



Client Discovery Questionnaire

Wealth brings complexity, we bring clarity.

Please complete the following pages to enable us to accurately assist you in addressing your financial concerns and questions. The more complete our initial understanding of your goals and the resources to fund them, the better we are able to provide clarity.

- Part 1: Tell Us About Yourself
- Part 2: Tell Us About Your Investment Goals
- Part 3: Tell Us About Your Maximum Loss Threshold
- Part 4: Tell Us About Your Finances
- Part 5: Investor Information
- Part 6: Joint Account Information
- Part 7: Score Card
- Part 8: Investor / Trustee Signatures



PART 1: TELL US ABOUT YOURSELF

Name(s) _____ Date _____

1. What prompted you to seek guidance and/or more information on financial and investment matters?

2. What is important about money to you? Why?

3. What are your primary financial goals and objectives?

4. Where would you like to be five years from now?

Additional concerns or comments:

PART 2: TELL US ABOUT YOUR INVESTMENT GOALS

1. Which of the following best describes your primary investment goal?

- a. My goal is preserving the real (inflation-projected) value of my investment. I am not concerned with outperforming the market.
- b. My goal is generating current income. I am not concerned with growing the value of my investment.
- c. My goal is a combination of generating current income and growing the value of my investment.
- d. My goal is growing the value of my investment, and I am willing to tolerate sizeable losses in some years.

2. What is the time horizon for your investment?

- a. 1 – 3 years: These investments need to remain very liquid.
- b. 3 – 5 years: I can only tolerate a small amount of volatility.
- c. 5 – 10 years: I can tolerate a moderate amount of volatility.
- d. Over 10 years: These assets are invested for the long term and I can tolerate short-term fluctuations in value.

3. The assets considered for investments are what percentage of your total investable assets?

- a. More than 75%
- b. 50% – 75%
- c. 25% – 50%
- d. Less than 25%

4. Please choose the phrase that best describes the degree to which you will rely on these assets.

- a. These investments are crucial to my current and future financial well being; I have few other assets or sources of current and future income.
- b. While these assets are a significant portion of my wealth, I have other assets and additional sources of current and future income.
- c. While these investments are an important portion of my wealth, I have considerable additional assets and other significant sources of current and future income.
- d. This investment is fairly small in relation to my overall wealth and my other sources of current and future income.

PART 2: TELL US ABOUT YOUR INVESTMENT GOALS (CONT.)

5. How likely is it that you will need to withdraw a significant portion of these assets prior to your planned time horizon to pay for a home, education or for some other purpose?

- a. I will definitely be withdrawing assets
- b. There is a strong chance
- c. It is possible, but not likely
- d. There is little to no chance

6. If you do expect to withdraw a significant portion of your account, when is it likely to be?

- a. Immediately or very soon
- b. Within 5 years
- c. Within 5 – 10 years
- d. More than 10 years from now

7. Assume your investment time horizon is more than ten years. During the second year of investment, your portfolio declines to less than its initial value. Where would you place your reaction along the following scale?

- a Extremely concerned b Very concerned c Concerned d Somewhat concerned e Not very concerned f Not concerned

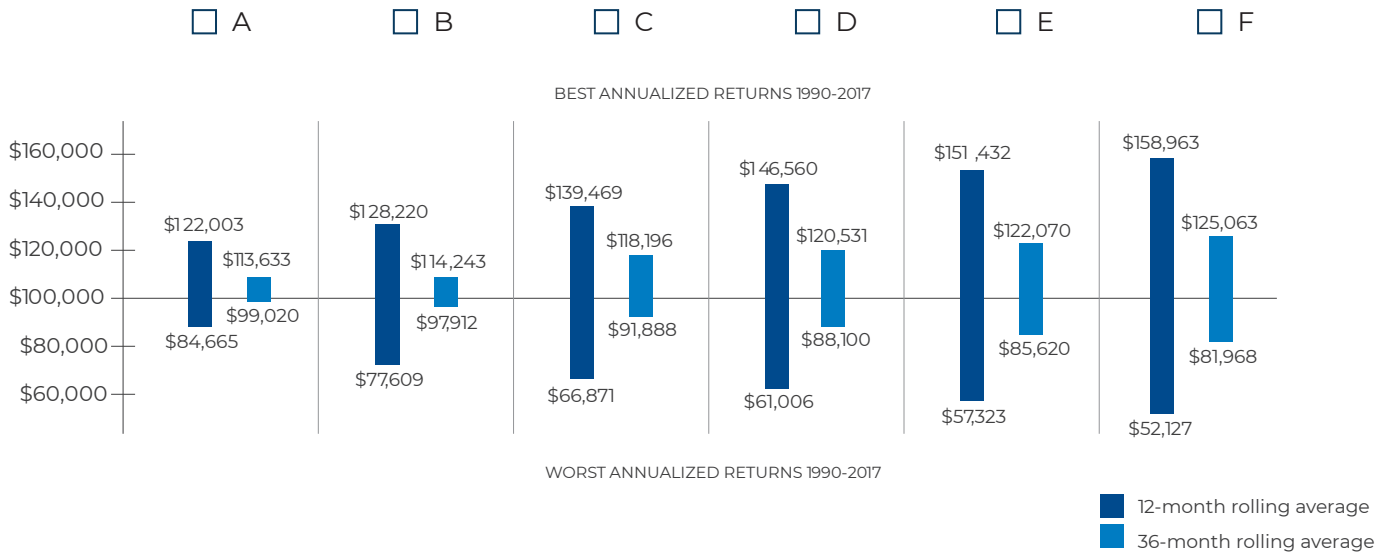


I never want to see the value of my investment decline.

I would be disappointed by this kind of loss, but I need a balanced, diversified portfolio to reach my long-term goals.

I don't pay any attention to short-term fluctuations in market value because I am investing for growth and I will not need my money until the end of my investment time horizon.

8. Below are the ranges of returns for rolling 12-month and 36-month periods for six hypothetical portfolios in which \$100,000 was invested.* Each bar displays the highest and lowest returns for the time period it represents. Considering the range of returns and the downside risk associated with each portfolio, which do you feel would be the most appropriate for you?



*The returns are rolling 12-month and 36-month averages from January 1, 1990 through December 31, 2017 for six hypothetical multi-asset class portfolios along the risk-return spectrum ranging from conservative to maximum growth. These returns do not reflect the performance of actual investment accounts, and are presented for illustrative purposes only. Past performance is not indicative of future results.

9. If you made a long-term investment of \$100,000, how much loss in a single year would you withstand before selling?

- a. 5%, or \$5,000 on a \$100,000 investment.
- b. 10%, or \$10,000 on a \$100,000 investment.
- c. 20%, or \$20,000 on a \$100,000 investment.
- d. I would not sell my investments based on a single-year loss.

10. Suppose that your portfolio lost a significant amount of value over a two- to three-year period. What action would you take?

- a. Move my investments to a very conservative portfolio to avoid losing more money.
- b. Move some of my assets to more conservative investments.
- c. Maintain my present disciplined, long-term strategy.
- d. Develop a more aggressive strategy to recover my losses.

1. While it's very important to understand how you feel about the typical ups and downs of the markets (average volatility), it's also important to understand how you feel about large declines. Behavioral research shows that large declines historically have caused many investors to lose confidence and not only leave the market at the worst possible times, but also wait too long to return to investing. Since it is impossible to perfectly time the market, our shared goal is to help you stay the course and, over the long term, grow your wealth. A clear understanding of your "maximum loss threshold" will help you stay the course when markets decline sharply.

a. How much could your investable assets decline, with no relief in sight, before you felt compelled to exit the market completely?

\$ _____

b. How much do you have in total investable assets?

\$ _____



PART 4: TELL US ABOUT YOUR FINANCES

INCOME

Your current annual income

(including bonuses, commissions, dividends, interest, rental income, small business, etc.)?

\$ _____

Does your income fluctuate on an annual basis (due to commissions, bonuses, etc.)?

Yes, by this amount: \$ _____ No

Do you expect your annual income to change in the next five years beyond a normal cost-of-living adjustment?

Yes, by this amount: \$ _____ No

SAVINGS

Outside of your company retirement/savings plan, how much did you save last year?

\$ _____

Do you expect to save a similar amount each year for the next few years?

Yes

No, I expect to save this amount each year: \$ _____

TAX INFORMATION

What is your current marginal federal tax rate?

10% 12% 22% 24% 32% 35%

To which state do you pay income tax? _____

What is your current marginal state tax rate? _____%

PART 4: TELL US ABOUT YOUR FINANCES (CONT.)

ASSETS

Please provide a summary of your assets and rank your investment experience within each asset category on a scale from 0 to 5, where a rank of 0 indicates no experience and 5 indicates a high level of experience.

	Investor 1	Investor 2	Other Entity	
Category (Self, Spouse, etc.)	_____	_____	_____	Rank your experience Scale of 0 to 5
Retirement Plans	\$	\$	\$	
Savings, CD, MM	\$	\$	\$	
Corporate Bonds	\$	\$	\$	
Municipal Bonds	\$	\$	\$	
US Stocks	\$	\$	\$	
International Stocks	\$	\$	\$	
Mutual Funds	\$	\$	\$	
Annuities	\$	\$	\$	
Investment Real Estate	\$	\$	\$	
Other Investments	\$	\$	\$	

LIABILITIES

Category (Self, Spouse, etc.)	_____	_____	_____
Mortgage	\$	\$	\$
Credit Cards	\$	\$	\$
Auto Loans	\$	\$	\$
Personal Budget Loan	\$	\$	\$
Other	\$	\$	\$

PART 5: INVESTOR INFORMATION

INVESTOR /TRUSTEE INFORMATION

NAME _____ DATE OF BIRTH ____ / ____ / ____

EMAIL ADDRESS _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS* _____

CITY _____ STATE _____ ZIP _____

*REQUIRED IF DIFFERENT FROM MAILING ADDRESS OR IF MAILING ADDRESS IS A POST OFFICE BOX

WHERE WOULD YOU LIKE US TO SEND YOUR MAIL? HOME BUSINESS ALTERNATE (Please provide below)

ALTERNATE ADDRESS _____

CITY _____ STATE _____ ZIP _____

Tax ID# (Trust Accounts) _____ COUNTRY OF LEGAL RESIDENCE _____

Government ID Information (unexpired) DRIVERS LICENSE PASSPORT OTHER GOVERNMENT ISSUE ID

NAME ON ID _____ STATE/PROVINCE OF ISSUE _____

DATE OF ISSUE _____ DATE OF EXPIRATION _____ ID NUMBER _____

EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED UNEMPLOYED HOMEMAKER RETIRED IF RETIRED, RETIREMENT AGE _____

EMPLOYER _____ YEARS WITH EMPLOYER _____

OCCUPATION _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

Specify any publicly traded company of which you are a director, 10% shareholder or policy-making officer.

Specify any securities firm with which you are affiliated.

PART 5: INVESTOR INFORMATION (CONT.)

BENEFICIARY INFORMATION (IRA ACCOUNTS ONLY)

NAME _____ PRIMARY CONTINGENT GENDER M F

RELATIONSHIP _____ DATE OF BIRTH ____ / ____ / ____ PERCENTAGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PRIMARY CONTINGENT GENDER M F

RELATIONSHIP _____ DATE OF BIRTH ____ / ____ / ____ PERCENTAGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

NAME _____ PRIMARY CONTINGENT GENDER M F

RELATIONSHIP _____ DATE OF BIRTH ____ / ____ / ____ PERCENTAGE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DEPENDENTS

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

NAME _____ RELATIONSHIP _____ AGE _____

OTHER ADVISORS

ADVISOR NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

ADVISOR NAME _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PART 6: JOINT ACCOUNT INFORMATION

JOINT ACCOUNT / TRUSTEE INFORMATION (IF APPLICABLE)

NAME _____ DATE OF BIRTH ____ / ____ / ____

EMAIL ADDRESS _____ PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME ADDRESS* _____

CITY _____ STATE _____ ZIP _____

*REQUIRED IF DIFFERENT FROM MAILING ADDRESS OR IF MAILING ADDRESS IS A POST OFFICE BOX

WHERE WOULD YOU LIKE US TO SEND YOUR MAIL? HOME BUSINESS ALTERNATE (Please provide below)

ALTERNATE ADDRESS _____

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Government ID Information (unexpired) DRIVERS LICENSE PASSPORT OTHER GOVERNMENT ISSUE ID

NAME ON ID _____ STATE/PROVINCE OF ISSUE _____

DATE OF ISSUE _____ DATE OF EXPIRATION _____ ID NUMBER _____

JOINT ACCOUNT EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED UNEMPLOYED HOMEMAKER

EMPLOYER _____ YEARS WITH EMPLOYER _____

OCCUPATION _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

Specify any publicly traded company of which you are a director, 10% shareholder or policy-making officer.

Specify any securities firm with which you are affiliated.

PART 7: SCORE CARD

In this section, we rely on the answers that were provided to suggest a risk profile that fits your client's particular needs. Each answer to questions 1 through 10 has points associated with it. Simply print this form and circle the values for each answer in the table below, then add them up to arrive at the total score.

Questions	Answers						Score
1	a. 8	b. 20	c. 35	d. 45			
2	a. 8	b. 20	c. 35	d. 45			
3	a. 8	b. 20	c. 35	d. 45			
4	a. 8	b. 20	c. 35	d. 45			
5	a. -10	b. -5	c. -2.5	d. 0			
6	a. -10	b. -5	c. -2.5	d. 0			
7	a. 10	b. 20	c. 30	d. 40	e. 50	f. 60	
8	a. 10	b. 20	c. 30	d. 40	e. 50	f. 60	
9	a. -10	b. -5	c. -2.5	d. 0			
10	a. -10	b. -5	c. 0	d. 5			
Total							

TOTAL SCORE

Use the computed score to find your client's suggested risk profile in the table below.

RISK PROFILE	SCORE	RISK PROFILE	SCORE
Less than 113 points	Risk Profile 1	Between 163 & 182 points	Risk Profile 4
Between 113 & 142 points	Risk Profile 2	Between 183 & 212 points	Risk Profile 5
Between 143 & 162 points	Risk Profile 3	213 or more points	Risk Profile 6

PART 8: INVESTOR / TRUSTEE SIGNATURES

By signing below, I certify that the information provided in this discovery questionnaire are true and correct to the best of my knowledge.

SIGNATURE

DATE

SIGNATURE

DATE