



# Asset Allocator

## Personal Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **Male** **Female**

Annual Earned Income \$ \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_-

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

## Spouse Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: **Male** **Female**

Annual Earned Income \$ \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_-

Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

## Dependents

First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Gender (M/F)
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\_\_\_\_\_

## Tax Rates

Provide the requested information. Your tax rates will be used to develop asset mixes and financial forecasts.

### Current Tax Rates

	Federal	State
What is your current tax rate on ordinary income?	_____ %	_____ %
What is your current tax rate on capital gains?	_____ %	_____ %
What is your state of residence?	_____	

## Risk Tolerance

### 1. Risk Factor

Before you make a decision on any investment, you need to consider how you feel about the prospect of potential loss of principal. This is a basic principle of investing: *the higher return you seek, the more risk you face*. Based on your feelings about risk and potential returns, your goal is to:

- A. Potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk.
- B. Potentially increase my portfolio's value at a moderate pace while accepting moderate to high levels of risk.
- C. Income is of primary concern while capital appreciation is a secondary goal.
- D. Take as little risk as possible with my investment principal.

### 2. Investment Approach

Which of the following statements best describes your overall approach to investing as a means of achieving your goals?

- A. Seeking a relative level of stability in my overall investment portfolio.
- B. Attempting to moderately increase my investment value while reducing the potential for loss of principal.
- C. Pursue investment growth, accepting moderate to high levels of risk and principal fluctuation.
- D. Seek maximum long-term returns while accepting maximum risk with maximum principal fluctuation.

### 3. Volatility

The value of most investments fluctuates from year to year as well as over the short-term. How would you feel if an investment you had committed to for ten years lost 20% of its value during the first year?

- A. I would be extremely concerned and would sell my investment.
- B. I would be concerned and may consider selling my investment.
- C. I would be concerned, but I would not consider selling my investment.
- D. I would not be overly concerned given my long-term investment philosophy.

**4. Variation**

Realizing that any market-based investments may move up or down in value over time, with which of the hypothetical portfolios and volatility of hypothetical returns below would you feel most comfortable?

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Average Annual</b>
<input type="checkbox"/>	3%	3%	3%	3%	3%	3%
<input type="checkbox"/>	2%	5%	6%	0%	7%	4%
<input type="checkbox"/>	-6%	7%	21%	2%	8%	6%
<input type="checkbox"/>	9%	-11%	26%	3%	18%	9%
<input type="checkbox"/>	14%	-21%	40%	-4%	31%	12%

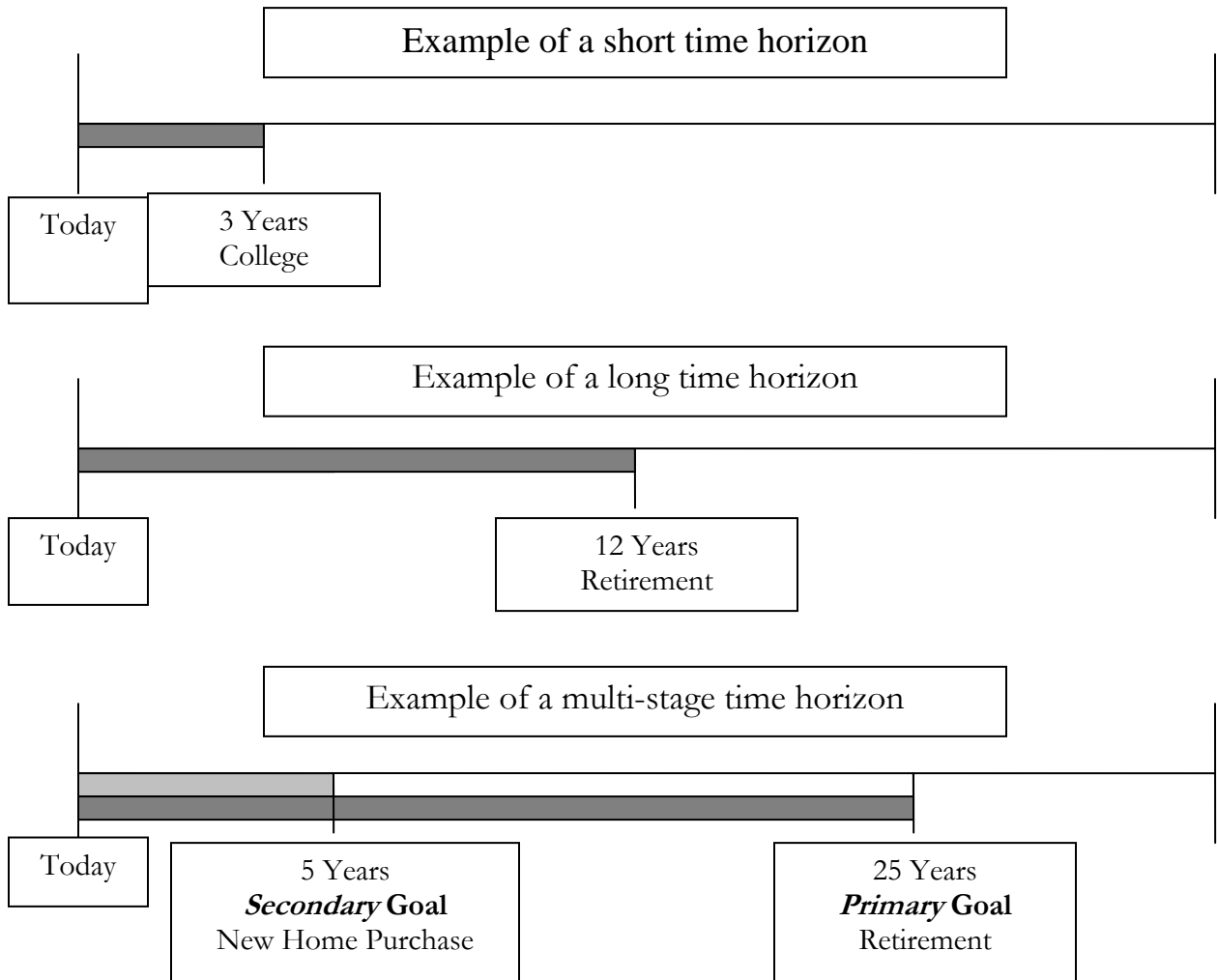
**5. Investment Experience**

What is your overall knowledge of investments?

- A. LOW – I have very little investment experience outside of bank savings accounts, money market funds and certificates of deposit (CDs).
- B. MEDIUM – I have some experience investing in mutual funds or individual stocks and bonds.
- C. HIGH – I have been an active participant in the stock market and understand that all investments, including international markets, can be volatile and unpredictable.

**6. Time Horizon**

An important consideration when making investment decisions is where you are in your financial life cycle and how long you have before you will need to start withdrawing the assets. Through consultation with your Financial Advisor, please indicate your portfolio’s appropriate time horizon. A multi-stage time horizon would indicate that you have several goals in the future that may require withdrawals at different times that your investment portfolio needs to address.



**(Time Horizon – continued)**

- A. Short (1-4 Years)
- B. Long (5-10+ Years)
- C. Multi-stage

**7. Primary Goal**

Please indicate approximately how many years from today until you reach your primary goal.

- A. Within 1 to 4 years
- B. Within 5 to 10 years
- C. Within 11 to 20 years
- D. More than 20 years

## 8. Secondary Goal

Some investors have a multi-stage time horizon with several goals for their portfolio. Please indicate approximately how many years from today until you reach your secondary goal.

- A. Not applicable, I only have a single stage time horizon.
- B. Within 1 to 4 years
- C. Within 5 to 10 years
- D. More than 10 years

## 9. Age

What is your current age range?

- A. Under 35
- B. Between 36 to 45
- C. Between 46 to 55
- D. Between 56 to 70
- E. Over 70

## 10. Investment Earnings

Based on your current and estimated future income needs, what percentage of your investment earnings do you think you would be able to reinvest?

- A. Reinvest 100 percent of my investment earnings.
- B. Reinvest 20 to 80 percent of my investment earnings.
- C. Reinvest 0% (receive all investment earnings for cash flow).
- D. My investment earnings will not be sufficient and I will need to withdrawal principal.

## 11. Investment Value

What is the current value of your total investment portfolio? Please include the value of all your investments, including CDs, 401(k)s, 403(b)s, IRAs, annuities, etc.

- A. More than \$1,000,000\*
- B. \$500,001 to \$1,000,000
- C. \$300,001 to \$500,000
- D. \$100,000 to \$300,000
- E. Less than \$100,000

**\* Alternative investments may be recommended in your portfolio.**

## 12. Living Expense

Emergencies such as accidents, illnesses, hospitalizations, job loss, etc. can occur. In the event you faced an emergency, how many months of your total annual living expenses could be covered by your current liquid investments (such as savings/checking accounts, CDs with maturities less than six months, etc.)?

- A. More than 12 months, or not a concern
- B. Between 4 and 12 months
- C. Less than 4 months, or already withdrawing

## 13. Household Income

Total earnings, which includes earned and investment income, is a requirement when assessing your risk tolerance and determining allocation of assets. What is your total annual household income (including interest and tax deferred income)?

- A. More than \$200,000
- B. \$150,000 to \$199,999
- C. \$100,000 to \$149,999
- D. \$50,000 to \$99,999
- E. Less than \$49,999

## 14. Income Saving

The percentage of your total income that you currently save is approximately:

- A. I do not currently save any income.
- B. Between 2% - 7%
- C. Between 7% - 12%
- D. Greater than 12%

## 15. Future Earnings

In the next five years, you expect that your earned income will probably:

- A. Decrease
- B. Stay about the same
- C. Increase modestly
- D. Increase significantly

## Portfolio Holdings

Provide as much of the requested information as possible about your current portfolio holdings. (Account statements may be attached for your convenience.)

### Non-Qualified Assets

(Examples: Stock, Bond, CD, Mutual Fund, Money Market, REIT, UIT, etc.)

Product Name	Symbol	Market Value	Cost Basis
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

### Qualified Assets

(Examples: IRA, SEP IRA, 401(k), Profit Sharing, ESOP, Keogh, SIMPLE, Tax Sheltered Annuity, etc.)

Product Name	Symbol	Market Value	Cost Basis
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

### (Qualified Assets – continued)

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Non-Qualified Tax-Deferred Assets**

(Examples: Commercial Annuity, Non-Qualified Deferred Compensation, etc.)

Product Name	Symbol	Market Value	Cost Basis
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**Financial Goals**

What is your primary financial goal?

What is your secondary financial goal?

- A. Retirement
- B. Current Income
- C. Education
- D. Long-term Wealth Accumulation

- A. Retirement
- B. Current Income
- C. Education
- D. Long-term Wealth Accumulation

**Investment Experience**

Please circle your experience level and length of time description for each investment type below.

	<u>Experience Level</u>	<u>Years of Experience</u>
Stocks	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Bonds	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Options/Futures	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Mutual Funds	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Annuities	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Separately Managed Accounts	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years
Alternative Investments	None / Moderate / Extensive	0 to 2yrs / 2 to 5yrs / 5+ years

## Portfolio Constraints

**\*\*Please note that the constraints, restrictions and comments noted below are for data gathering purposes only.**

### Liquidity Constraints

How would you describe your portfolio's liquidity requirements?

- A. Low  
 B. Average  
 C. High

Will the investment earnings for this portfolio be needed to meet some or all of your expenses?

- A. Yes  
 B. No

If you answered "Yes", what are the approximate annual expenses this portfolio will need to address? \_\_\_\_\_

Do you anticipate the need to withdraw a significant portion of your portfolio's value within the next ten years to meet a financial goal such as starting a business, purchasing real estate, college education funding or travel?

- A. Yes  
 B. No

If you answered "Yes", please explain below:

Additional comments:

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### Alternative Investment Considerations

Do you have more than \$1,000,000 in investment assets?

- A. Yes\*  
 B. No

**\*By answering "Yes", alternative investments may be recommended in your portfolio.**

Comments:

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### Tax Constraints

Are there any important tax considerations or issues that should be taken into account when constructing this portfolio?

- A. Yes\*  
 B. No

**\* By answering "Yes," tax-exempt bonds may be recommended in your portfolio.**

Comments:

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### Legal and Regulatory Constraints

Are there any legal and regulatory concerns that would present an issue in the construction of the portfolio?

- A. Yes  
 B. No

Comments:

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### Unique circumstances

Are there any unique circumstances that would present an issue in the construction of your portfolio?

- A. Yes  
 B. No

Comments:

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## Portfolio Monitoring and Client Communication

What frequency of direct contact with your Financial Advisor would you prefer?

### Meetings

- A. Annually
- B. Semi-annually
- C. Quarterly
- D. No standard schedule, when Deemed necessary by either my Financial Advisor or myself.

### Written or Oral Communication

- A. Semi-annually
- B. Quarterly
- C. More frequently than quarterly
- D. No standard schedule, when Deemed necessary by either my Financial Advisor or myself.

Comments:

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## Conclusion

To the best of my knowledge, the information contained in this investment policy statement questionnaire is both accurate and complete. I acknowledge that it is my responsibility to inform my Raymond James Financial Advisor of any material change to my personal and/or financial situation.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Advisor Signature

\_\_\_\_\_  
Date