worth

Assets minus Liabilities \$ _____

Income

WHAT IS YOUR ANNUAL INCOME FROM:

Salary/Self-Employment \$ _____
 Investments \$ _____
 Other \$ _____

Quick Questions

Are you satisfied with your financial progress to date?	YES	NO
	<input type="radio"/>	<input type="radio"/>
Do you plan to retire at a specific age?	<input type="radio"/>	<input type="radio"/>
When? _____		
Do you save systematically?	<input type="radio"/>	<input type="radio"/>
Do you plan to make a significant financial change in the next five years?	<input type="radio"/>	<input type="radio"/>
Do you have a:		
• Will	<input type="radio"/>	<input type="radio"/>
• Durable power of attorney	<input type="radio"/>	<input type="radio"/>
• Healthcare power of attorney	<input type="radio"/>	<input type="radio"/>
Do you have a/an:		
• Attorney	<input type="radio"/>	<input type="radio"/>
• Accountant	<input type="radio"/>	<input type="radio"/>
• Insurance agent	<input type="radio"/>	<input type="radio"/>
• Broker	<input type="radio"/>	<input type="radio"/>
• Investment advisor	<input type="radio"/>	<input type="radio"/>
• Banker	<input type="radio"/>	<input type="radio"/>
• Trustee	<input type="radio"/>	<input type="radio"/>
Do you have a/an:		
• Homeowner's policy	<input type="radio"/>	<input type="radio"/>
• Health insurance policy	<input type="radio"/>	<input type="radio"/>
• Personal automobile policy	<input type="radio"/>	<input type="radio"/>
• Disability insurance policy	<input type="radio"/>	<input type="radio"/>
• Umbrella policy	<input type="radio"/>	<input type="radio"/>
• Term Life insurance policy	<input type="radio"/>	<input type="radio"/>
• Long-term care policy	<input type="radio"/>	<input type="radio"/>
Do you plan to pay for your children's or grandchildren's college education?	<input type="radio"/>	<input type="radio"/>
Are your parents or adult children dependent on you for support?	<input type="radio"/>	<input type="radio"/>
Do you have an inclination to start a business?	<input type="radio"/>	<input type="radio"/>
Have you ever been declined or rated for life or disability insurance?	<input type="radio"/>	<input type="radio"/>
Do you expect an inheritance?	<input type="radio"/>	<input type="radio"/>
How much \$ _____		

How much do you think the following affect portfolio performance?

- Security Selection _____%
- (Which stocks, bonds to buy)*
- Marketing Timing _____%
- (When to get in and out of market)*
- Asset Allocation _____%
- (How much cash vs. bonds vs. stocks)*

100%

How do you feel when the stock market goes down?

What happens to the value of a bond when interest rates go up?

What do you think the average annual rate of inflation has been over the past 20 years?

What do you believe is a reasonable rate of return on your investments?

Are you working with a broker/financial planner/advisor currently?

Why are you seeking a change?

Are there any extraordinary expenses expected within the next two years? If yes, please list type and amount.

Are there any extraordinary receipts of capital expected within the next two years? If yes, please list type and amount.
