

Confidential Investor Profile

Your Foundation for a Successful Plan



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Type Of Account(s) To Be Opened

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Taxable: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Joint <input type="checkbox"/> Custodial <input type="checkbox"/> Trust | | Non-Taxable: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth Conversion IRA <input type="checkbox"/> Roth (IRA) <input type="checkbox"/> SEP IRA <input type="checkbox"/> Rollover IRA | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

Personal Information

| | | |
|-------------------------------------------|------------------------|--------------------------|
| Name (first, middle initial, last) | | E-Mail |
| Social Security#/Tax ID Number | | Date of Birth |
| Home Address | | Suite/Apt |
| City, State, ZIP | | Country |
| Home Number | Business Number | Fax Number |
| Choose a Login Name | | Choose a Password |

| | |
|-------------------------|-------------------|
| Employer | Occupation |
| Employer Address | Suite/Apt |
| City, State, ZIP | Country |

| | |
|---------------------------------------|----------------------|
| Spouse's Name | E-Mail |
| Social Security#/Tax ID Number | Date of Birth |
| Employer | Occupation |
| Employer Address | Suite/Apt |
| City, State, ZIP | Country |

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Current Accounts

(Please complete for each account being evaluated.)

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

| |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Account Title |
| Custodian |
| Type of Account <input type="checkbox"/> Individual Retirement (IRA) <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Trust <input type="checkbox"/> Joint <input type="checkbox"/> Individual <input type="checkbox"/> Other _____ |
| Account Value |
| Assets planned for allocation to program <input type="checkbox"/> Entire Account <input type="checkbox"/> Other |

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Current Investments

| | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>Total investable assets</p> <p>\$ _____</p> | <p>Total assets planned for allocation to the program?</p> <p>\$ _____</p> |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|

Please indicate the approximate value of your current investments below:

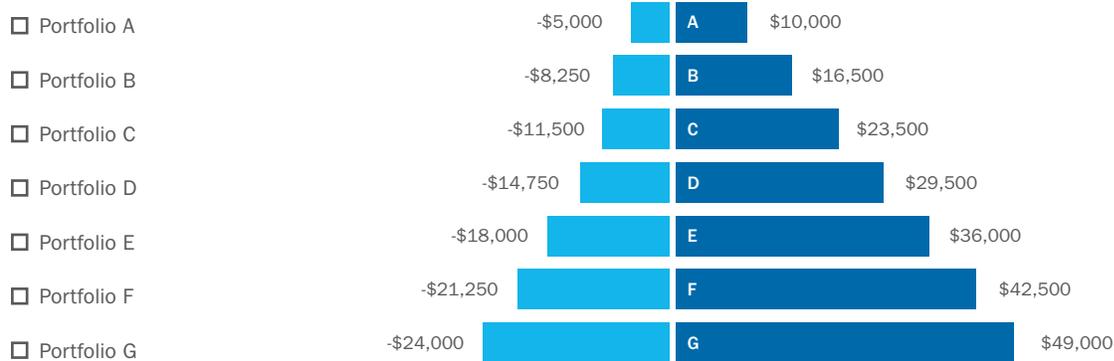
| Asset Class | Taxable Personal Account(s) | Tax-Deferred Investments (including IRA, 401(k), etc.) |
|-----------------------------------|-----------------------------|-----------------------------------------------------------|
| Domestic Equities: | | |
| Alternative | | |
| High Yield | | |
| Large Cap Core | | |
| Large Cap Growth | | |
| Large Cap Value | | |
| Mid Cap Core | | |
| Mid Cap Growth | | |
| Mid Cap Value | | |
| Money Markets | | |
| Small Cap Core | | |
| Small Cap Growth | | |
| Small Cap Value | | |
| International Equities: | | |
| Int'l Developed Mkts | | |
| Int'l Emerging Mkts | | |
| Taxable Fixed Income: | | |
| Municipal Fixed Income: | | |
| REITs: | | |
| Cash and Cash Equivalents: | | |
| Other: | | |
| Totals: | | |

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Investment Objectives And Risk Tolerance Questionnaire

1. The graph below shows the potential range of gains or losses of a \$100,000 investment in each of seven hypothetical portfolios at the end of a 1-year period. The number to the right of each bar shows the best potential gain for that portfolio, while the number to the left of each bar shows the worst potential loss. Given that this is the only information that you have on these seven hypothetical portfolios, which one would you choose to invest in?



2. Inflation (rising prices for goods and services) can have a significant effect on your investments by decreasing their potential purchasing power over time. Aggressive investments have historically outpaced inflation over the long run, but have had more instances of short-term losses than more conservative investments. How do you feel about inflation and its impact on your investments?

- You are satisfied with your investments keeping pace with inflation. Limiting the potential for short-term loss is your main goal, and you are willing to sacrifice the potential for higher returns.
- You would like your investments to outpace inflation. You are willing to assume some potential for short-term loss in order to achieve that goal.
- You prefer that your investments significantly outperform inflation. You are willing to assume a greater potential for short-term loss in order to achieve that goal.

3. Suppose that a substantial portion of your investment portfolio is invested in securities. If the stock market were to experience a prolonged down market, losing 50 percent of its value over a 3-year period, what would you do (assuming your stocks behaved in a similar fashion)?

- Sell all the stocks in your portfolio. You are afraid that the stock market is in a downturn and you cannot afford the decrease in value.
- Sell half of the stocks in your portfolio. You think that the market may rebound, but you are not willing to leave all of your investment exposed to further loss.
- Hold the securities in your portfolio. You understand that your investment may be subject to short-term price swings and are comfortable 'weathering the storm'.
- Buy more securities for your portfolio to take advantage of their low price. You are comfortable with market fluctuations and assume that the stocks will regain their previous value or increase in value.

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Investment Objectives And Risk Tolerance Questionnaire

4. Once again, assume you have a substantial portion of your investment portfolio in stocks. If the stock market were to gradually decline at an average of 2 percent per month, eventually losing 22% of its value over a year, which of the following would you do?

- Sell the securities in your portfolio and realize the 22% loss. You wish to avoid the risk of further loss.
- Sell half of the securities in your portfolio. You are not willing to leave all of your investment at risk for further loss.
- Do nothing. You are comfortable waiting for the stocks to regain their previous value or to increase in value.
- Invest more now because stocks are selling for approximately 22% less than they were 12 months ago. You believe that the stocks will regain their value or possibly appreciate even higher over the long-term.

5. Aggressive investments have historically provided higher returns while exhibiting greater short-term price fluctuations and potential for loss. How do you feel about fluctuations in the value of your portfolio?

- You want to minimize the possibility of loss in the value of the portfolio. You understand that you are sacrificing higher long-term returns by holding investments that reduce the potential for short-term loss and price fluctuations.
- You can tolerate moderate losses in order to achieve potentially favorable returns.
- You can tolerate the risk of large losses in your portfolio in order to increase the potential of achieving high returns.

6. What is the investment time horizon on these investable assets?

- Less than 3 years
- 3 – 5 years
- 6 – 9 years
- 10+ years

7. What is your current Annual Household Income?

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> \$250,001 – 500,000 |
| <input type="checkbox"/> \$0 – 30,000 | <input type="checkbox"/> \$500,001 – 1,000,000 |
| <input type="checkbox"/> \$30,001 – 50,000 | <input type="checkbox"/> \$1,000,001 – 3,000,000 |
| <input type="checkbox"/> \$50,001 – 100,000 | <input type="checkbox"/> More than \$3,000,001 |
| <input type="checkbox"/> \$100,001 – 250,000 | |

8. What is your Approximate Net Worth?

- | | |
|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Less than \$250k | <input type="checkbox"/> \$3M – 5M |
| <input type="checkbox"/> \$250 – 500K | <input type="checkbox"/> \$5M – 10M |
| <input type="checkbox"/> \$500K – 1M | <input type="checkbox"/> \$10M – 20M |
| <input type="checkbox"/> \$1M – 3M | <input type="checkbox"/> More than \$20M |

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Investment Objectives And Risk Tolerance Questionnaire

9. What are your Income Needs from Program Assets?

- | | |
|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> \$60,000 Per Year |
| <input type="checkbox"/> \$10,000 Per Year | <input type="checkbox"/> \$70,000 Per Year |
| <input type="checkbox"/> \$20,000 Per Year | <input type="checkbox"/> \$80,000 Per Year |
| <input type="checkbox"/> \$30,000 Per Year | <input type="checkbox"/> \$90,000 Per Year |
| <input type="checkbox"/> \$40,000 Per Year | <input type="checkbox"/> \$100,000 Per Year |
| <input type="checkbox"/> \$50,000 Per Year | <input type="checkbox"/> More than \$100,000 Per Year |

10. What is Your State Tax Bracket?

- | | |
|-----------------------------|-------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 6% |
| <input type="checkbox"/> 1% | <input type="checkbox"/> 7% |
| <input type="checkbox"/> 2% | <input type="checkbox"/> 8% |
| <input type="checkbox"/> 3% | <input type="checkbox"/> 9% |
| <input type="checkbox"/> 4% | <input type="checkbox"/> 10% |
| <input type="checkbox"/> 5% | <input type="checkbox"/> Over |

11. What is your Federal Tax Bracket?

- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> 0% | <input type="checkbox"/> 28% |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 33% |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 35% |
| <input type="checkbox"/> 25% | |

Account Activity: Contributions and Withdrawals

12. Will you make additional contributions/deposits to these assets?

- Yes
- No

If yes, please indicate the expected amount as either:

_____ % per year, or \$_____ per year.

When do you anticipate these deposits to begin? _____

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Account Restrictions/Constraints and Preferences

13. Are there any limitations to holding specific asset classes in the portfolio? (e.g., emerging markets)

Yes No

If yes, note below any maximum or minimum percentages on a particular asset class. (e.g., no more than 50% equities)

14. Do you wish to prohibit investments in certain securities or industry groups? (e.g., XYZ Corp. stock, alcohol, tobacco or gaming industries)

Additional Information

15. Is there any additional information you wish to provide us so that we can best address your investment needs?

16. From the list below, if you were to select your top three priorities when selecting an investment program what would they be?

| | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Broad Diversification | <input type="checkbox"/> Maximum Customization |
| <input type="checkbox"/> Tax Management | <input type="checkbox"/> Automated Rebalancing |
| <input type="checkbox"/> Minimal Fees | |

17. From the list below, if you were to pick the top three priorities that you use during product selection, what would they be?

| | |
|---------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Minimize Volatility | <input type="checkbox"/> Maximize Up Capture Ratio* |
| <input type="checkbox"/> Maximize Returns (Performance) | <input type="checkbox"/> Minimize Down Capture Ratio* |
| <input type="checkbox"/> Maximize Yield | |

* The Up Capture Ratio looks at how much of the market return the fund “captured” during positive periods. The Down Capture Ratio looks how a fund manager did relative to the benchmark during periods of negative returns.