

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



As Featured In:



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 | | | | | |



As Featured In:



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 | | | |



As Featured In:



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

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



As Featured In:



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