

PORTFOLIO CONSULTATION

Please fill out this form to participate in our free, no-obligation portfolio review. All information you send us is strictly confidential. Please note that if you are using Acrobat Reader, you will not be able to save this form on your computer. Please be sure to print when you are finished.

PRIMARY ACCOUNT HOLDER

First Name _____ Middle _____ Last _____

Address _____ City _____ ST _____ Zip _____

Date of Birth _____

Best Phone Number to Reach You at _____

E-mail Address _____

ADDITIONAL INFORMATION

1. What is your time horizon for needing to withdraw funds? _____
2. Which of the following best describes your primary reason for investing?
 - A. I am seeking to avoid short-term erosion of capital
 - B. I wish to generate cash flow, as this is my only source of income
 - C. I am saving for a specific goal (child's college, home down-payment, etc.)
 - D. I wish to accumulate wealth, as this money will serve as my primary source of retirement
 - E. I wish to generate cash flow only as a supplement to my primary source of income
3. On a scale from 1 to 5 with 1 being very conservative/risk averse and 5 being very aggressive/risk tolerant, how would you rank your risk tolerance? 1 2 3 4 5
4. Assume that one year ago you purchased a stock. Today the market value of your investment is lower by 20%.
Which of the following actions do you think you would be inclined to take today?
 - A. I would buy more to take advantage of the lower price
 - B. I would ride out this downturn in the hope that it is temporary
 - C. I would sell the investment and invest the proceeds in an investment that had performed better last year
 - D. I would sell the investment to cut my losses and invest the proceeds in a less risky investment

CURRENT PORTFOLIO

For this section, you can either send us a copy of a current statement of your investments or you can list your current securities and market values on the following page.

