

Confidential Client Risk Profile Questionnaire

CLIENT INFORMATION

Name _____

Primary Residence Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Fax _____

Email Address _____

RISK TOLERANCE

In order for your Financial Advisor to develop the proper investment recommendations for you, please provide the following important information. Please answer the following questions with regard to only the assets to be invested in this program.

1) In how many years do you expect to need access to your funds? For example, if you are using the funds toward your retirement, in how many years do you plan to retire?

- 1 to less than 3 years
- 3 to less than 5 years
- 5 years or more

2) Please describe your attitude toward the investment of this portfolio by circling the most appropriate number below. The higher the number checked, the more aggressive you consider yourself to be.

1 2 3 4 5 6 7 8 9

More Conservative

Moderate

More Aggressive

3) With regard to this portfolio, please select the most accurate description of your primary investment objective:

- Income: primary objective is current income with an emphasis on safety of principal.
- Income with Growth: primary objective is current income with growth of capital secondary.
- Growth and Income: primary objective is equal emphasis between current income and growth of capital.
- Growth: primary objective is growth of capital and any income is reinvested.
- Maximum Growth: primary objective is growth of capital with no regard to current income.

4) Your level of comfort with various investment returns is important. Historically, the more volatile the portfolio (a greater range of potential returns), the higher the average return has been. Of course, there is no assurance that this will remain true in the future. Therefore, you must balance your investment goals with your tolerance for risk and ability to accept and sustain a loss. Historically, the more aggressive the investment the higher the potential for gain as well as loss has been. How do you feel about volatility/fluctuations in your portfolio? Please select one of the choices below.

- You want to minimize the possibility for loss in value and accept that you may be sacrificing potential higher long-term returns by having investments that reduce the potential for short-term loss
- You can tolerate the risk of moderate losses in order to pursue potentially favorable returns.
- You can tolerate the risk of large losses in your portfolio in pursuit of greater potential gains.

5) If our evaluation of your investment profile determines that investment in foreign equity markets such as Latin America and Asia is suitable for your portfolio, do you wish to have a portion of your assets invested in these markets?

- Yes No



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Client Information

Name	Date of Birth	Occupation
Client		
Co-Client		
Child		
Child		
Child		
Child		

Employment Data

	Employer	Employer Address	How Long
Client			
Co-Client			

Income

	Base Income	Bonus/Commission	Rental/Other	Pension Defined Benefit	Desired Retirement Age	Desired Annual Retirement Income
Client						
Co-Client						

Annual Savings

	*Cash/Money Market	*Investment Account	IRA	401(k)	*Annuities	*Other
Client						
Co-Client						

*Please identify if joint ownership (J)

Real Assets

	Year Purchased	Interest Rate	Purchase Price	Mortgage Balance	Current Value
Primary Residence					
Second Home					
Investment Property					
Business Interest					
Other					



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Investment Assets (Non-Qualified)

	Account Registration	Investment Type	Custodian	Current Value
Checking/Savings/CDs/Money Market				
Investment Accounts				
Investment Accounts				
Investment Accounts				
Annuity				

Investment Assets (Qualified)

	Account Registration	Investment Type	Custodian	Current Value
Traditional IRA				
Traditional IRA				
Rollover IRA				
Rollover IRA				
Roth IRA				
Roth IRA				
401(k) / 403(b)				
401(k) / 403(b)				
Lump Sum Pension				
Deferred Comp				

Liabilities

	Liability 1	Liability 2	Liability 3	Liability 4
Description				
Balance Due				

Room for Additional Items _____

Insurance

	Policy 1	Policy 2	Policy 3
Carrier			
Insured/Owner			
Beneficiary			
Death Benefits/Cash Value			



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6) What do you (client) hope to accomplish from speaking with me/us? _____

7) What are your (client) biggest financial concerns? _____



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