

Personal Data Form

Please Fax To: 678.218.1200

Personal Information					Date of statement	
Name (first, middle, last)			Birthdate		Social security number	
Home address (include apt.)			City, State, Zip			
Home Phone number ()		Email Address			Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>	
Business/Employer			Corporate Title		How long	
Business address			City, State, Zip			
Business Phone number ()		Business Fax number ()		Business County		Business Accounts Receivable \$ A/R Pledged <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much? \$
Have you ever taken bankruptcy? If yes, explain				Are you a defendant in any suits or legal actions?		
Do you have any dependents? If yes, list ages				Driver's License Number		Issuing State of Driver's License
Assets				Liabilities		
Cash, on hand and unrestricted in banks \$				Notes payable to banks \$		
Notes-receivable \$				Credit Cards \$		
Cash surrender value life insurance (Do not deduct loans) Schedule 1 \$				Loan(s) against life insurance Schedule 1 \$		
Listed (AMEX, NYSE) stocks, bonds, US Govt. Securities Schedule 2 \$				Margin accounts \$		
Other stocks and bonds Schedule 2 \$				Taxes accrued but unpaid \$		
Mutual Funds \$				Mortgages payable on real estate Schedule 3 \$		
Real estate at cost or market value Schedule 3 \$				Other liabilities - itemize \$		
Qualified Retirement Plans (defined benefit, 401(k), etc.) \$				\$		
Automobiles \$				\$		
Other assets - itemize \$				\$		
\$				Total Liabilities = \$		
\$				Net Worth Total assets - Total liabilities = \$		
Total Assets = \$				Income Information <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <small>Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</small>		
What is your investing philosophy? 1 2 3 4 conservative aggressive				Earned Income (salary gross) \$		
How concerned are you with the funding of your retirement? 1 2 3 4 not concerned very concerned				Earned Income (bonus and commissions) \$		
How concerned are you with protecting your assets? 1 2 3 4 not concerned very concerned				Portfolio Income (dividends, interest, etc.) \$		
				Passive Income (real estate, etc.) \$		
				Other - itemize \$		
				Total Income \$		

By submitting this application, I authorize Entaire Global Companies (hereinafter referred to as "Entaire") or any affiliate of Entaire, agent, or authorized personnel thereof, to check my credit history. I authorize my employer, any bank listed above, and/or other references listed to release and/or verify information to Entaire and its affiliates in order to determine my eligibility for the ENSHIELD® Program and any other financial products offered by Entaire or its affiliates. I am aware that information gathered about me is used to determine my eligibility for the ENSHIELD® Program and any other programs offered by Entaire in addition to the renewal or future extension of the above-referenced programs. As such, the undersigned authorizes the obtaining of credit report information and any other financial information for purposes of securing a loan or line of credit under the Fair Credit Reporting Act ("FCRA") and consents to the use of copies or faxes of this authorization for said purpose.

Agreed to:

(Seal)

Date _____ Signature _____

Supplementary Schedules (Take totals to front) Attach additional pages if necessary

Schedule 1 Life Insurance								
Names of insured	Beneficiary	Insurance Co.	Face amount of policy	Surrender value	Loans against policy	Yearly premium	Type of policy	Is policy assigned?
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
			\$	\$	\$	\$		
Total			\$	\$	\$	\$		

Schedule 2 Stocks, Bonds and US Government Securities							
Description of security	Registered in name of	Face value (bonds) No. of shares (stocks)	Market value/share	Total market value	Pledged Yes/No	Listed (L) on NYSE, NASDAQ, AMEX Unlisted (U) Government Security (G)	
			\$	\$			
			\$	\$			
			\$	\$			
			\$	\$			
			Total Listed	\$			
			Total Unlisted	\$			

Schedule 3 Real Estate							
Description or address to include city and state	Title in name of	Date acquired	Market value	Original amount	Unpaid balance	Monthly payment	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	
			\$	\$	\$	\$	

Contacts for Information Who would be the best source of information for the following:				
Accounts receivable aging?	Name	Position	Phone number	Email
Personal tax returns (Last 2 years)?	Name	Position	Phone number	Email
Business tax returns (Last 2 years)?	Name	Position	Phone number	Email
Profit and loss statement and balance sheet?	Name	Position	Phone number	Email
Certified Articles of Incorporation?	Name	Position	Phone number	Email

Other Advisors			
Name	Name	Technical Specialist	Affiliation
Position	Position	Technical Specialist	Affiliation
Phone number	Phone number		