



STRATEGIC WEALTH MANAGEMENT GROUP

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Financial Fact Finder

Securities offered through Mid Atlantic Capital Corporation ("MACC"), a registered broker dealer, Member FINRA/SIPC. Financial advice offered through Mid Atlantic Financial Management, Inc. ("MAFM"), a SEC registered investment adviser. Strategic Wealth Management, Ltd. is not a registered entity or a subsidiary or control affiliate of MACC or MAFM.

Please bring copies of the following to each meeting:

- Pension estimate or projection statement
- 401(k) statement - include investment options
- 403(b) statement
- Social Security statement
- Stock option statement
- Deferred compensation statement
- Form 1040 of last year's tax return
- Current paystubs
- Education account statements (529 plans, custodial accounts, UGMA/UTMA accounts)
- IRA, Roth IRA, Annuity or any miscellaneous investment statements
- Bank account statements: checking, savings, money manager, certificate of deposit
- Liability statements: mortgage, credit cards, car loans, student loans, any debt statements
- Updated life insurance statement or policy details
- Disability insurance statements
- Long term care statements
- Will(s)
- Employee Benefit Handbook(s)

Questions for us

Personal Data

Please complete both columns, unless you are single, widowed, or divorced.

Client A - Personal Information

First Name Middle Last

Nickname Date of Birth

Social Security Number Male Female

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Place of Birth Mother's Maiden Name

Driver's License Number State

Issue Date Expiration Date

Home Street Address

City State Zip Code

Personal Email

Home Telephone Cell Phone

Marital Status:
 Single Married Domestic Partner Widowed Divorced

Anniversary Date (if married) : _____

Client A - Employment Information

Job Title Employer

Employer Street Address

City State Zip Code

Work Email

Work Telephone Work Cell

Client B - Personal Information

First Name Middle Last

Nickname Date of Birth

Social Security Number Male Female

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Place of Birth Mother's Maiden Name

Driver's License Number State

Issue Date Expiration Date

Home Street Address

City State Zip Code

Personal Email

Home Telephone Cell Phone

Marital Status:
 Single Married Domestic Partner Widowed Divorced

Client B - Employment Information

Job Title Employer

Employer Street Address

City State Zip Code

Work Email

Work Telephone Work Cell

Personal Data (Continued)

Affiliations

Are you (or a member of your immediate family) a director, 10% shareholder or policymaking officer of a publicly traded company?

Yes No If yes, Company Name: _____

Are you (or a member of your immediate family) a registered representative of a broker-dealer?

Yes No If yes, specify Firm Name: _____

Are you (or a member of your immediate family) employed by or otherwise affiliated with FINRA or any broker-dealer?

Yes No If yes, specify Firm Name: _____

Are you (or a member of your immediate family) a politically exposed person in non-U.S. country?

Yes No If yes, specify _____

Account Profile

Annual Income

- \$ 0 – 29,000
- \$ 30,000 – 49,999
- \$ 50,000 – 74,999
- \$ 75,000 – 99,999
- \$100,000 – 149,999
- \$150,000 – 249,999
- \$250,000 – 399,999
- \$400,000 – Over

Estimated Net Worth

- \$ 0 – 74,999
- \$ 75,000 – 99,999
- \$ 100,000 – 149,999
- \$ 150,000 – 249,999
- \$ 250,000 – 499,999
- \$ 500,000 – 999,999
- \$1,000,000 – 2,999,999
- \$3,000,000 – Over

Portfolio Objectives

Check all that apply

- Income
- Growth
- Total Return
- Tax Deferral

Portfolio Time Horizon

- < 4 Years
- 4-8 Years
- > 8 Years

Federal tax Bracket

_____%

Investment Experience? Yes No

- Stocks _____ yrs
- Bonds _____ yrs
- Mutual Funds _____ yrs
- DDP's _____ yrs
- Annuities _____ yrs
- REIT's _____ yrs
- Other _____ (identify) _____ yrs

Interview Questions

With whom do you consult before making important financial decisions?

Who prepares your tax forms?

Are you obligated to do business with anyone else?

Interview Questions (continued)

Have you worked with a financial professional in the past? Yes No

If yes, please provide their name: _____
First Name Last

How was the experience?

What are your expectations from me?

What fears or potential pitfalls would you like to avoid?

Dependents

First Name	Middle	Last	Date of Birth	Social Security Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan on having additional children? Yes No

Are there any immediate or long term financial obligations for supporting parents or dependents? Yes No

If yes, please explain:

Do any of your dependents have special needs? If so, which child(ren)?

Financial Planning

Client A

Annual Salary _____

Annual Bonus _____

Do you foresee a significant change in your income within the next 2 years? Yes No

Client B

Annual Salary _____

Annual Bonus _____

Do you foresee a significant change in your income within the next 2 years? Yes No

Yes No Do you have a will and/or a trust now? If yes, when was it last updated? _____

Yes No Are you expecting to receive money or property from an inheritance, a gift, judgment or lawsuit or other? If yes, please explain:

Yes No Are all children legally yours, either natural or legally adopted? _____

Yes No Are there any stepchildren in your family? If so, how many? _____

Yes No Do you have any children under the age of 18? If so, how many? _____

Yes No Do you have any children or grandchildren with special needs or for whom you would like to make special provisions?

Yes No Do you make any charitable donations? If so, to whom? _____

Yes No Have you or your spouse been married before? If yes, and there are children by a previous marriage, please list their names and ages:

First Name	Middle	Last	Date of Birth	Age
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Yes No Have you entered into a prenuptial agreement? If yes, please provide a copy.

Yes No Are both of you U.S. citizens? If no, please specify: _____

Yes No Have you and/or your spouse made any gifts to any one individual in a calendar year in excess of \$13,000 or \$26,000 jointly? If so, please explain and list the years:

Retirement Objectives

Client A

Target Retirement Age (what age do you want to retire?)

What monthly income amount do you want to have in retirement (after taxes)? _____

What milestones do you see in the future for your Retirement or Financial Independence (i.e., purchase a new home, relocate, remodel the kitchen, travel more, enjoy a comfortable retirement, etc.)

Where do you dream of going? (Did you know that the 2010 average U.S. vacation cost per day for food and lodging for two people was \$244?)

What destination? (United States, other countries, historical sites, places from your roots, or homes of friends and family)

How do you want to make a difference to family, community, an organization or friends? Sometimes dreams and goals can include helping others. Think about the people, communities and organizations that matter to you. How do you want to support them now and in the future? Think BIG!

Family (fund education, instill values or teach personal skills?)

Community/Organization (volunteer at school, serve on a board, support outreach activities, raise funds, donate money or leave a legacy?)

Friends (form support groups, be a mentor or volunteer together?)

Other comments:

Retirement Income Sources

Client A

Do you have pension benefits from a current or past employer? Yes * No

* Please attach a statement of benefits, payment options, and plan documents

Pension monthly benefit at age 65? _____

Are you entitled to Social Security benefits?

Yes * No * Please attach a printout from www.ssa.gov

Benefit amount:

_____ Age 62 _____ Age 66 (Full Retirement Age) _____ Age 70

Client B

Do you have pension benefits from a current or past employer? Yes * No

* Please attach a statement of benefits, payment options, and plan documents

Pension monthly benefit at age 65? _____

Are you entitled to Social Security benefits?

Yes * No * Please attach a printout from www.ssa.gov

Benefit amount:

_____ Age 62 _____ Age 66 (Full Retirement Age) _____ Age 70

Asset Information

Banking: Checking, Savings, Money Market, CDs

Sample:

Checking	PNC Bank	\$5,000	\$100	Ownership: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint

Asset Information (Continued)

Investments: 529 Plans, Savings Bonds, 401(k), 403(b), SEP IRA's, 457 Plans, Retirement Saving Plans, Roth IRA's, Traditional/Rollover IRA's, Annuities, UGMA/UTMA, Stock Options, Restricted Stocks, SAR's, Non-Retirement Investment Accounts, etc.

Sample 1:

Roth IRA	Vanguard	\$5,000	\$50	N/A	Ownership: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Joint
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	

Sample 2:

401(k)	Fidelity	\$20,000	\$300	4%	Ownership: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint
Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	

Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Institution Name	Current Balance	Monthly Savings Amount <i>(Your contributions per month)</i>	Employer Contributions <i>(Match Dollar Amount or Percentage)</i>	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Real Property: Real Estate, Cars, Jewelry, Boats, etc.

Sample:

Home Residence	\$350,000	Ownership: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Joint
Asset Type	Current Value	

Asset Type	Current Value	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Current Value	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Current Value	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Current Value	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Asset Type	Current Value	Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> Joint
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Liabilities

Loans and Liabilities: Mortgage, Home Equity Loan, Car Loan, Student Loan, Credit Cards, etc.

Sample:

Mortgage	Wells Fargo	\$1,547	4.5%	\$205,000
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance
Liability Name	Institution Name	Minimum Monthly Payment	Interest Rate %	Current Balance

Protection Planning

Life Insurance

Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life
Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life
Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life
Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life
Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life
Insurance Company	Insured's Name	Death Benefit	Annual Premium	Cash Value	<input type="checkbox"/> Term	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal Life

Disability Insurance

Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period
Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period
Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period

Long Term Care Insurance

Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period
Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period
Insurance Company	Insured's Name	Benefit Period	Monthly Benefit	Annual Premium	Waiting Period

Other Insurance

Insurance Company	Insurance Type	Insured's Name	Owner	Coverage	Annual Premium
Insurance Company	Insurance Type	Insured's Name	Owner	Coverage	Annual Premium

Health Status

Client A

Please rate your overall health status.

Excellent Good Fair Poor

Are you a smoker?

Yes No

Notes:

Client B

Please rate your overall health status.

Excellent Good Fair Poor

Are you a smoker?

Yes No

Notes:

Education Objectives

Child 1

Name of Child

University, College or School of Choice

Expected Annual Tuition and Living Expenses Per Year

Expected Year to Enter College

Number of Years of Education:

Undergraduate

Graduate

Do you plan to send your child(ren) to private school before college?

Yes No

If yes, please provide the annual tuition amount?

Child 2

Name of Child

University, College or School of Choice

Expected Annual Tuition and Living Expenses Per Year

Expected Year to Enter College

Number of Years of Education:

Undergraduate

Graduate

Do you plan to send your child(ren) to private school before college?

Yes No

If yes, please provide the annual tuition amount?

Child 3

Name of Child

University, College or School of Choice

Expected Annual Tuition and Living Expenses Per Year

Expected Year to Enter College

Number of Years of Education:

Undergraduate

Graduate

Do you plan to send your child(ren) to private school before college?

Yes No

If yes, please provide the annual tuition amount?

Child 4

Name of Child

University, College or School of Choice

Expected Annual Tuition and Living Expenses Per Year

Expected Year to Enter College

Number of Years of Education:

Undergraduate

Graduate

Do you plan to send your child(ren) to private school before college?

Yes No

If yes, please provide the annual tuition amount?

Investor Profile Questionnaire

My primary investment objective is to:

Protect Capital

I am a conservative investor. Risk must be low. I am prepared to accept low returns in an attempt to protect capital.

Maintain Wealth

I am seeking better than average return, but desire low risk in my investment portfolio. I want to protect the wealth I have accumulated. I am willing to consider growth investments to cope with the negative effects inflation can have on my investment portfolio.

Meet Investment Objectives

I am a moderate investor who wants a balanced portfolio to work towards medium to long term financial objectives. I require an investment strategy that over time can provide returns to meet those objectives. Calculated risks will be acceptable in an attempt to meet those objectives.

Growth Oriented

I am an assertive investor, probably earning sufficient income to invest most funds for capital growth. I am prepared to accept some potential losses and moderate risks. My primary concern is to accumulate assets over the medium to long term. I desire a balanced portfolio, but more aggressive investments may be included.

Aggressively Build Long-Term Wealth

I am an aggressive investor prepared to compromise safety of principle to pursue potentially high long term returns. My investment choices are diverse, and I realize they carry with them a high level of risk. Security of capital is secondary to the potential for wealth accumulation.

The Strategic Wealth Management Investor Profile Questionnaire is designed to help your advisor build an investment portfolio calculated to perform to your investment profile.

The questionnaire will identify such important factors as investment objective, time horizon, and attitudes towards investing and risk by posing questions about your goals, willingness to incur investment volatility and other factors through the use of direct questions and hypothetical situations. The scoring grid will then direct us to the appropriate model.

1. What is your age?

- 30 years or under = 5
- 31 – 49 = 4
- 0 – 65 = 3
- 66+ = 1

2. Assume you are investing \$100,000 and have the following hypothetical portfolios from which to choose. The dollar values below represent the two possible values of these portfolios after one year – low and high. Assuming there is an equal chance of achieving either result (low or high), indicate which portfolio represents the maximum risk/return trade-off you would be willing to accept.

- | | Low | High | |
|---------------------------------------|-----------|-----------|-------|
| <input type="checkbox"/> Portfolio 1: | \$100,000 | \$105,000 | = 1 |
| <input type="checkbox"/> Portfolio 2: | \$95,000 | \$115,000 | = 1.5 |
| <input type="checkbox"/> Portfolio 3: | \$90,000 | \$125,000 | = 2 |
| <input type="checkbox"/> Portfolio 4: | \$85,000 | \$135,000 | = 3 |
| <input type="checkbox"/> Portfolio 5: | \$75,000 | \$150,000 | = 4 |
| <input type="checkbox"/> Portfolio 6: | \$65,000 | \$160,000 | = 5 |

3. Keeping in mind your investment goals for your account and your tolerance for short-term market fluctuations, where would you place yourself on the following risk tolerance scale?

- 1 (least risk tolerant) = 1
- 2 = 1.5
- 3 = 2
- 4 = 2.5
- 5 = 3
- 6 = 3.5
- 7 = 4
- 8 = 4
- 9 = 4.5
- 10 (most risk tolerant) = 5

4. Your investable assets are:

- Greater than your current income = 4
- Less than your current income = 2

Investor Profile Questionnaire (Continued)

5. Over the next several years, you expect your annual income to:

- Stay about the same = 3
- Grow moderately = 4
- Grow substantially = 5
- Decrease moderately = 2
- Decrease substantially = 1

6. What do you expect to be your next major expenditure?

- Buying a house = 4
- Paying for a college education = 2
- Providing for retirement = 1
- Capitalizing a new business = 5

7. When do you expect to use the bulk of the money you are accumulating in your investments?

- Any time in the coming months. Liquidity is highly important. = 1
- Probably in the future – 1 to 5 years from now. = 2
- 6 – 10 years from now. = 3
- 11 – 20 years from now. = 4

8. Hedge funds may be useful in reducing the risk associated with investing. Which of the following best describes your situation:

- I have a strong interest in minimizing the risk associated with investing. Wealth preservation is my highest priority. = 2
- I have a moderate interest in minimizing my investment risk and prefer an investment portfolio with a balanced risk versus return ratio. = 3
- I am only slightly concerned with the amount of risk associated with my investment portfolio. High returns are my top priority. = 5

9. What is the investment time horizon most appropriate for this account?

If you are highly concerned about volatility and looking for short-term results, answer "1 Year". If you are less concerned with volatility and are looking to maximize long-term performance, answer "8+ years".

- 1 year = 1
- 1 – 3 years = 2
- 4 – 7 years = 3.5
- 8+ years = 5

10. Which of these plans would you choose for your investment dollars?

- You would opt for maximum diversity, dividing your portfolio among all available investments, including those ranging from highest return-greatest risk to lowest return-lowest risk. = 1
- You are concerned about having too much exposure to any single asset class. You would divide your portfolio between two investments with high rates of return and moderate risk. = 3
- You would put your investment dollars in the investment with the highest rate of return and most risk. = 5

11. If you were to invest in one stock mutual fund, which of the following would you choose?

- A fund that invests in companies holding the potential to make significant technological breakthroughs, and whose stocks are still at their low initial offering prices. = 5
- A fund that only invests in established, well-known companies that have potential for continued growth. = 3
- A broadly diversified fund devoted to well-established, "blue chip" companies that pay dividends. = 1

Investor Profile Questionnaire (Continued)

12. Assume you are investing in a bond. Which of the following would you choose?

- A "high yield bond" that offers a higher yield than most other bonds, but also has a higher risk of default than investment grade bonds. = 5
- A "treasury bond", which offers a relatively low interest rate, but is backed by the United States Government. = 1
- The bond of a well-established company that offers a yield and a level of risk somewhere between a treasury bond and a high yield bond. = 3
- A "tax-free bond" – because minimizing taxes is your primary investment objective. = 2

13. Select the answer below which best reflects your investment philosophy toward risk and return.

- My primary goal is the preservation of my capital. I desire returns slightly exceeding those of risk-free investments. Accordingly, I want my portfolio risk level to be low, with minimal price volatility. =1
- Growth of capital is my primary objective. I am willing to accept the higher volatility that is associated with this goal. I want to outperform equity indices over the course of market cycles. = 2

14. My primary reason for building this account portfolio is:

- Retirement = 2
- The benefit of my family = 3
- Speculative investment = 5

15. Indicate your target rates of return for the periods specified:

- 1 year = (0)
- 5 year = (0)

Asset Allocation Models

Investment Objective	Score
Income	= 14 – 25
Conservative	= 26 – 36
Growth & Income	= 37 – 47
Growth	= 48 – 58
Aggressive Growth	= 59+