



Client Questionnaire

Date: _____

Name (Client): _____

Date of birth: _____ SSN: _____

Name (Spouse): _____

Date of birth: _____ SSN: _____

Home #: _____ Mobile: _____

Work # (ext): _____ E-mail: _____

Address: _____

Employment Information

Client

Present employer: _____ Years there: _____

Occupation/title: _____

Annual income: Current _____ Marginal tax rate _____

Projected _____ Marginal tax rate _____

Previous employers	Years there	Title
_____	_____	_____
_____	_____	_____

Spouse

Present employer: _____ Years there: _____

Occupation/title: _____

Annual income: Current _____ Marginal tax rate _____

Projected _____ Marginal tax rate _____

Previous employers	Years there	Title
_____	_____	_____
_____	_____	_____

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Financial Profile

Retirement Accounts:

Projected Social Security benefit at:

Early retirement age: _____ Full retirement age: _____ Late retirement age: _____

Current retirement plan assets (e.g., 401(k), 403(b), etc.): _____

Assets from other plans from previous employers: _____

Rollover? Yes No If "Yes," with whom: _____
(Custodian)

IRAs currently maintained: _____

With whom: _____ How are you invested: _____

Who manages: _____ Values: _____

Roth IRA currently maintained: _____

With whom: _____ How are you invested: _____

Who manages: _____ Values: _____

Do you have a current pension plan? Yes No Describe: _____

Brokerage Accounts:

Brokerage accounts:	Value:	Holdings (stocks, bonds, funds):
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

Investment Experience:

Years: _____ How did you find your broker? _____

What are your expectations of a full-service broker? _____

Are you satisfied with the service they have provided, and why? _____

Investment Objectives (check one):

- Preservation of principal/income
Focus is on preservation of principal and income. Very Conservative.
- Balanced/conservative growth
Focus is on generating current income and/or long-term growth.
- Growth
Focus is on generating long-term growth of capital. Moderate.

- Aggressive growth
Focus is on generating growth and/or income with a willingness to assume a high level of risk. Aggressive.
- Speculation
Focus is on generating highest potential growth and/or income with willingness to assume highest level of risk. Very Aggressive.
- Other _____

Stock Options:

Present employer:

Vesting schedule: _____

Vesting option: Qualified Nonqualified Not sure

Previous employer:

Vesting schedule: _____

Vesting option: Qualified Nonqualified Not sure

Real Estate:

Home:

Approximate value: _____

Remaining first mortgage: _____

Second mortgage, if any: _____

Type: _____

Terms: _____

Annual taxes: _____

Homeowners insurance: \$ _____

Rental:

Approximate value: _____

Remaining first mortgage: _____

Second mortgage, if any: _____

Type: _____

Terms: _____

Annual taxes: _____

Homeowners insurance: \$ _____

Investment:

Approximate value: _____

Remaining first mortgage: _____

Second mortgage, if any: _____

Type: _____

Terms: _____

Annual Taxes: _____

Homeowners insurance: \$ _____

Commercial:

Approximate value: _____

Remaining first mortgage: _____

Second mortgage if any: _____

Type: _____

Terms: _____

Annual Taxes: _____

Homeowners insurance: \$ _____

Assets and Debts:**Liquid Assets:**

Checking: _____

Savings: _____

CDs: _____

Money markets: _____

Emergency funds: _____

Debts:

Credit cards: _____

Personal loans: _____

Educational loans: _____

Derogatory accounts: _____

Bankruptcies/foreclosures: _____

Children and Other Dependents:**Child's name:**

Date of birth:

Do you have an established 529 or education planning vehicle? Yes No

Describe: _____

Have you assigned guardianship provisions for your children? Yes No

Describe: _____

Are you responsible for elderly parents or other dependents? Yes No

Describe: _____

Insurance:Annuities: Fixed Variable

Policy: _____

Cash value: _____

Date established _____

Living benefits: _____

Death benefits: _____

Policy: _____

Cash value: _____

Date established _____

Living benefits: _____

Death benefits: _____

Life Insurance:

Client

Insured: _____

Policy owner: _____

Beneficiaries: _____

Policy type: _____

Death benefit: _____

Cash value: _____

Annual premium: _____

Spouse

Insured: _____

Policy owner: _____

Beneficiaries: _____

Policy type: _____

Death benefit: _____

Cash value: _____

Annual premium: _____

Health:

Client

Policy name: _____

Policy type: _____

Spouse

Policy name: _____

Policy type: _____

Disability:

Client

Policy name: _____

Monthly benefit: _____

Spouse

Policy name: _____

Monthly benefit: _____

Long-Term Care Insurance:

Client

Provider: _____

Spouse

Provider: _____

Trusts and Estate Planning:

Current trust(s):

Trust name: _____

Year adopted: _____

Revocable Irrevocable

Current trustee: _____

Successor trustee: _____

Trust name: _____

Year adopted: _____

Revocable Irrevocable

Current trustee: _____

Successor trustee: _____

Estate planning financial objectives:Do you have a will? Yes NoAre your beneficiary designations current? Yes NoDo you have a pre-/post-nuptial agreement? Yes NoDo you have a durable power of attorney? Yes NoDo you have a living will? Yes NoHave you assigned someone to administer your trust(s)? Yes No

If so, whom?: _____

Tax Planning:

Tax advisor _____

Tax loss carry forwards: \$ _____

Notes