



RISK TOLERANCE QUESTIONNAIRE

Advisor: _____ Date: _____

PERSONAL INFORMATION

-Client-

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Estimated Retirement Age: _____

Phone # (Home): _____ Phone # (Cell): _____

Personal Email Address: _____

-Risk Tolerance-

1. How do you expect your income to change over the next five years?

- | | | |
|--|-------|-------|
| <input type="checkbox"/> My income will probably decrease | 2 pts | |
| <input type="checkbox"/> My income will probably stay the same | 5 pts | |
| <input type="checkbox"/> My income will probably increase | 7 pts | _____ |

2. How do you define your knowledge of stocks and mutual funds?

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Below average | 2 pts | |
| <input type="checkbox"/> Average | 5 pts | |
| <input type="checkbox"/> Above average | 7 pts | _____ |

3. How long do you plan to keep your money invested?

- | | | |
|---|--------|-------|
| <input type="checkbox"/> Less than five | 2 pts | |
| <input type="checkbox"/> Five to 10 years | 10 pts | |
| <input type="checkbox"/> More than 10 years | 25 pts | _____ |



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4. Do you expect any large expenses in the next five years that could force you to withdraw money from your investment portfolio?

- Yes 2 pts
- No 5 pts _____

5. Which best describes your opinion for America's economy 3-5 years from now?

- Very pessimistic 2 pts
- Somewhat pessimistic 4 pts
- Neutral 6 pts
- Somewhat optimistic 8 pts _____

6. If the market declined and the value of your investments suddenly fell by 20%, what would you do?

- Sell 0 pts
- Hold 5 pts
- Buy 10 pts _____

7. Which best describes your current debt level?

- High 2 pts
- Reasonable 5 pts
- None 7 pts _____

8. There are occasional years when the market generates a negative investment return for the year. How do you feel about that?

- I expect a positive return every year regardless of the market 0 pts
- I can accept occasional years with negative investment returns 4 pts _____



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9. Do you have adequate life insurance?

- No 0 pts
- Not sure 3 pts
- Yes 6 pts _____

10. Do you have other money outside this portfolio for emergencies?

- Yes 4 pts
- No 2 pts _____

11. Do you have Long Term Care Insurance?

- Yes 0 pts
- No 0 pts _____

Total: _____

-Risk Profiling-

Investment Objective	Response Points Totalled	Overall Allocation	
		Equities	Income Oriented
Income	14 – 25	25%	75%
Income & Growth	26 – 40	40%	60%
Growth & Income	41 – 55	60%	40%
Growth	56 – 70	75%	25%
Aggressive Growth	71 – 85	90%	10%

Investment Objective: _____

Client Signature

Date

Client Signature

Date

Advisor Signature

Date

RIA Signature

Date

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