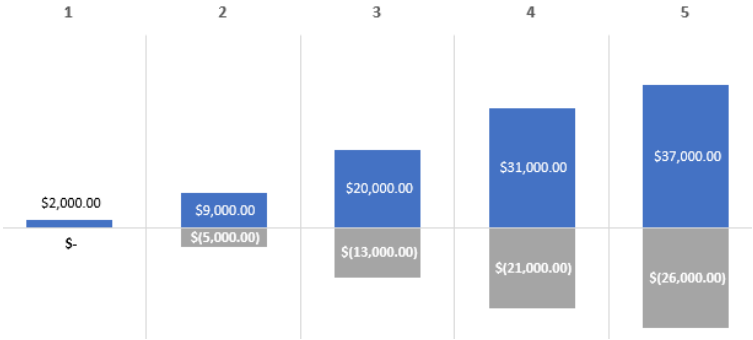
RISK ASSESSMENT QUESTIONNAIRE

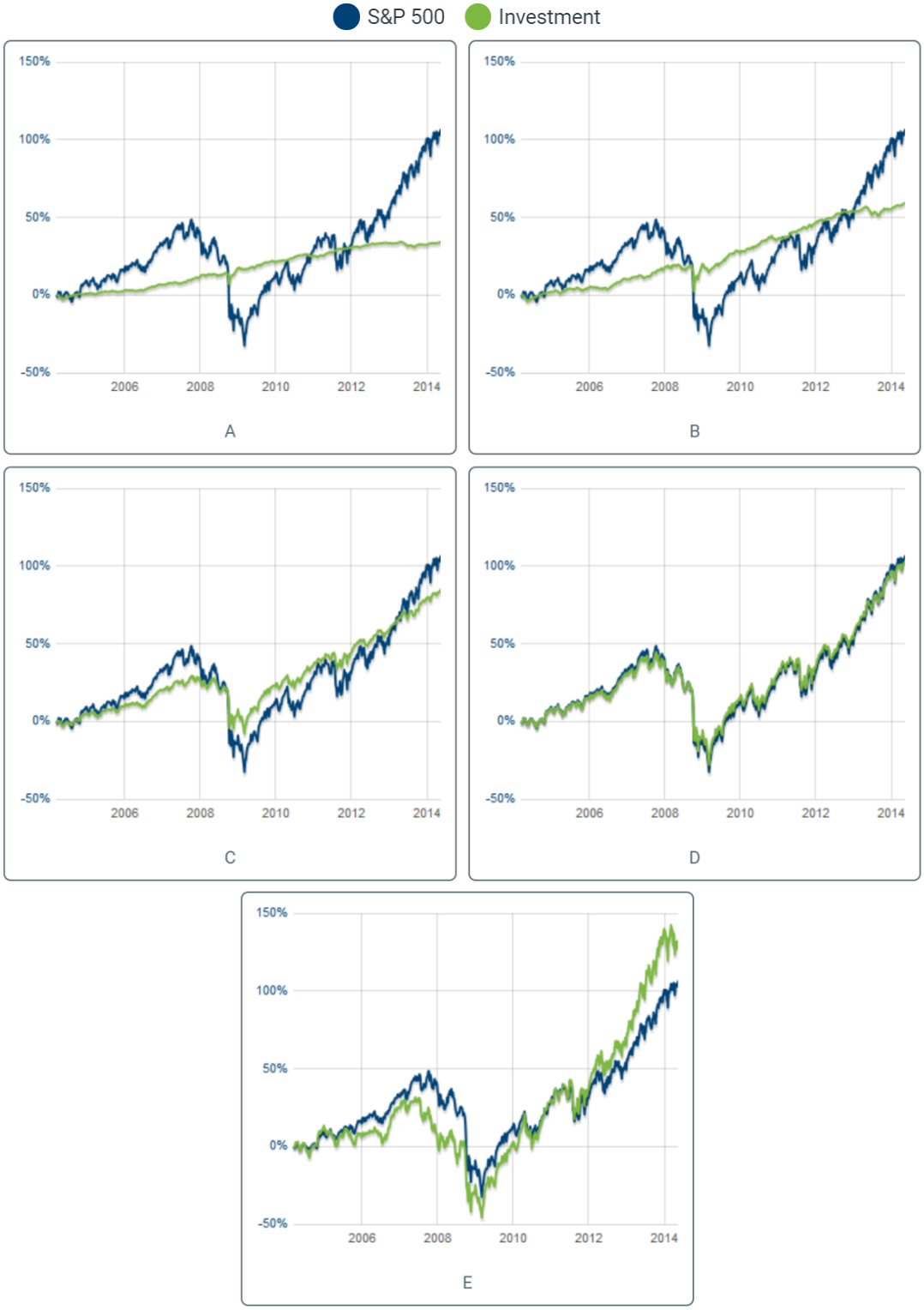
CLIENT NAME(S)		
Primary Client (or Entity) Name	Secondary Client Name	Advisor Name/Number

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?	☐ Preservation of current assets	0
		☐ Conservative generation of income	1
		☐ Balanced portfolio between growth and income	2
		☐ Growth of assets	3
		☐ Aggressive growth of assets	5
2.	I expect to pull money from my investments in:	☐ Less than 1 year	0
		☐ 1-4 years	1
		☐ 5-10 years	2
		☐ 11-20 years	3
		☐ Over 20 years	5
FINANCIALS			
3.	Select your current net worth (excluding primary residence):	☐ Under $100,000	0
		☐ $100,000 - $500,000	1
		☐ $500,000 - $1,000,000	1
		☐ $1,000,000 - $3,000,000	2
		☐ Over $3,000,000	3
4.	Please indicate your current annual household income:	☐ Under $75,000	0
		☐ $75,001 - $125,000	0
		☐ $125,001 - $200,000	1
		☐ $200,001 - $350,000	1
		☐ $350,000+	2
5.	What is the most complex investment you have owned, or would be comfortable owning?	☐ Money Markets/CDs	0
		☐ Mutual Funds/ETFs	2
		☐ Individual Stocks or Bonds	4
		☐ Hard Assets (gold, art, etc.)	7
		☐ Options, Futures or Unlisted Securities	10
RISK TOLERANCE			
6.	Which best describes your tolerance to risk:	☐ Seek stable investments to preserve my principal	1
		☐ Pursue modest increases in my investments, with low risk of loss	2
		☐ Aim for investment growth, accepting moderate risk of loss	3
		☐ Seek above-average growth in investments, accepting above-average risk of loss	4
		☐ Reach for maximum returns, accepting significant risk of loss	5
7.	The charts show the potential 1-year risk/return tradeoff of a $100,000 investment. Which would you choose?		
		☐ Option 1: $2,000 potential gain; $0 potential loss	1
		☐ Option 2: $9,000 potential gain; -$5,000 potential loss	2
		☐ Option 3: $20,000 potential gain; -$13,000 potential loss	3
		☐ Option 4: $31,000 potential gain; -$21,000 potential loss	4
		☐ Option 5: $37,000 potential gain; -$26,000 potential loss	5
8.	Imagine that an investment you own lost 30% of its value in 3 days. What would you do?	☐ I don't know	1
		☐ Sell all of my shares	2
		☐ Sell a portion of my shares	3
		☐ Do nothing	4
		☐ Buy more shares	5

9. You make an investment, planning to hold it for 5 years. It then loses 20% in its first year. How do you react?	☐ I would sell my investment because of my concerns ☐ I would consider selling part of my investment ☐ I would wait to see how it continues to perform ☐ I wouldn't sell my investment, but would be concerned ☐ I would buy more of the investment because of the discount	1 2 3 4 5

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



☐ Option A	1
☐ Option B	2
☐ Option C	3
☐ Option D	4
☐ 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*	
SIGN Primary Client/Authorized Individual Signature	Date *MM-DD-YYYY*	SIGN Secondary Client/Authorized Individual Signature	Date *MM-DD-YYYY*

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Investment Advisor No/Name	Signature	Date *MM-DD-YYYY*