

CLIENT PROFILE

1	PERSONAL INFORM	ATION				
	Full Name:				Da	ate of Birth:
	Legal Address:					
	Mailing Address:					Same as Legal
	Home Phone:			_ Cell	Phone: _	
	Email Address:			Citizensl	nip:	Marital Status:
	Preferred Method of Contact:	\square E-mail		none: ((Cell Ho	me Work)
2	SPOUSE INFORMATI	ON				
	Full Name:				D:	ate of Birth:
						7.C 0. Dirtiii
	Email Address:			Citizensl	hip:	Marital Status:
						me Work)
3	OCCUPATION	_	-		-	
				Your	Joh Title	:
	·					
	•					Years worked here?
Spouse Occupation: Spouse Job Title:						
						Years worked here?
4	GENERAL INFORMA	TION	-		-	
	I would like InVested Advisors t	o help me w	ith (che	ck all th	at apply):	
		Investment				Risk Management
	What are your financial goals?_					
	What are your biggest concerns	s at this time	?			
	On the scale from 0-5 how com	fortable are	you witl	h your f	inances?	
	Very Uncomfortable O	O O	○ 3			Very Comfortable

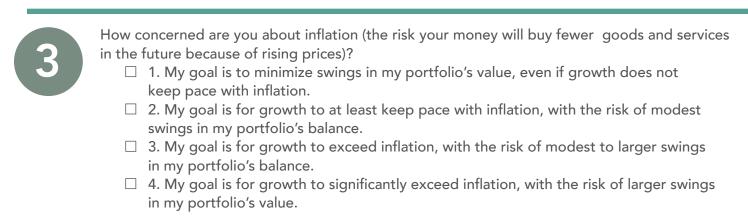
CLIENT PROFILE CONTINUED

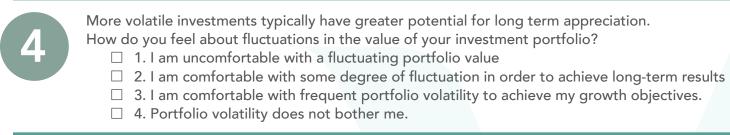
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Yo dependents	Chil	d of Spo	use
Yo	Chil	d of Spo	use
dependents	s?	Spo	
dependents	;?		
dependents	s?		
dependents	;?		
dependents	;?		
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Child 1	Child 2	d of Child 3	Child 4
Cilia i	Cilila 2	Cilia 5	Cilia.
· family mem	hers?		
raining interin	DC13		

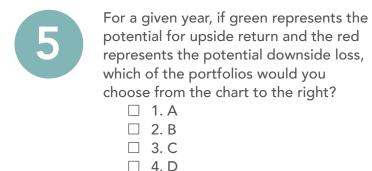
Willingness – How much risk are you willing to bear within your portfolio? Questions 1 – 5 Your willingness to tolerate risk measures the emotional aspect of investing. If the level of volatility in your portfolio causes you stress, you may be invested more aggressively than you are comfortable with. If you rarely are concerned about portfolio fluctuations, you likely have a higher risk tolerance.

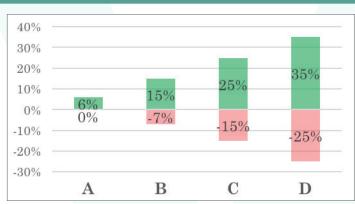
	09, stocks lost 57% of their value from top to
bottom. If you owned stocks that lost this a	
\square 1. sell all of the investment.	\square 3. hold the investment and do nothing.
\square 2. sell a portion of the investment.	\Box 4. buy more of the investment.

	You have \$100,000 in your emerg	gency savings fund. Your family member is starting a tech
2	company in an up and coming in	dustry and needs seed capital. You believe the potential upside
	is great but know startup compa	nies are exposed to a lot of risk. How much of your emergency
	fund would you be willing to com	nmit?
	□ 1. \$0	□ 3. \$10,000-\$40,000
	2. \$1,000-\$10,000	□ 4. >\$40,000









Willingness Total Score

(score 1 point for option 1, 2 points for option 2, etc.)

RISK TOLERANCE QUESTIONNAIRE CONTINUED

Ability – How much risk is appropriate for your portfolio needs and horizon? Questions 6 – 10 The ability to bear risk is measured in terms such as time horizon, income levels, and level of overall wealth relative to your spending needs. For example, an investor with a longer time horizon has a greater ability to bear risk as there is more time to recover losses than an investor who will need to liquidate a significant percentage of the portfolio within a few years.

6	 Which most closely describes your situation for projected income? 1. No sources other than what can be generated by the investment portfolio 2. Modest income (social security, pension, etc.) 3. Employment or self-employment income that's expected to adequately cover all expenses 4. Significant income above expenses which will result in additional contributions to portfolio over time
7	When do you plan to begin taking regular/ongoing distributions from this portfolio? 1. Currently taking distributions 2. Within the next 5 years 3. After 5 years 4. No plans for distributions from the portfolio
8	Approximately what percentage of your total net worth is represented by these assets? 1. > 80% 2. 50-80% 3. 20-50% 4. < 20%
9	Do you foresee a scenario before your indicated investment time horizon where you would need to liquidate a portion of your portfolio to fund a significant expense (college education, purchase second home, wedding, funding assisted living or buying a dream car)? □ 1. Almost certainly □ 2. More likely than not □ 3. Unlikely but possible □ 4. Almost no chance
10	In terms of experience how would you describe yourself as an investor? 1. No or limited knowledge 2. Some knowledge but still uncomfortable making most decisions 3. Moderately knowledgeable and comfortable with investing 4. Very experienced

Ability Total Score

(score 1 point for option 1, 2 points for option 2, etc.)

Ability Score (from page 4): ____

RISK TOLERANCE SCORING MATRIX

Willingness Score (from page 3): _____

Ability

20	Balanced	Growth & Income	Growth & Income	Enhanced Equity	Enhanced Equity
16	Balanced	Balanced	Growth & Income	Growth	Enhanced Equity
13	Balanced	Balanced	Growth & Income	Growth	Growth
10	Enhanced Fixed Income	Balanced	Balanced	Growth & Income	Growth & Income
7	Enhanced Fixed Income	Enhanced Fixed Income	Balanced	Balanced	Balanced
5	7	10	13	16	20

Willingness

Using scores, circle/click corresponding risk tolerance on box above. To use scoring grid, determine
willingness column on horizontal axis and ability score row on vertical axis and find intersecting grid

square (example willingness of 11 and ability of 15 would correspond to risk profile of "moderate").

Optional override – "I request the investment portfolios be managed to the following target risk profile irrespective of the scoring results:" (only check if you wish to override standard scoring)

Risk Tolerance	Strategic Allocation Stock / Bond	Potential Range of Stock Exposure	
☐ Enhanced Fixed Income	10% / 90%	0% - 20%	
☐ Balanced	50% / 50%	40% - 60%	
☐ Growth & Income	65% / 35%	55% - 75%	
☐ Growth	75% / 25%	65% - 85%	
☐ Enhanced Equity	90% / 10%	80% - 100%	
☐ Custom			
Signature:		Date:	



FINANCIAL PLANNING PROFILE

TELL US ABOUT YOU	R CURRENT SIT	UATION	
Are you retired? You	Yes No	Spouse □Yes □] No
. ,			
INCOME SOURCES			
(For hardcopy forms, please choose from thes Investment Income, Annuities, Royalties, Alin		nnual Bonuses, Social Secui	rity, Pension, Rental Property Income,
Description	Recipient (You or Spouse)	Amount	Frequency (Annual or Month
·		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
EXPENSES			
	Monthly	Payment OR	Annual Payment
Home			
Rent			
Property Taxes			
Home Owner / Renter Insurance			
Home Maintenance / Repair			
Homeowners Association Fees			
Garden / Yard Maintenance			
Utilities			
Water / Sewer			
Refuse / Trash / Recycling			
Electric			
Heat			
Telephone / Cable			
Cell Phone			
Cell Frione			
Automobile			
Car Fuel			
Car Lease Payment			
Car Insurance			
Car Registration / Tags			
Car Maintenance / Repair			

(Expenses continued on next page)

3. Expenses Continued

	Monthly Payment	OR	Annual Payment
Debts			
Mortgage Payments (Principle & Interest Only)			
Car Loan Payments			
Credit Card			
Line of Credit			
Medical			
Health Insurance Premiums			
Medical / Dental / RX Copays			
Insurance			
Life Insurance Premiums			
Long Term Care Premiums			
Food			
Food and Beverage			
Dining Out			
Personal Care			
Personal Care Items			
Beauty / Haircut			
Clothing Purchases			
Dry Cleaning / Laundry			
Entertainment			
Entertainment			
Books / Magazines / Newspapers			
Club / Professional Dues			
Cultural / Recreational Activities			
Vacation / Gifts			
Vacations			
Holidays / Birthday / Wedding Gifts			
Miscellaneous			

FINANCIAL PLANNING PROFILE CONTINUED

ASSEIS			
	these options: Residence, Other Real Estate, Bank Acc count, HSA, Annuity, 529 College Savings Plan, Other,		Plan, Traditional IRA,
Description	Ownership (Joint/Yo	u/Spouse) Cui	rrent Value
2 200	,	\$	
		\$	
		<u></u>	
		•	
LIABILITIES			
(For hardcopy forms, please choose from	these options: Mortgage, 2nd Mortgage, Car Loan, Cl	redit Card, Line of Credit, Ot	her)
Description	Ownership (Joint/You/Spouse)	Current Balance	Interest Rate
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		\$	%
		-	
INSURANCE			
(For hardcopy forms, please choose from Long Term Care Insurance, Disability Insu	these options: Term Insurance, Group Term, Index Lif ırance, Other)	e, Whole Life, Universal Life	, Variable Life,
Type of Insurance	Owner (You/Spouse/Trust/Other)	Benefit	Cash Value
Type of modiumes	Civile: (rea/spease/ nasa/ethel/	\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		Ψ	Ψ

FINANCIAL PLANNING PROFILE CONTINUED

At what age would you like to r	etire?	You	_ '	se
How willing are you to retire lat	er?	□Very	Somew	hat Not at All!
RETIREMENT CONCERNS		You	Spouse	High/Med/Low concert
Money Concerns				
Not having a paycheck				
Running out of money				
Suffering investment losses				
Leaving money to others				
Health Concerns				
Cost of health care or long-tern	n care			
Current or future health issues				
Dying early				
Living too long				
Personal & Family Concerns				
Children with special needs				
Parents needing care				
Other				
POTENTIAL INCOME SOURCE (For hardcopy forms, please choose from the Annuities, Royalties, Other)			Security, Pension, Rental	Property Income, Investment Income,
Description	Recipient	(You or Spouse)	Amount	Frequency (Annual or Month
			\$	
			\$	
			\$	
			\$	
			\$	
DOTENITIAL DICKS IN DETIDEN	IENIT			
POTENTIAL RISKS IN RETIREM	IEINI			

DOCUMENT CHECKLIST Please provide us with the following documents along with this Financial Planning Profile:

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1)	CURRENT ASSETS AND DEBTS
	Most recent bank statements for all checking, savings and money market accounts.
	The most up to date certificate of deposit statements.
	Current copies of all Defined Benefit pension statements and benefits.
	Most recent statements of all retirement accounts such as IRA, 401(k), 403(b), 457, SEP IRA, Roth IRA.
	Information regarding health savings accounts, medical savings or other employer deferred accounts.
	Most recent statements of non-retirement accounts such as individually or jointly owned investments.
	Copies of stock or bond certificates held in "street name".
	Any information relative to stock options including corresponding vesting schedule.
	Employee benefit statement.
	Any previous monthly budgets or annual financial spreadsheets.
2)	TAX AND INCOME INFORMATION
	Most recent Tax return.
	Most recent business, corporate or fiduciary tax returns.
	Most recent pay stubs.
	Most recent Social Security statement (your online statement can be found at ssa.gov).
3)	HOME RELATED INFORMATION
	Copy of all outstanding mortgages, notes and lines of credit on all real estate.
4)	PRIOR LEGAL AND ESTATE PLANNING DOCUMENTATION
	Copies of any prenuptial, postnuptial or marital property agreements.
	Current Last Will and Testament.
	Current Living Will.
	General Durable Power of Attorney or Health Care Power of Attorney.
	Copies of any trusts of which you are a trustee or are related to you or your spouse's estate planning.
5)	INSURANCE POLICIES
	Most recent life insurance policy statements.
	Health insurance & major medical policy information.
	Disability income insurance policy statements.
	Long Term Care policy information.