

This form will be used to determine risk tolerance when making financial recommendations. Please the option that best describes you.

Client 1 Name:		Client 2 Name:	
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RISK TOLERANCE QUESTIONNAIRE

1. Which of the statements below best describes your purpose for your investment account(s)?

- I want to minimize potential declines and significant fluctuations in the value of my account by investing in lower risk, more conservative investments 2
- I want a moderately high level of income (interest and dividends) from the account, with some modest growth opportunity over the long-term..... 4
- I prefer a balance of income (interest and dividends) with longer-term growth..... 6
- My primary goal is to maximize the value of my account as much as possible over a long-term time frame 8

Client 1 Score:	
Client 2 Score:	

2. If you received a large amount of money today, how would you invest it?

- I would invest it in something that offers moderate current income and is very conservative 3
- I would invest it in something that offers high current income with a moderate amount of risks 6
- I would invest it in something that offers high total returns (current income & capital appreciation) with moderately high risks 9
- I would invest in something that offers substantial capital appreciation even though it has high amounts of risk 12

Client 1 Score:	
Client 2 Score:	

3. If your investments were to decline in value significantly over a three month period, how might you react?

- I would be very concerned because I can't accept my account losing value 3
- Although I invest for long-term growth, a short-term decline would concern me 6
- Because I invest for long-term growth, I can accept temporary fluctuations 9
- I would consider this decline as an opportunity to add to my investments 12

Client 1 Score:	
Client 2 Score:	

4. Which of the five sample portfolios best represents your goals for the investment account(s) and the most acceptable range of outcomes over a 1 year period?*

- Return = Avg 4%, Best 18 %, Worst -8% 3
- Return = Avg 5%, Best 28 %, Worst -21% 6
- Return = Avg 7%, Best 39 %, Worst -30% 9
- Return = Avg 8%, Best 53 %, Worst -39% 12
- Return = Avg 10%, Best 67 %, Worst -47% 15

Client 1 Score:	
Client 2 Score:	

*(The figures presented are hypothetical and do not represent actual returns of an investment portfolio. No guarantee is made regarding future performance.)

Client 1 Name:	Client 2 Name:
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5. What is your current age group?

- 60 and Over 2
- 50-59 4
- 40-49 6
- 20-39 8

6. How optimistic are you about the long-term prospects for the economy?

- Very pessimistic 2
- Unsure 4
- Somewhat optimistic 6
- Very optimistic 8

Client 1 Score:	
Client 2 Score:	

Client 1 Score:	
Client 2 Score:	

7. When will you begin withdrawing money from these specific investment account(s)?

- Less than 1 year 1
- 1 to 3 years 2
- 3 to 5 year 3
- 5 to 10 years 4
- 10+ years 5

8. Over the next several years, you expect your annual income (salary, rental properties, pensions, social security, etc.) to:

- Decrease substantially 2
- Decrease moderately 4
- Stay about the same 6
- Grow moderately 8
- Grow substantially 10

Client 1 Score:	
Client 2 Score:	

Client 1 Score:	
Client 2 Score:	

RISK TOLERANCE TOTAL

Add together your scores and then match your total score with one of the investment objectives below.

- Income with Capital Preservation 18-38
- Income with Moderate Growth 39-53
- Growth with Income 54-64
- Growth 65-75
- Aggressive Growth 76+

Client 1 TOTAL Score:	
Client 2 TOTAL Score:	

FINANCIAL GOALS

Please list your financial goals (i.e. I want to retire by age X, with a net worth of \$X. I want to travel...)

Client 1 Signature:		Date:	
Client 2 Signature:		Date:	

LPL FINANCIAL CO-BRAND LETTER

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Your signature below indicates that you understand that LPL Financial has no interest or involvement in Storen Financial’s or its Advisor’s Tax-Related Services Practice.

LPL REPRESENTATIVE

Name:		Date:	
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CLIENT

Acknowledged and Agreed:

Printed Name:			
Signature:		Date:	



This form incorporates the Brass Tax Wealth Management, dba Storen Financial, Investment Advisory Agreement with you by reference and does not replace any provisions of that agreement.

DIMINISHED CAPACITY, INABILITY TO COMMUNICATE AND FINANCIAL EXPLOITATION

In the event we are unable to reach you or we have concerns about your mental or physical health, wellbeing, safety, or potential financial exploitation, you authorize us, by completing and initialing below, to contact the trusted contact person identified below (the "Trusted Contact Person") so that we may discuss issues pertaining to your well-being and your financial affairs, including, without limitation, your current contact information, your health status, and the identity of any legal guardian, executor, trustee or holder of a Power of Attorney. We will only contact the Trusted Contact Person if we believe that it is advisable for your protection or the protection of your financial interests.

DISCLOSURE

Despite any authorization you may grant herein, you acknowledge that we are not required to contact the Trusted Contact Person at any time. You agree to defend, indemnify and hold us and our Affiliates harmless from all losses, liabilities, damages, suits, claims, expenses, and costs (including attorney's fees and expenses) paid, suffered or incurred in connection with or arising out of (a) any action we take, or omit to take, to contact the Trusted Contact Person and (b) any action taken by us or the Trusted Contact Person in investigating and addressing situations involving your financial well-being unless such decision or action was the result of gross negligence, willful misconduct or bad faith. You acknowledge that this consent is voluntary and will remain in effect indefinitely unless you revoke it. You may revoke this consent at any time by informing us in writing. You can withdraw your consent, but doing so will not affect the legal effectiveness, validity, or enforceability of any action we have previously taken in reliance on your previously granted consent.

Please indicate below:

- I would like to provide a trusted contact.
- I decline to provide a trusted contact.

TRUSTED CONTACT

Trusted Contact Name:	
Relationship to Account Holder:	
Trusted Contact Address:	
Trusted Contact Primary Phone:	
Trusted Contact Email:	

CLIENT

Client Name:			
Client Signature:		Date:	