

INVESTMENT QUESTIONNAIRE

PERSONAL INFORMATION

Primary Account Holder General Information:	
Name: (First, Middle Initial, Last)	
Birth Date:	
Social Security Number:	

Secondary Account Holder General Information:	
Spouse's Name: (First, Middle Initial, Last)	
Spouse's Birth Date:	
Social Security Number:	

Children, dependents and other relatives

Name	Relationship	Date of Birth	Social Security No.

Real Estate

Please tell us about any real estate holdings that you currently own.

Type	FMV	Cost + Improvements	Debt
Primary Residence			
Second Residence			
Investment Property #1			
Investment Property #2			

Pension

	Client	Spouse
Employer Sponsored Pension	\$_____per month @ age_____	\$_____per month @ age_____

INVESTMENT OBJECTIVES/RISK PROFILE

Please indicate the relative importance of each of the following personal objectives:

Objective	Very	Somewhat	Not
Saving for retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making a major purchase (i.e. second home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing for your children's education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making gifts to charity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determining how your estate assets will be distributed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To help us evaluate your experience in investing over the last 10 years, please indicate the frequency of your investments:

	Never	Seldom	Occasionally	Often
Money Market Funds or Instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CD's or Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds or Bond Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks or Stock Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Real Estate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Privately held corporations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever lost money on an investment? Yes No

If so, please describe the type of investment and your reaction to the loss.

What type of investor do you consider yourself? Please circle a number on the line below.

1	2	3	4	5	6	7	8	9	10
Conservative			Moderate				Aggressive		

How important is it to you that your investment returns are consistent from year to year?

- Very important
- Somewhat important
- Not important

TAX PROFILE

1. What is your current marginal federal income tax rate?

- 10% 27% 35%
- 15% 30% 38.6%

2. Do you expect your federal income tax rate to change in the next three years? If so, please explain how your tax rate will change.

3. What do you expect your marginal federal income tax rate will be in retirement?

- 10% 27% 35%
- 15% 30% 38.6%

4. Are you subject to the Federal Alternative Minimum Tax (AMT)? Yes No

5. If not, do you expect to be subject to the AMT in the future? Yes No

6. What are your year-to-date capital gains (losses) from your taxable investment accounts?

Short-term (1 year or less) \$ _____

Long-term (more than 1 year) \$ _____

7. Do you have a capital loss carry forward from last year? Yes No

If so, please specify amounts:

Short-term \$ _____

Long-term \$ _____

Current Financial Advisors

Adviser	Duplicate Copy? ¹	Name	Address	Phone
CPA	<input type="checkbox"/> Quarterly Invoice <input type="checkbox"/> General Correspondence <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Year-End Tax Projection/ Post Year-End Tax Reports			
Attorney	<input type="checkbox"/> Quarterly Invoice <input type="checkbox"/> General Correspondence <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Year-End Tax Projection/ Post Year-End Tax Reports			
Trustee	<input type="checkbox"/> Quarterly Invoice <input type="checkbox"/> General Correspondence <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Year-End Tax Projection/ Post Year-End Tax Reports			
Financial Planner	<input type="checkbox"/> Quarterly Invoice <input type="checkbox"/> General Correspondence <input type="checkbox"/> Quarterly Reports <input type="checkbox"/> Year-End Tax Projection/ Post Year-End Tax Reports			

¹ Do you want us to send a copy of the following items to this advisor?

Please continue with this form if you wish KJH Financial Services to manage your investments.

FINANCIAL PROFILE

Miscellaneous

	KJH Financial Services	Other
Will KJH Financial Services be managing your entire portfolio or will other assets be managed either by you personally or by another advisor(s)?	_____ %	_____ %

What amount of liquidity reserve do you plan to maintain outside of your KJH Financial Services managed account(s)?	\$ _____
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	Client	Spouse
What is your target “retirement” date?		

	Security	Reason for Holding
Are there any securities in your current portfolio that we should not sell without prior authorization from you? (e.g. restricted stock, investments with large built-in gains, etc.)	_____	_____
	_____	_____
	_____	_____
	_____	_____

Cash Flow

	Amount	Frequency
Will you be making regular contributions to your KJH Financial Services account(s)?	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

	Annual Amount	Source
Do you have any other sources of income aside from you current employment income?	\$ _____	
	\$ _____	

Do you receive/hold options or participate in stock purchase plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide details:

	Currently	In Retirement
How much income will you require from your KJH Financial Services account(s) to fund your living expenses?	\$_____	\$_____
Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly

Please describe any additional sources of funds you will receive over the next 10 years:
(Examples: sale of business, inheritance, sale of home).

Source of Funds	Estimated Amount	Estimated Date of Receipt
	\$_____	
	\$_____	

Please describe any non-recurring withdrawals you expect to take from your **KJH Financial Services** account(s), over the next ten years. (Examples: large tax liability, home purchase, large charitable contributions, etc.)

Reason for Withdrawal	Estimated Amount	Estimated Date of Withdrawal
	\$_____	
	\$_____	

INVESTOR PREFERENCES

1) Dollar cost averaging preference:

- a) Frequency: Immediate Weekly Biweekly Monthly
- b) Duration: Over _____ Months

2) If we are managing a taxable account, is it okay to add a margin feature*? Yes No

*We recommend having a margin feature in place so that we can use margin debt on a short-term basis. For example, we may need to raise cash but don't want to sell a security for a few days until we have held the security for one year to take advantage of the lower long-term capital gains tax rate.

3) **KJH Financial Services** authorized to vote proxies? Yes No

4) **KJH Financial Services** authorized to debit fees from account? Yes No

5) Which account should fees be deducted from/billed to?

100% from Taxable Accounts (Account Name(s))_____

Prorate between Taxable and Tax-Deferred Accounts
(Account Names)_____

N/A only one investment account will be managed by **KJH Financial Services**.

RETIREMENT ACCOUNTS

If we will be managing your retirement plan accounts, whom should we list as the beneficiary designations?

Account name:

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

Account name:

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

Account name:

	Name and Address	Date of Birth	Tax ID #
Primary			
Contingent			

OTHER INFORMATION

Please describe any special circumstances you feel we should consider in our analysis of your investment needs that are not discussed above (example: any special healthcare needs for you and your dependents)?

AUTHORIZATION TO RELEASE INFORMATION

I (We) hereby authorize _____ to release information to *KJH Financial Services* for the purpose of assisting them in the implementation of an investment strategy for me (us).

A photographic, facsimile or carbon copy of this authorization bearing the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

SIGNATURE

DATE

NAME (PRINTED)

SIGNATURE

DATE

NAME (PRINTED)