

I: PERSONAL DATA

Name: _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___
First Middle Initial Last

Referred By: _____

Today's Date: _____ Social Security #: _____

Date of Birth: _____ Age: _____ Driver's License #: _____

Health: Good ___ Fair ___ Poor ___ Driver's License Issue Date: _____

Do You Smoke? Yes ___ No ___ Driver's License Exp. Date: _____

Residence Address: _____

E-mail: _____ Cell Phone: _____

Occupation: _____ Home Phone: _____

Employer: _____ Office Phone: _____

Employer Address: _____

Check One: Married ___ Single ___ Divorced ___ Widow(er) ___

Prior Marriages: Yes ___ No ___

Spouse's Name: _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___
First Middle Initial Last

Date of Birth: _____ Age: _____ Social Security #: _____

Health: Good ___ Fair ___ Poor ___ Driver's License #: _____

Does Your Spouse Smoke? Yes ___ No ___ Driver's License Issue Date: _____

E-mail: _____ Driver's License Exp. Date: _____

Cell Phone: _____ Office Phone: _____

Occupation: _____ Employer: _____

Employer Address: _____

How Long Have You Been Married? (To Present Spouse): _____ years

Any Pre-nuptial Agreements? Yes ___ No ___ Prior Marriages: Yes ___ No ___

Do you wish to provide a Trusted Contacted Person? (A Trusted Contact Person has no authority on accounts and may only be consulted when the advisor is having difficulty communicating with the client or believes the client may be a victim of fraud.)

Trusted Contact Name: _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___
First Middle Initial Last

Relationship: _____ Date of Birth: _____

Phone Number: _____ Address: _____

Children's Names and/or Beneficiaries:

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

_____ DOB: _____ Beneficiary: Yes ___ No ___
Social Security # (If Beneficiary): _____ Relationship (If Non-Child): _____
Address: _____

II: FINANCIAL CONDITION

Current Value

Checking Accounts \$ _____

Bank and Brokerage Money Markets _____

Certificates of Deposit _____

Common Stocks _____

Corporate Bonds _____

Municipal Bonds _____

Mutual Funds (Money Market) _____

Mutual Funds (Growth) _____

Mutual Funds (Income) _____

Mutual Funds (Tax Free) _____

U.S. Government Securities (Treasury Obligations, GNMA's etc.) _____

Annuities _____

Individual Retirement Accounts _____

Self-Employed Retirement Accounts _____

Corporate Pension/Profit Sharing Plans _____

Business/Professional Practices (Fair Market Value) _____

Cash Value-Life Insurance (Provide details under "Supplemental Information") _____

Partnerships _____

Home - Fair Market Value:
\$ _____ Less Mortgage \$ _____

Other Real Estate - Fair Market Value:
\$ _____ Less Mortgage \$ _____

Personal Property (autos, home furnishings, jewelry etc.) _____

Other Assets: _____

Approximate Total Liabilities Not Including Mortgages: _____

Approximate Net Worth..... \$ _____

III: ANNUAL INCOME

Client

Spouse

Salary	\$ _____	\$ _____
Bonus	_____	_____
Self-Employment Income - Net.	_____	_____
Fees/Commissions.	_____	_____
Social Security	_____	_____
Pension	_____	_____
Rental Income	_____	_____
Dividends	_____	_____
Interest (Taxable)	_____	_____
Interest (Tax-Free)	_____	_____
Trust Income	_____	_____
Other.	_____	_____
Total Income.....	\$ _____	\$ _____

Annual Living Expenses (not including income taxes): \$ _____

Approximate Federal Taxes Paid Last Year: \$ _____

Liquidity Needs: Very Important ___ Important ___ Somewhat Important ___

IV: ESTATE PLANNING

Do you have a will? Yes ___ No ___

If yes, what year was it executed? _____

If yes, in what state was it executed? _____

Does your spouse have a will? Yes ___ No ___

If yes, what year was it executed? _____

If yes, in what state was it executed? _____

Have you (and/or your spouse, if applicable) established any trusts? Yes ___ No ___

Attorney's Name: _____ Firm: _____

Phone: _____ E-mail: _____

Address: _____

V: SUPPLEMENTAL INFORMATION

Insurance

Company	Type	Face Amount	Annual Premium
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Years of Investment Experience: _____ years

Expected period of time to achieve your financial goals: _____ years

Investment Objectives (check all that apply):

Speculation ___ Growth ___ Income ___ Tax Advantage ___

Risk Tolerance (check one):

Conservative ___ Moderately Conservative ___ Moderate ___ Moderately Aggressive ___ Aggressive ___

Are you planning any major expenditures greater than 10% of your investment assets during the next twelve (12) months? Yes ___ No ___

Are you planning to provide for your children's or grandchildren's higher education? Yes ___ No ___
If yes, what percent? _____ (1-100%)

Are you responsible for the financial welfare of anyone other than your immediate family (i.e. alimony, child/parental support etc)? Yes ___ No ___
If yes, briefly explain: _____

Accountant's Name: _____ Firm: _____

Phone: _____ E-mail: _____

Address: _____

Please provide any additional information which you feel would be of importance to us or clarification of any of the above. Include special questions on estate planning, taxes, financial ideas or other problems:

1. For these funds, which of the following closely aligns with your current financial goal? *Please select one.*

- Sustaining current income and account preservation
- Sustaining current income with possible growth opportunity
- Growing account value, not tied to current income needs
- Aggressive growth, maximizing accumulation

2. How long do you plan to keep these funds invested in order to achieve your financial goal?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- 11 to 20 years
- Greater than 20 years

3. Every investment has an opportunity for both risk and reward. The chart below represents a one-year hypothetical risk and reward scenario for five portfolios with incremental levels of risk and reward for a hypothetical initial investment of \$100,000. Select the option with which you are most comfortable.

Note: these numbers are not representative of your potential target portfolios. Please select one.



Portfolio #1



Portfolio #2



Portfolio #3



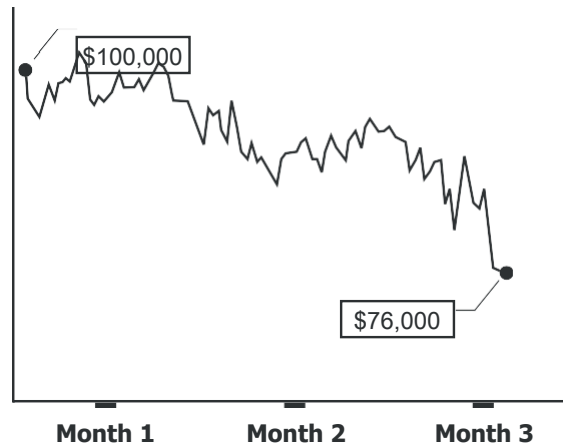
Portfolio #4



Portfolio #5



4. How would you react to a significant fall in the value of the stock market?



If your hypothetical investment of **\$100,000** experienced a sudden and unexpected drop of **24%** over a three-month period, what would your reaction be?

- Sell All, Avoid Further Risk
- Sell Some, Reduce Exposure to Risk
- Sell Nothing, Remain Invested
- Buy More, Opportunity is Present

5. How soon would you need these funds to recover after experiencing a sudden meaningful loss in value?

- 0 to 6 months
- 6 months to 1 year
- 1 to 3 years
- 3 years or more

6. How would you respond to the following statement: I am comfortable investing during times of uncertainty.

- Strongly disagree
 - Disagree
 - Agree
 - Strongly agree
-