



STATEMENT OF OBJECTIVES AND RISK TOLERANCE

Name

Date

Address

Phone

City, State, Zip

To help us serve you better, please rate each objective by circling the number which best reflects its importance to you.

LEVEL OF IMPORTANCE (circled total should be less than 21)

	MOST	VERY	SOME	LITTLE	NONE
Maximum Long-Term Growth	5	4	3	2	1
Deferral of Taxable Gain	5	4	3	2	1
Tax Reduction	5	4	3	2	1
High Current Income	5	4	3	2	1
Stable Annual Income	5	4	3	2	1
Stable Value of Principal	5	4	3	2	1
High Degree of Liquidity	5	4	3	2	1

1. What are your total investable assets? \$ _____
2. What are the total dollars to be invested with us? \$ _____
3. Please indicate your preference:
 - A) High Returns _____ or Consistent Returns _____
 - B) Income _____ or Capital Appreciation _____
 - C) No Down Years _____ or Outperform the Market _____
4. Please state your tolerance to investment risk, from 1 to 10 _____
(1= low risk, 10 = high risk tolerance)

5. It is inevitable that, sooner or later, your investment portfolio will have a year(s) in which its value goes down rather than up. When that happens, how much of a loss can you stand?

_____ 15%

_____ 10%

_____ 5%

_____ 3%

6. Is a "down year" once every three years tolerable to you? One in every five? One in ten? Never?

One in every _____ years. Never _____.

7. Which of the following best describes your investment objectives?

_____ Income - Preservation of capital, emphasizing dividend and/or interest income.

_____ Balanced - A mix between preservation of capital, capital appreciation, and current income.

_____ Growth - Capital appreciation, with income as a minor consideration.

8. If growth is your primary objective, what compound annual rate of return would you like to achieve on your entire portfolio?

_____ %

9. If current income is your primary objective, what is your required annual rate of income?

_____ %

10. What time period seems most appropriate for your account?

_____ Ten years or more

_____ Five to ten years

_____ Three to five years

_____ Other (please state)

11. Do you foresee any specific need to withdraw principal during that time?

_____ Yes _____ No

If yes, what amount? \$_____ In which years? _____

12. Do you expect to make additional contributions during the period your account is being managed?

_____ Yes _____ No

If yes, what amount? \$ _____ In which years? _____

13. Marginal tax bracket = _____%

14. If there are any of your current investments that you definitely want to keep, please list them here:

Additional comments or specific concerns:
