

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 QUESTIONAIRRE

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

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:	
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Client 2 Score:	
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Client 2 Score:	
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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

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

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5. What is your current age group?

<input type="checkbox"/> 60 and Over	2
<input type="checkbox"/> 50-59	4
<input type="checkbox"/> 40-49	6
<input type="checkbox"/> 20-39	8

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

<input type="checkbox"/> Very pessimistic	2
<input type="checkbox"/> Unsure	4
<input type="checkbox"/> Somewhat optimistic	6
<input type="checkbox"/> 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)?

<input type="checkbox"/> Less than 1 year	1
<input type="checkbox"/> 1 to 3 years	2
<input type="checkbox"/> 3 to 5 year	3
<input type="checkbox"/> 5 to 10 years	4
<input type="checkbox"/> 10+ years	5

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

<input type="checkbox"/> Decrease substantially	2
<input type="checkbox"/> Decrease moderately	4
<input type="checkbox"/> Stay about the same	6
<input type="checkbox"/> Grow moderately	8
<input type="checkbox"/> Grow substantially	10

Client 1 Score:	
Client 2 Score:	

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RISK TOLERANCE TOTAL

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

<input type="checkbox"/> Income with Capital Preservation	18-38
<input type="checkbox"/> Income with Moderate Growth	39-53
<input type="checkbox"/> Growth with Income	54-64
<input type="checkbox"/> Growth	65-75
<input type="checkbox"/> Aggressive Growth	76+

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 TOTAL Score:	
Client 2 TOTAL Score:	

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