



Client Information

Last Name

Last Name

First Name

First Name

Date of Birth (mm/dd/yy)

Date of Birth (mm/dd/yy)

Occupation

Occupation

Employer

Employer

Home Phone #

Home Phone #

Cell Phone #

Cell Phone #

Email

Email

Home Address

City

State

Zip

Country

Name of Child Dependent	Gender	School Grade (if any)	Age	Child's Parent (Both/Father/Mother)	Date of Birth
				B F M	
				B F M	
				B F M	
				B F M	
				B F M	

Background Information

What is your total household annual income and tax bracket?

	Household Income	Tax Bracket
Last Year	\$	%
Expected this year	\$	%
Expected next year	\$	%

How do you expect your income to change in the future?

How much did you save (or withdraw) during the years identified in each of the following?

	Household Income Taxable Accounts	Client Retirement Accounts	Co-Client Retirement Accounts
Last Year			
Expected this year			
Expected next year			

How do you expect your savings/withdrawal pattern to change in the future?

What is the approximate value of the assets in the investment portfolio you are considering having us manage?

\$ _____

What percentage of your total investments does this portfolio represent?

_____ %

Your Investment Objectives

Please describe your investment goals/objectives.

What was your suggested portfolio on the IIA Risk Tolerance Storing System (circle one)?

- Capital Preservation Plus
- Income Plus
- Conservative Growth
- Moderate Growth
- Growth
- Growth Plus
- Aggressive Growth

What is your primary objective for this investment portfolio? (circle one)

- To ensure the safety of my principal
- To generate income. If so, how much will you need annually? \$ _____
- To achieve a particular investment goal. If so, what goal(s)? _____

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- To accumulate assets for retirement
 - Other. Please explain:

Do you expect to have a need for income from this portfolio within five years?

- Yes
- No

If yes, when will the income or withdrawal be needed? In _____ years.

Ranking Objectives

Most of us have several objectives relating to our investments. Please rank the following objectives from most applicable (1) to least applicable (10).

Safety/Capital Preservation	_____
Capital Appreciation	_____
Liquidity	_____
Inflation Protection	_____
Current Income	_____
Tax Shelter	_____

Will significant deposits or withdrawals be made over the next five years?

- Yes
- No

If yes, please attach a listing of their anticipated amount and timing.

Return Targets

Given the fact that over the long run (from 1927 to 200X), U.S. stocks have generated historical returns of about 10-13 percent, U.S. bonds have returned 5-6 percent, money markets have returned 3-4 percent and U.S. inflation has been approximately 3 percent, what do you expect the total return of your investment portfolio to be over the long term? (circle one)

- 3-5%
- 6-7%
- 8-9%
- 10-11%
- 12-14%
- more than 15%

What is your investment time horizon for this portfolio (circle applicable)?

“Investment time horizon” refers to the number of years you expect the portfolio to be invested before you make substantial withdrawals from the portfolio. Alternatively, how long will the objectives stated for this portfolio continue without substantial modification?

- 3 years
- 5 – 10 years
- more than 10 years

What tax considerations would you like us to keep in mind in managing your portfolio (circle applicable)?

- If possible, I would like to reduce the current level of tax I pay.
- I would like to better control my future taxable distributions and income.
- I have unused tax losses available.
- Tax management of my investment portfolio is not a concern.

Investment Policy Items

How would you describe your outlook for your own finances over the next...

	1 Year	5Years	10 Years
Very Positive			
Modestly Positive			
Neutral			
Modestly Negative			
Very Negative			
I am undecided			

What is your outlook on inflation for the next....

	1 Year	5Years	10 Years
It will increase			
It will be steady			
It will decrease			

Investment Constraints

Are there any securities types or classes that you do not want to have in your portfolio or that you would like to impose limits upon? If so, please circle the appropriate items below so that we can discuss your concerns further:

Asset Classes

- Municipal Bonds
- Government or corporate Bonds
- High Yield Bonds
- Non-U.S. Bonds
- U.S. Equities – Large Companies
- U.S. Equities – Small Companies
- Foreign Equities – Developed Country
- Foreign Equities – Emerging Market
- Real Estate Securities/REITS
- Hedge Funds
- Commodities
- Venture Capital

Securities Types

- Individual Stocks or Bonds
- Open-ended Mutual Funds
- Closed-ended Mutual Funds
- Exchange Traded Funds
- Managed Separate Accounts
- Investment Partnerships
- Futures, Options, Puts, Short Sales

Liquidity

When cash (money market funds, bank CDs, etc.) is kept as part of a portfolio, some people want or need a specific portion to remain as cash, so it can be easily called upon. As part of this investment portfolio you wish to maintain:

- No minimum liquidity needs (cash is handled separately)
- A minimum of _____ % of total investments in cash/cash equivalents.
- At least \$_____ in cash/cash equivalents.

For how long will these needs apply?

Frequency of Meetings

How frequently would you like to meet with us to discuss your investments?

- Quarterly
- Semi-annually
- Annually

The analysis and recommendations we will develop for you are specifically tailored to your situation and their appropriateness is dependent upon the accuracy of the information you provide in this questionnaire.

Signatures:

Client	Date
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Client	Date
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Adviser	Date
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Compliance Officer Approval	Date
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