

# RISK ASSESSMENT QUESTIONNAIRE

## CLIENT NAME(S)

Primary Client (or Entity) Name	Secondary Client Name	Advisor Name/Number
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The Risk Assessment Questionnaire is a series of questions designed to help determine your risk tolerance. For each question below, please select the most appropriate answer. If there are any questions, please contact your advisor.

### GOALS

1. What is the main goal for your investments?	<input type="checkbox"/> Preservation of current assets <input type="checkbox"/> Conservative generation of income <input type="checkbox"/> Balanced portfolio between growth and income <input type="checkbox"/> Growth of assets <input type="checkbox"/> Aggressive growth of assets	0 1 2 3 5
2. I expect to pull money from my investments in:	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 11-20 years <input type="checkbox"/> Over 20 years	0 1 2 3 5

### FINANCIALS

3. Select your current net worth (excluding primary residence):	<input type="checkbox"/> Under \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> \$1,000,000 - \$3,000,000 <input type="checkbox"/> Over \$3,000,000	0 1 1 2 3
4. Please indicate your current annual household income:	<input type="checkbox"/> Under \$75,000 <input type="checkbox"/> \$75,001 - \$125,000 <input type="checkbox"/> \$125,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$350,000 <input type="checkbox"/> \$350,000+	0 0 1 1 2
5. What is the most complex investment you have owned, or would be comfortable owning?	<input type="checkbox"/> Money Markets/CDs <input type="checkbox"/> Mutual Funds/ETFs <input type="checkbox"/> Individual Stocks or Bonds <input type="checkbox"/> Hard Assets (gold, art, etc.) <input type="checkbox"/> Options, Futures or Unlisted Securities	0 2 4 7 10

### RISK TOLERANCE

6. Which best describes your tolerance to risk:	<input type="checkbox"/> Seek stable investments to preserve my principal <input type="checkbox"/> Pursue modest increases in my investments, with low risk of loss <input type="checkbox"/> Aim for investment growth, accepting moderate risk of loss <input type="checkbox"/> Seek above-average growth in investments, accepting above-average risk of loss <input type="checkbox"/> Reach for maximum returns, accepting significant risk of loss	1 2 3 4 5
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7. The charts show the potential 1-year risk/return tradeoff of a \$100,000 investment. Which would you choose?		<input type="checkbox"/> Option 1: \$2,000 potential gain; \$0 potential loss <input type="checkbox"/> Option 2: \$9,000 potential gain; -\$5,000 potential loss <input type="checkbox"/> Option 3: \$20,000 potential gain; -\$13,000 potential loss <input type="checkbox"/> Option 4: \$31,000 potential gain; -\$21,000 potential loss <input type="checkbox"/> Option 5: \$37,000 potential gain; -\$26,000 potential loss	1 2 3 4 5
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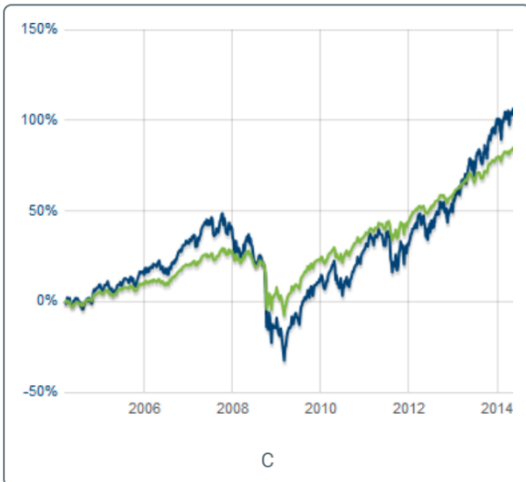
8. Imagine that an investment you own lost 30% of its value in 3 days. What would you do?	<input type="checkbox"/> I don't know <input type="checkbox"/> Sell all of my shares <input type="checkbox"/> Sell a portion of my shares <input type="checkbox"/> Do nothing <input type="checkbox"/> Buy more shares	1 2 3 4 5
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9. You make an investment, planning to hold it for 5 years. It then loses 20% in its first year. How do you react?

<input type="checkbox"/>	I would sell my investment because of my concerns	1
<input type="checkbox"/>	I would consider selling part of my investment	2
<input type="checkbox"/>	I would wait to see how it continues to perform	3
<input type="checkbox"/>	I wouldn't sell my investment, but would be concerned	4
<input type="checkbox"/>	I would buy more of the investment because of the discount	5

10. The following shows the potential performance of an investment over 10 years. Which would you choose?

● S&P 500 ● Investment



<input type="checkbox"/>	Option A	1
<input type="checkbox"/>	Option B	2
<input type="checkbox"/>	Option C	3
<input type="checkbox"/>	Option D	4
<input type="checkbox"/>	Option E	5

**TOTAL RISK SCORE**

Total the scores for each question based on the answers selected in questions 1 through 10 above. The below table will show your applicable Risk Category based on the Total Risk Score.

Total Risk Score

RISK CATEGORY	RISK SCORE RANGE
Low	0 – 10
Moderately Low	11 – 20
Moderate	21 – 30
Moderately High	31 – 40
High	40 – 50

Based on the above risk assessment, do you agree with the score and applicable category assigned to you and your portfolio?  Yes  No

If you do not agree, what is the reason you do not agree with the above overall assessment score? (Please provide as many details for your decision as necessary.)

**SIGNATURES AND DATES**

I/we understand that the above-referenced Risk Assessment Questionnaire acts only as a guide to building an overall financial solution. I/we recognize that there are other factors to consider besides my/our score on this questionnaire when making portfolio decisions and have disclosed all necessary financial and objective information to my/our advisor so that he/she may make informed investment recommendations specific to my/our situation.

Print Primary Client/Authorized Individual Name *First, M.I., Last*

Print Secondary Client/Authorized Individual Name *First, M.I., Last*

Primary Client/Authorized Individual Signature

Date *MM-DD-YYYY*

Secondary Client/Authorized Individual Signature

Date *MM-DD-YYYY*

SIGN

SIGN

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Investment Advisor No/Name

Signature

Date *MM-DD-YYYY*