

Wealth Solutions Group
Personal Fact Finder

Clear Form

Client/Prospect Name(s)

Date Fact Finder Completed

Registered Representative(s) & Rep Number

Date & Time of Presentation

	Client 1	Client 2
Full Name		
Home Address		
City, State, Zip Code		
Phone: Home		
Phone: Cell		
Phone: Business		
Email		
Preferred Contact Method	<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call	<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call

Date of Birth		
Social Security Number		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Occupation		
Employer		
Business Address		
City, State, Zip Code		
Years of Employment		

Health Issues?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Smoker?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Life Expectancy?	<input type="checkbox"/> 90 <input type="checkbox"/> 95 <input type="checkbox"/> 100	<input type="checkbox"/> 90 <input type="checkbox"/> 95 <input type="checkbox"/> 100
Name of Primary Bank		
Bank Location		

Affiliations

Are you a board member of any non-profit, corporate, and/or other organizations?

Are you a member of any clubs, interest groups, and/or other organizations?

Children, Grandchildren & Dependents

Full Name			
Birthdate, Age, or Grade?			
Dependent (for Taxes)?			
Plan for Edu. Expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of College:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific College:	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Public <input type="checkbox"/> Private
Earmarked Edu Assets:			

Name:						
	Annual Amount (\$)	Before-Tax or After-Tax?	Annual Growth (%)	Annual Amount (\$)	Before-Tax or After-Tax?	Annual Growth (%)
Earned Income:						
Subject to FICA Tax?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Benefits:						
Description						
Pension Benefit:						
Description						
Pension Benefit:						
Description						
Rental Income:						
Description						
Other Taxable Income:						
Description						
Other Non-Taxable Income:						
Description						

What is your estimated total living expenses? _____

Are you planning any major purchases or expecting any income fluctuations?

No Yes _____

Are you providing support for persons other than immediate family? If YES, what amount & to whom?

No Yes _____

Federal Income Tax Information

Tax Filing Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married Jointly	<input type="checkbox"/> Married Separately	<input type="checkbox"/> Head of Household
Number of Exemptions				
Prior Year's Tax Liability				
Loss Carry-Forward				

Is there anything else we should know about your income tax filing?

No Yes _____

← More Important Less Important →

Liquidity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Safety Of Principal	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Capital Appreciation	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Current Income	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Inflation Protection	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Future Income	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Tax Reduction/Deferral	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

What is important to you about money?

When you think about money, what concerns, needs, or feelings come up?

If you didn't have to work anymore, what would you do?

Goals

← More Important Less Important →

Travel	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Car	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Health Care	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Leave Bequest	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Celebration	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Private School	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
College	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Provide Care	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Major Purchase	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Wedding	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Start Business	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
New Home	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Anything Else (Other)	<input type="checkbox"/> 10	<input type="checkbox"/> 9	<input type="checkbox"/> 8	<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

What are your main goals that we can help you to accomplish? Provide details.

Assets	Total	Client 1	Client 2	Joint
<i>Non-Qualified Assets</i>				
Cash & Equivalents				
Certificates of Deposit				
Government Bonds				
Municipal Bonds				
Corporate Bonds				
Stocks				
Mutual Funds				
Cryptocurrency				
<i>Qualified Assets</i>				
Profit Sharing Plans				
Pension Plans				
Traditional IRAs				
Roth IRAs				
401(k) Plans				
403(b) Plans				
Other				
<i>Tangible Property</i>				
Residence				
Real Estate				
Personal Property				
Vehicles				
<i>Other Assets</i>				
Business Interest				
Limited Partnerships				
Non-Qualified Annuities				
Insurance: Cash Value (Net)				
Other				
Total Assets				

Liabilities	Total	Client 1	Client 2	Joint
Residence Mortgage	Rate:			
Home Equity Loans	Rate:			
Real Estate Mortgage	Rate:			
Vehicle Loans	Rate:			
Credit Card Liabilities	Rate:			
Business Liabilities	Rate:			
Other	Rate:			
Total Liabilities				
Estimated Net Worth				

Insured			
Policy Owner			
Insurance Company			
Policy Number			
Face Value Of Policy			
Type of Insurance	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship
Date Policy Issued			
Annual Premiums			
<i>Beneficiaries</i>			
Primary			
Secondary			
Cash Value			
Loan (& Interest Rate)			
Dividend Option	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other
Accidental Death Benefit			
Spousal Rider			
Disability Waiver Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Insurable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Premium Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insured			
Policy Owner			
Insurance Company			
Policy Number			
Face Value Of Policy			
Type of Insurance	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship	<input type="checkbox"/> Group <input type="checkbox"/> Whole Life <input type="checkbox"/> Term <input type="checkbox"/> Universal <input type="checkbox"/> Variable <input type="checkbox"/> Survivorship
Date Policy Issued			
Annual Premiums			
<i>Beneficiaries</i>			
Primary			
Secondary			
Cash Value			
Loan (& Interest Rate)			
Dividend Option	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other	<input type="checkbox"/> Reduce Pems. <input type="checkbox"/> Additions <input type="checkbox"/> Accumulations <input type="checkbox"/> Other
Accidental Death Benefit			
Spousal Rider			
Disability Waiver Rider	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Insurable	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Premium Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disability Insurance

Insured			
Insurance Company			
Policy Number			
Annual Premium			
Type of Coverage	<input type="checkbox"/> Employer Provided <input type="checkbox"/> Personally Owned	<input type="checkbox"/> Employer Provided <input type="checkbox"/> Personally Owned	<input type="checkbox"/> Employer Provided <input type="checkbox"/> Personally Owned
Who Pays The Premium	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Employer <input type="checkbox"/> Employee	<input type="checkbox"/> Employer <input type="checkbox"/> Employee
Benefit Amount (\$ or %)			
Waiting Period			
Benefit Period			
Cost-Of-Living-Adjustment			
Reduced By Soc. Sec.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Definition of Disability	<input type="checkbox"/> Own-Occupation <input type="checkbox"/> Any-Occupation <input type="checkbox"/> Modified Own-Occupation <input type="checkbox"/> Loss Of Income	<input type="checkbox"/> Own-Occupation <input type="checkbox"/> Any-Occupation <input type="checkbox"/> Modified Own-Occupation <input type="checkbox"/> Loss Of Income	<input type="checkbox"/> Own-Occupation <input type="checkbox"/> Any-Occupation <input type="checkbox"/> Modified Own-Occupation <input type="checkbox"/> Loss Of Income

Long-Term Care Insurance

Insured		
Insurance Company		
Policy Number		
Annual Premium		
Type of Coverage	<input type="checkbox"/> Employer Group Policy <input type="checkbox"/> Individually Purchased Policy	<input type="checkbox"/> Employer Group Policy <input type="checkbox"/> Individually Purchased Policy
Maximum Facility Benefit		
Maximum Home Health Care Benefit		
Maximum Assisted Living Benefit		
Waiting Period		
Benefit Period		
Inflation Protection		

Other Insurance

Medical	
Auto	
Homeowners	
Umbrella	
Other	

Veterans Benefits

You may be eligible for Veterans Benefits if you have served 90-days of active duty with at least one of those days during a wartime period.

World War II	12-07-1941 to 12-31-1946
Korean War	06-27-1950 to 01-31-1955
Vietnam War	02-28-1961 to 05-07-1975
Vietnam Era	08-05-1964 to 05-07-1975
Persian Gulf	08-02-1990 to Present

In the event of premature death...	Client 1 Predeceases Client 2	Client 2 Predeceases Client 1
What after-tax income would you like to provide your family?		
Would the surviving spouse downsize from current home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, please explain details</i>		
Would the surviving spouse's income remain the same?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If NO, please explain the income adjustment</i>		
Would the surviving spouse receive pension survivor benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, please describe the survivor benefits</i>		

Retirement

	Client 1	Client 2
Name		
At what age do you plan to retire?		
Desired after-tax income need at retirement?		
Are you eligible for standard Social Security benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Planned Savings For Retirement	Client 1	Client 2
Employee Contributions to Qualified Plans		
Employer Contribution (or Match %) to Qualified Plans		
Contributions to IRAs		
Other		
Other		

Defined Benefit Plans					
Employee	Company Name	Monthly Benefit	Starting Age	Survivor (%)	COLA (%)

What else should we know about your plans for retirement?

Name		
Are you a US citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Executed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Revocable Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Does your will or Revocable Trust include:</i>		
Guardianship for Minor Children (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrevocable Trust for your Spouse (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Distributions to Individuals and/or Charities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Irrevocable Trusts for the Beneficiaries (if applicable)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you currently have the following legal documents?		Date Executed:		Date Executed:
Durable Financial Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Durable Health Care Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Irrevocable Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you ever gifted in excess of the annual exclusion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, please provide gift tax returns</i>		
Have you ever lived in a community property state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If YES, which states?</i>		

Is there anything else we should know about your current or future estate plans?

Professional Advisors

Please list the contact information for attorneys, accountants, etc. that you currently work with:

Full Name			
Preferred Name			
What do they do?			
Their Title			
Phone Number			
Company Name			
Address			

Name of business	
How is this business structured (llc, partnership, s-corp, etc.)?	
How many different individuals have ownership in this business?	
What percentage of this business do you personally own?	
Is your percentage held solely in your name or joint with your spouse?	
When was the last time you had a professional business valuation?	
What is the estimated total market value of the business?	
What is your personal cost basis in the business?	
Will your interest in this business be sold or retained at your death?	

Do you currently have a buy-sell agreement?

Are there any key personnel covered by insurance for the benefit of the business?

Who do you want to receive your interest in this business?

Describe any special plans you have for this business for growth, structure, ownership, etc.

Additional Comments

The following will be used to assess your risk tolerance in order to develop a current investment objective.

1. Which of the following best describes how you would use your portfolio to achieve your goal? (Please choose one.)

Capital preservation and current income with relatively small fluctuations in annual returns and market value.

High current income with relatively small fluctuations in annual returns and market value.

High current income and some growth of capital with moderate fluctuations in annual returns and market value.

Moderate growth of capital and some current income with moderate fluctuations in annual returns and market value.

Growth of capital with moderately high fluctuations in annual returns and market value.

Aggressive growth of capital with high fluctuations in annual returns and market value.

2. Which statement best describes your approach towards investing? (Please choose one.)

I take a conservative approach to investing. I am uncomfortable with volatility and will accept lower rates of return in order to have stable portfolio values.

I take a moderate approach to investing. I expect the value of my investments to fluctuate, but not too drastically. I will accept periodic, small losses in my portfolio, but I expect long term returns somewhere between the historical return of bonds and stocks.

I take an aggressive approach to investing. My investments may fluctuate as much or more than the stock market does. While some years I might have a loss, over time I expect my returns to be as high or higher than the historical return of stocks.

3. Investing in the financial markets entails some degree of risk. Investors who seek high rates of return should be willing to accept periods of low or even negative returns, possibly over extended periods of time. The table below demonstrates the tradeoffs between average return, likelihood of losing money in any one year, and how extreme the declines may be. Review each hypothetical portfolio and select the one that you would be most comfortable with. (Please choose one.)

Portfolio Statistics	Portfolio A <input type="checkbox"/>	Portfolio B <input type="checkbox"/>	Portfolio C <input type="checkbox"/>	Portfolio D <input type="checkbox"/>	Portfolio E <input type="checkbox"/>	Portfolio F <input type="checkbox"/>
Percent in Equity	0%	20%	40%	60%	80%	100%
Average Return	2.50%	3.25%	4.50%	6.00%	7.25%	8.25%
Maximum decline in portfolio value	-5%	-10%	-22%	-34%	-44%	-53%
Probability of loss in any one year	6%	7%	17%	20%	22%	24%

These statistics are intended to illustrate the variability of returns associated with each hypothetical portfolio. Past performance is no guarantee of future results. The Maximum decline represents the largest decline in value that the hypothetical portfolio would have experienced. The duration and time period of the decline may be different for each portfolio. The probability of loss represents the percentage of historical returns less than zero that the hypothetical portfolio would have experienced in any one year period. The hypothetical portfolios do not represent any specific product of performance. More information is available upon request.

4. Based on your financial goals, how long is your investment horizon? Your investment horizon begins now and lasts through the end of your financial goal (retirement, college, home purchases, etc.) (Please choose one.)

Short-term (0-3 years)

Intermediate term (4-6 years)

Long-term (7 or more years)

5. When do you expect to initially begin withdrawing cash from your investment portfolio? (Please choose one.)

I do not plan to withdraw cash from my portfolio.

Within the next 3 years.

Within the next 4-6 years.

Within the next 7 or more years.

6. How much do you plan to withdraw from your portfolio during the time period indicated in the above question? (Please choose one.)

I do not plan to withdraw cash from my portfolio.

1-3% annually.

4-6% annually.

7% or more annually.

Risk Profile Analysis Scoring

Question Number	Point Values					
	A	B	C	D	E	F
1	0	20	40	60	80	100
2	0	10	20	n/a	n/a	n/a
3	0	6	12	18	24	30
4	0	15	30	n/a	n/a	n/a
5	10	0	4	7	n/a	n/a
6	10	7	4	0	n/a	n/a
Total Points						

Model Portfolio	Scoring Range
Capital Preservation	0-20
Conservative Income	21-60
Income with Growth	61-100
Growth with Income	101-140
Capital Growth	141-180
All Growth	181-200

Your score on the questionnaire—and the resulting investment model portfolio you score into, should not be regarded as sufficient to make investment decisions and is not intended to replace the advice of a financial professional. Before making any investment decisions based off of this questionnaire, it is strongly recommended that you consult with your financial professional to discuss your specific risk tolerances and the suitability of various investments and allocations in view of your individual, financial, investment, tax, family, and other personal considerations.