

**Introduction**

Many objective and subjective factors must be taken into account in attempt to determine an individual’s risk tolerance level. This questionnaire is one of the tools we utilize.

**Investment Statements**

Show how much you Agree or Disagree with each of the following investment statements by marking the appropriate box at the end of each sentence.

Statement		Disagree			Agree	
		1	2	3	4	5
#1	I can accept minor fluctuations in my account value in exchange for more income.	<input type="checkbox"/>				
#2	I can accept a small risk of loss and somewhat larger fluctuations in my account value in exchange for conservative growth opportunity and the possibility of more income.	<input type="checkbox"/>				
#3	I can accept a greater risk of loss and greater fluctuations in my account value in exchange for more aggressive growth opportunities.	<input type="checkbox"/>				
#4	I can accept the risk of significant losses and large fluctuations in my account value in exchange for very aggressive, rapid growth opportunities.	<input type="checkbox"/>				

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**Investment  
Decisions**

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Please answer both **Part 1** and **Part 2** below:

**Part 1** For each of the two investment decisions below, check the option with which you are most comfortable.

**Decision 1 Choose between**

- a. A sure gain of \$25,000  
OR  
 b. A 25% chance of winning \$100,000 and a 75% chance of winning nothing.

**Decision 2 Choose between**

- a. A sure loss of \$75,000  
OR  
 b. A 75% chance of losing \$100,000 and a 25% chance of losing nothing.

**Part 2** For each of the two investment decisions below, check the option with which you are most comfortable.

**Decision 1 Choose between**

- a. A sure gain of \$250  
OR  
 b. A 25% chance of winning \$1,000 and a 75% chance of winning nothing.

**Decision 2 Choose between**

- c. A sure loss of \$750  
OR  
 d. A 75% chance of losing \$1,000 and a 25% chance of losing nothing.

**Investment  
Input**

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Please answer the following questions:

For your current investments, what has been your annual rate of return? \_\_\_\_\_

Have you been satisfied with that return?     Yes     No

If no, why not? \_\_\_\_\_

What percentage of your portfolio can you afford to lose or how much money can you afford to lose in any one year? \_\_\_\_\_

What action would you take if the market dropped 50% from its present value?  
\_\_\_\_\_

Regarding your finances, what, if anything, do you spend the most time thinking about? \_\_\_\_\_  
\_\_\_\_\_

Are there things in your financial life that you wish you had done differently?  
\_\_\_\_\_  
\_\_\_\_\_

Are you pleased with

- your ability to manage and shelter your income from taxes?  
\_\_\_\_\_

- the diversification and performance of your portfolio?  
\_\_\_\_\_

What is the

- best investment decision you have ever made? \_\_\_\_\_

- worst investment decision you have ever made?  
\_\_\_\_\_

Are there any investments that you

- will NOT sell for personal reasons? \_\_\_\_\_

- will NOT buy for social reasons? \_\_\_\_\_

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