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***Application &  
Investor Profile  
(Confidential)***

The following questionnaire is intended to help us understand your investment needs, financial goals and attitude towards risk. This information will allow us to develop an investment strategy and personal portfolio to best meet your unique requirements. All responses are strictly confidential.

## 1. Account Registration

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Joint Tenant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Corporate/Trust Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Account Registration Name (if other than above): \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: ( ) \_\_\_\_\_

Type of Account:  Individual  Joint Tenant  IRA  Trust (trust date):  Corporate  
 Public  Endowment  Pension/Profit Sharing Plan  Gifts/ Transfers to Minor  
 Foundation  Other (please specify): \_\_\_\_\_

## 2. Personal Data

Single  Married  Civil Union/Domestic Partnership  Separated  Divorced  
 Widowed

### Client Information

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Self-Employed:  Yes  No

Full Time:  Yes  No

Part Time:  Yes  No

Not Employed:  Yes  No

Casual:  Yes  No

Home Maker:  Yes  No

Retired:  Yes  No

### Spouse Information

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Self-Employed:  Yes  No

Full Time:  Yes  No

Part Time:  Yes  No

Not Employed:  Yes  No

Casual:  Yes  No

Home Maker:  Yes  No

Retired:  Yes  No

If not retired, in how many years do you expect to retire? \_\_\_\_\_

What is your annual retirement income goal? \$ \_\_\_\_\_

How would you describe your health now? Poor  Fair  Good  Excellent

Have you experienced any significant health problems, surgery, or change in health recently? Yes No;

Are you satisfied with your occupation, or would you like to make a change? Yes No Change

Please list your hobbies/interests.

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Are you involved in any hazardous pastimes, (Sky Diving, Scuba Diving, Skiing, Extreme Competitive Activities, etc? Please list) Yes No

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Are you aware of any health issues that might affect current or future financial advice and insurance considerations? Yes No

Is there a history of any particular illnesses in your family, such as diabetes, heart conditions, or genetic disorders? Yes No

### 3. Income

Name of Employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Annual Compensation: \$ \_\_\_\_\_

Annual Compensation: \$ \_\_\_\_\_

Additional Sources of Income: Annual Amount:

Source:

\$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Combined Annual Income: \$ \_\_\_\_\_

Over the next 3-5 years, do you expect your annual income to:

A. Increase by \$ \_\_\_\_\_ or \_\_\_\_\_%  B. Decrease by \$ \_\_\_\_\_ or \_\_\_\_\_%  C. Remain the Same

If you answered A or B, what will cause your income to increase/decrease?

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## 4. Expenses

Combined Annual Expenses: \$ \_\_\_\_\_

Over the next 3-5 years, do you expect your annual expenses to:

A. Increase by \$ \_\_\_\_\_ or \_\_\_\_\_%  B. Decrease by \$ \_\_\_\_\_ or \_\_\_\_\_%  C. Remain the Same

If you answered A or B, what will cause your expenses to increase/decrease?

Number of Dependents: \_\_\_\_\_

Name:	Age:	Relationship:	Annual Financial Support:
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_____	_____	_____	\$ _____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please describe any other financial commitments, SEC restrictions, legal limitations or special circumstances that might affect management of your account:

## 5. Taxes

Federal Tax Rate this Year: \_\_\_\_\_ Do you expect this rate to:  Increase  Decrease

Filing State/Commonwealth/Territory: \_\_\_\_\_

Do you have any other tax considerations we should be aware of, such as tax-loss carry forwards?  Yes  No

If so, please detail:

## 6. Assets

Please list the value of the assets in your total investment portfolio:

Stocks: \$ \_\_\_\_\_ Money Market Funds: \$ \_\_\_\_\_

Bonds: \$ \_\_\_\_\_

Mutual Funds: \$ \_\_\_\_\_

CDs: \$ \_\_\_\_\_

Options: \$ \_\_\_\_\_

Partnership Investments: \$ \_\_\_\_\_

Exchange Traded Funds: \$ \_\_\_\_\_

Additional Assets (please list market value less mortgages or loans):

Residence: \$ \_\_\_\_\_

Other Real Estate: \$ \_\_\_\_\_

Business: \$ \_\_\_\_\_

Other (please describe):\$ \_\_\_\_\_

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## 7. INOVE Asset Management Portfolio

**Attention:** Please enclose copies of your most recent statements, including cost basis.

Beginning portfolio value to be managed by INOVE Asset Management: \$ \_\_\_\_\_

What percentage of your total investment portfolio does this represent? \_\_\_\_\_%

Over the next year, how much money do you expect to withdraw from your portfolio?

\$ \_\_\_\_\_ or \_\_\_\_\_%

Do you expect this amount to remain the same in subsequent years?  Yes  No

If no, please explain:

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Over the next year, how much money do you expect to contribute to your portfolio? \$ \_\_\_\_\_ or \_\_\_\_\_%

Do you expect this amount to remain the same in subsequent years?  Yes  No

If no, please explain: \_\_\_\_\_

For how long do you expect to have this money invested?

More than ten years       Five to ten years       Three to five years       Less than three years

Which of the following best describes your investment objective?

**Conservative** – I/we want to use my portfolio as a hedge against inflation while also preserving my principal and generating income.

**Balanced - Income and Growth** : I/we need a balance of current income and growth of my principal, with income being the primary objective.

**Balanced – Growth and Income** : I/we need a balance of growth of my principal and current income, with capital preservation being the primary objective.

**Moderate Growth** – I/we need to maximize the opportunity for capital appreciation. I want growth of my principal to support my retirement years.

**Aggressive Growth** - I/we need to maximize the opportunity for capital appreciation by investing a greater percentage of our investible assets in domestic small cap and emerging market equities. I understand that the pursuit of greater asset growth may entail a greater potential loss of principal.

The investment objectives of this account represent:

- My overall objectives       One component of a larger investment plan (if so, please describe the overall objectives and other components of the plan):

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INOVE Asset Management Fee Payment:

Deduct fee from my account.

8. Signature:

Completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_