

Client Preliminary Data Form

New Profile Profile Update

Associate Name: _____

Section I: Personal Information

Prefix: _____ First: _____ Middle: _____ Last: _____ Suffix: _____

DOB: _____ Gender: M F Marital Status: S M D W Dependents: _____ SSN: _____

Citizenship: United States Resident Alien Non-Resident Alien Country (if other than USA): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

I consent to electronic document delivery. I will inform Four Points Advisory of any changes to my email address as listed above.

Home Address

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Mailing Address (if different from Home Address)

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Section II: Verification of Client Identity

Unexpired Photo ID: Driver's License State ID Federal ID Passport Other: _____ ID Number: _____

Country of Issue: USA Other: _____ State/Province/Subdivision of Issue: _____

Issue Date (if any): _____ Expiration Date (if any): _____ Items Verified On ID: Photo Name DOB Address

ID Verification Comments/Discrepancies Noted: _____

Section III: Employment Information (If retired, indicate source of income.)

Employer Name: _____ Occupation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Section IV: Suitability

Annual Income: _____ Net Worth: _____ Liquid Net Worth: _____ Tax Bracket: _____

Risk Profile: (1) Conservative (2) Conservative/Moderate (3) Moderate (4) Moderate/Aggressive (5) Aggressive

Years of Investing Experience: _____

Are you affiliated with a member of any US stock exchange, FINRA, a bank, trust company, or insurance company? If so, please indicate:

No Owner Joint Owner Authorized Signer Company: _____

Are you a director, 10% shareholder, or policy-making officer of a publicly traded company? If so, please indicate:

No Owner Joint Owner Authorized Signer Company: _____

Definitions

Annual Income: Your income from sources such as employment, alimony, Social Security, investment income, etc.

Net Worth: The value of your assets minus your liabilities. Assets include stocks, bonds, mutual funds, other securities, bank accounts, real estate (other than your primary residence), and other personal property. For liabilities, include any outstanding loans (other than the mortgage on your primary residence), credit card balances, taxes, etc.

Liquid Net Worth: Your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property, automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

Conservative: Preserving your initial principal, with minimal risk, even if that means no significant income or returns; may not keep pace with inflation.

Conservative/Moderate: Accepting low risk to your initial principal, including modest volatility, to seek a modest level of portfolio returns.

Moderate: Accepting some risk to your initial principal and tolerating some volatility to seek higher returns over time, with the possibility of losing a portion of initial principal.

Moderate/Aggressive: Accepting high risk to your initial principal, including high volatility, to seek high returns over time, with the possibility of losing a substantial portion of initial principal.

Aggressive: Accepting maximum risk to your initial principal to aggressively seek maximum returns, with the possibility of losing most or all of initial principal.

Risk Tolerance Questionnaire

CLIENT NAME

Tolerance for risk is a key consideration in determining your probable level of comfort with varying investing choices.

Risk Questionnaire

Time Horizon

Your current situation and future income needs.

- 1 What is your current age?
- Less than 45
 45-55
 56-65
 66-75
 Older than 75

- 2 When do you expect to start drawing income?
- Not at least 20 years
 In 10 to 20 years
 In 5 to 10 years
 Not now, but within 5 years
 Immediately

Long-Term Goals and Expectations

Your views of how an investment should perform over the long term.

- 3 What is your goal for this investment?
- To grow aggressively
 To grow significantly
 To grow moderately
 To grow with caution
 To avoid losing money

- 4 Assuming normal market conditions, what would you expect from this investment over time?
- To generally keep pace with the stock market
 To slightly trail the stock market, but make a good profit
 To trail the stock market, but make a moderate profit
 To have some stability, but make modest profits
 To have a high degree of stability, but make small profits

- 5 Suppose the stock market performs unusually poorly over the next decade. What would you expect from this investment?
- To lose money
 To make very little or nothing
 To eke out a little gain
 To make a modest gain
 To be little affected by what happens in the stock market

Short-Term Risk Attitudes

Your attitude toward short-term volatility.

- 6 Which of these statements best describe your attitude about the next three years' performance of this investment?
- I don't mind if I lose money
 I can tolerate a loss
 I can tolerate a small loss
 I'd have a hard time tolerating any losses
 I need to see at least a little return

- 7 Which of these statements best describe your attitude about the next three months' performance of this investment?
- Who cares? One calendar quarter means nothing
 I wouldn't worry about losses in that time frame
 If I suffered a loss of greater than 10%, I'd get concerned
 I can only tolerate small short-term losses
 I'd have a hard time stomaching any losses

PRIMARY ACCOUNT HOLDER

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:
ADDRESS:		
CITY:	STATE:	ZIP:

___ NEW BENEFICIARY DESIGNATIONS Signed: _____ Dated: _____

___ REVISED BENEFICIARY DESIGNATIONS Signed: _____ Dated: _____

PRIMARY BENEFICIARY DESIGNATION

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	
RELATIONSHIP:	SSI #	D.O.B.	Share %

BENEFICIARY DESIGNATION [] PRIMARY [] CONTINGENT

FIRST NAME:	MIDDLE INITIAL:	LAST NAME:	
ADDRESS:			
CITY:	STATE:	ZIP:	
RELATIONSHIP:	SSI #	D.O.B.	Share %

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