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Personal Information

Client Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yyyy) ____ / ____ / ____ Gender: Male Female

Address _____

City _____ State _____ Zip _____-

Phone Number (____) ____-____ Best Time to Call _____

Email Address _____

Employer _____ Work Number (____) ____-____

Job Title _____ Cell Number (____) ____-____

Hobbies or Interest _____

Co-Client Information

First Name _____ Middle _____ Last _____

Birth Date (mm/dd/yyyy) ____ / ____ / ____ Gender: Male Female

Address _____

City _____ State _____ Zip _____-

Phone Number (____) ____-____ Best Time to Call _____

Email Address _____

Employer _____ Work Number (____) ____-____

Job Title _____ Cell Number (____) ____-____

Hobbies or Interest _____

Dependents & Adult Children

**Mark with (x) for dependents*

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

Acknowledgements

- I am not an associated person or related to an associates person with the Raymond James Financial Group
- I am not an employee of or related to an employee of any exchange or a member firm of any exchange or member of the Financial Industry Regulatory Authority (FINRA, or a officer of a bank, trust company, or insurance company.
- I am not a director, corporate officer, or 10% shareholder of a publically traded company.

Financial Goals

What is your primary financial goal?

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

What is your secondary financial goal?

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

Financial Information

Combined Annual Income

- \$0-\$19,999
- \$20,000- \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$200,000
- \$200,001 - \$500,000
- \$500,001 - \$1,000,000
- Over \$1,000,000

Combined Net Worth

- \$0-\$19,999
- \$20,000- \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$250,000
- \$250,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- Over \$5,000,000

Investment Experience

Please place a check mark next to your experience level and length of time description for each investment type below.

Experience Level

Years of Experience

Stocks	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Bonds	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Options/Futures	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Mutual Funds	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Annuities	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Separately Managed						
Accounts	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years
Alternative Investments	<input type="checkbox"/> None	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 0 to 2yrs	<input type="checkbox"/> 2 to 5yrs	<input type="checkbox"/> 5+ years

Portfolio Monitoring and Client Communication

What frequency of direct contact 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.

Preferred Method of Communication

- _____ A. Email
 _____ B. Phone Call
 _____ C. Face to Face Meeting
 _____ D. US Postal Service - Written

Comments:

Risk Assessment

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?

	Year 1	Year 2	Year 3	Year 4	Year 5	Average Annual
<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%

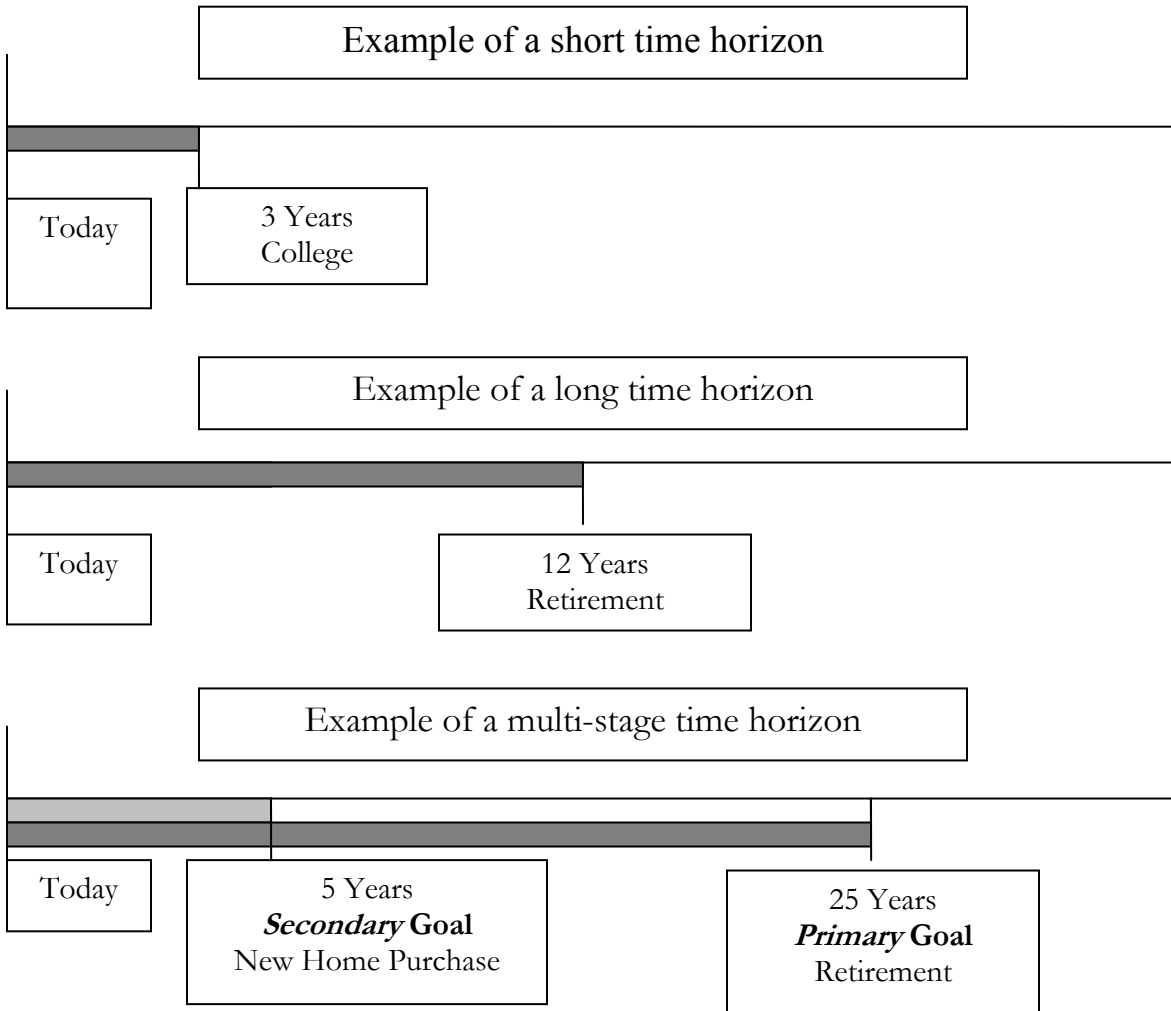
5. Investment Experience

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.



- 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 36-45
- 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

16. What portion of the investment assets that pertain to this Investment Policy Statement are located at RJ?

- A. None
- B. Some Assets
- C. All/Majority of Assets

Portfolio Constraints

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:

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.**

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.**

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:

Unique circumstances

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

A. Yes B. No

Comments:

Net Worth

Provide the requested information about your current assets

Cash Assets

Please list Bank Accounts and attach statements

	Owner	Value	Check if statement attached
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	<input type="checkbox"/>

* **JTWROS** (joint with right of survivorship) **TBE** (Tenants by the Entirety) **TIC** (tenants in common) **CP** (community property)

Investment Assets

Please list Investment Accounts and attach statements

	Owner	Basis	Value	Check if statement attached
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>
_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/>

* **JTWROS** (joint with right of survivorship) **TBE** (Tenants by the Entirety) **TIC** (tenants in common) **CP** (community property)

Retirement Accounts

Please list Retirement Accounts and attach statements

	Type*	Owner	Value	Check if statement attached
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client	\$ _____	<input type="checkbox"/>

* 401(k), 457, 403(b), Traditional IRA, Roth IRA, Simple, SEP, Profit Sharing, Money Purchase, Annuity, Other

Business/Real Estate Assets

	Description	Ownership	Cost Basis	Value	Loan Attached
Asset 1	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Future plans for asset: (example: sell to fund retirement, pass on to heirs, etc.)

Asset 2	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Future plans for asset: (example: sell to fund retirement, pass on to heirs, etc.):

Asset 3	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)* _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Future plans for asset: (example: sell to fund retirement, pass on to heirs, etc.):

* **JTWROS** (joint with right of survivorship) **TBE** (Tenants by the Entirety) **TIC** (tenants in common) **CP** (community property)

Personal Assets

	Description*	Current Value	Cost Basis	Owner	Loan Attached
Asset 1	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 2	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 3	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 4	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 5	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 6	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 7	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 8	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asset 9	_____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint (specify)** _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Primary Residence, Secondary Residence, Auto, Motorcycle, Recreational Vehicle, Boat, Appliances, Art & Antiques, Books & Music, Clothing, Collectibles, Furniture, Furs, Hobby & Sport, Electronics & Computer, Jewelry, Musical Instruments, Rugs, Silverware, Tools, Other

** **JTWROS** (Joint with right of survivorship) **TBE** (Tenants by the Entirety) **TIC** (tenants in common) **CP** (community property)

Education Assets

What is the current balance of the assets you have set aside for education?

\$ _____

Number of children to fund with the assets above?

Type: 529
 Education Savings
 UGMA/UTMA
 Other _____

Do you want to include the value of these assets in your net worth?

Yes No

Life Insurance Policy Information

Insurance Company	Premium	Cash Value	Face Value	Owner
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Other _____
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Other _____
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Other _____
_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Other _____

Liabilities

Description	Loan Type*	Responsible Party	Current Balance	Monthly Payment**	Current Interest Rate	Tax Deductible
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint	\$ _____	\$ _____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint	\$ _____	\$ _____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint	\$ _____	\$ _____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint	\$ _____	\$ _____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	<input type="checkbox"/> Client <input type="checkbox"/> Co-Client <input type="checkbox"/> Joint	\$ _____	\$ _____	_____%	Yes <input type="checkbox"/> No <input type="checkbox"/>

*Primary Residence, Home Equity/Other Mortgage, Real Estate, Business, Invest./Margin, Consumer, Automobile, Other

** Principal and interest only. Do not include escrow.

Cash Flow

Provide the requested information about your income and expenses. This information will be used to determine your current cash flow.

Annual Income

	Client	Co-Client
Annual earned income	\$ _____	\$ _____
What annual income do you receive from investments?	\$ _____	\$ _____
What income do you receive that is not subject to FICA? (example: S-Corp dividends)	\$ _____	\$ _____

Living Expenses*

(DO NOT include liability principle and interest in liability section above)

Description	Monthly Amount	Description	Monthly Amount
General Rent	\$ _____	_____	\$ _____
Homeowners/Renters Insurance	\$ _____	_____	\$ _____
Health Insurance	\$ _____	_____	\$ _____
Auto Insurance	\$ _____	_____	\$ _____
Property Tax (Real Estate/Vehicle)	\$ _____	_____	\$ _____
Home Repairs/Maintenance	\$ _____	_____	\$ _____
Utilities	\$ _____	_____	\$ _____
Groceries	\$ _____	_____	\$ _____
Personal Goods	\$ _____	_____	\$ _____
Entertainment	\$ _____	_____	\$ _____
Clothing	\$ _____	_____	\$ _____
Gifts	\$ _____	_____	\$ _____
Transportation	\$ _____	_____	\$ _____
Charitable Contributions	\$ _____	_____	\$ _____
Child Care	\$ _____	_____	\$ _____
Auto Gas/Repairs	\$ _____	_____	\$ _____

Taxes

Annual federal income tax		\$ _____
Attach previous year's tax return	Please check if attached:	<input type="checkbox"/>
Annual state/local income tax		\$ _____
Annual Social Security tax		\$ _____
If unsure, check box for our estimate		<input type="checkbox"/>

Current Annual Financial Commitments

	<u>Client</u>	<u>Co-Client</u>
How much is contributed annually to tax-deferred retirement investments?	\$ _____	\$ _____
How much is contributed annually to taxable investments?	\$ _____	\$ _____
How much is contributed annually toward education goals?	\$ _____	\$ _____