

INITIAL CONSULTATION QUESTIONNAIRE

Please answer the following questions concerning your GOALS and CONCERNS. (All information provided is strictly CONFIDENTIAL and is requested only to better serve you. However, if you do not feel comfortable providing any of the information requested, leave it blank.)

Your Name: _____ Spouse Name: _____

Your Birth date: _____ Spouse Birth date: _____

Your SSN: _____ Spouse SSN: _____

Are you employed, retired, or nearing retirement? _____

If nearing retirement, please give date. _____

If employed, where do you work? _____

Work Address: _____

City, State, ZIP: _____

Business Phone: _____

Fax: _____

Business E-mail: _____

If employed, where does your spouse work? _____

Work Address: _____

City, State, ZIP: _____

Business Phone: _____

Fax: _____

Business E-mail: _____

Home Address: _____

City, State, ZIP: _____

Home Phone: _____

Home Fax: _____

Home E-mail: _____

What is your profession and how long have you been with your current employer?

Who is dependent upon you for their financial support? _____

Who would you like to be the Beneficiary on your account (s)? (You can list more than one. Please give name, address, and phone for each.)

What is your most important financial goal? _____

What are your annual income, net worth, and liquid assets? _____

How long have you known the JPJ Financial Advisor? _____

Do you have a will? _____

Date of will: _____

Do you have a power of attorney? _____

Date: _____

Do you have a trust? _____

Trustee's Name: _____

Who is your attorney? _____

Who is your accountant? _____

When investing money, rank the following in order of importance from Highest (1) to Lowest (5).

____ Safety ____ Income ____ Liquidity ____ Growth ____ Taxes

What is your greatest financial fear? _____

Would you like to lower the amount you pay in income taxes? _____

How much risk would you accept for the chance of a better return on your money? Use these parameters and check the appropriate category.

____ LOW – I can't afford any fluctuation of my principal over the next 3-5 years.

____ MODERATE – I will accept fluctuations of + or – 10 to 15% in my account over the next 3-5 years.

____ HIGH – I will accept fluctuations of + or - 20 to 25% in my account over the next 3-5 years for the possibility of higher returns.

Is leaving an inheritance to your family important to you? _____

What is your tax rate? _____

If you are not sure, what is your annual income? _____

Spouse's annual income? _____

How much of this is Social Security? _____

Interest/Dividends? _____

Salary/IRA (Pension)? _____

How do you feel about your current financial situation? _____

Please describe the types of investment you have. (Money Market, C.D.s, Bonds, Stocks, Mutual Funds, and/or Asset Management Accounts) _____

Your answers to the following questions will be used to generate an asset allocation model that may be the most appropriate to help you achieve your stated goals, taking into account your investment horizon and tolerance for risk.

1. Your investment objective summarizes the primary purpose of your account. It serves to define how assets should be managed. While asking yourself “What do I want most to accomplish?”, select the objective that best fits the purpose of your account.

- ☐ Preserve asset value
- ☐ Generate high current income
- ☐ Achieve asset growth with moderate current income
- ☐ Achieve strong asset growth with nominal income
- ☐ Achieve maximum capital appreciation

2. Please check the box that indicates your response to the following statement: I am comfortable with investments that may go down in value from time to time, if they offer the potential for higher returns.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Somewhat agree
- ☐ Agree
- ☐ Strongly agree

3. Age is a very important determinant of portfolio selection. Please check your age group below.

- ☐ 35 or under
- ☐ 36 – 45
- ☐ 46 – 55
- ☐ 56 – 64
- ☐ 65 or over

4. Your investment time horizon is an important variable to consider when constructing your account. How long will it be before you begin making withdrawals?

- ☐ 1 year or less
- ☐ 1 – 2 years
- ☐ 2 – 4 years
- ☐ 4 – 6 years
- ☐ 6 years or more

5. Once you begin taking withdrawals from your portfolio, how long will the money in the account have to last before it is depleted?

- ☐ Lump sum
- ☐ Less than 1 year
- ☐ 1 – 5 years
- ☐ 6 – 10 years
- ☐ 11 or more years

6. An assessment of your income requirements is essential to determining the appropriate asset allocation structure of your account. Please check the box that best approximates the amount of CURRENT income your account needs to generate annually as a percent of your total income from all sources.

- ☐ 0 – 5%
- ☐ 6 – 15%
- ☐ 16 – 30%
- ☐ 31 – 50%
- ☐ Over 50%

7. How long could you cover monthly living expenses with cash and investments you currently have on hand?

- ☐ Less than 1 month
- ☐ 1 – 3 months
- ☐ 3 – 6 months
- ☐ 6 – 12 months
- ☐ More than 12 months

8. What is your outlook for your future income from sources other than investments over the next ten years?

- ☐ It will greatly decrease
- ☐ It will decrease, but not by much
- ☐ It will stay the same
- ☐ It will increase, but not by much
- ☐ It will greatly increase

I HAVE ANSWERED THESE QUESTIONS TO THE BEST OF MY ABILITY TO REFLECT MY FEELING AND CIRCUMSTANCES ON THE PRECEDING TOPICS.

THIS INFORMATION IS CONFIDENTIAL AND IS USED TO GIVE JPJ INVESTMENTS THE INFORMATION NEEDED TO WORK WITH ME AND MY ACCOUNT.

PRINT YOUR NAME _____

SIGNATURE _____ DATE _____