



RISK PROFILE QUESTIONNAIRE

Client Name _____

This questionnaire is designed to promote discussion to assist us in recommending the appropriate asset allocation strategy in order to meet your goals. The profiling allows us to ascertain critical information in order to assess your investment objectives and your tolerance for risk. As your advisor achieving your goals are paramount to the mutual success of both client and individual.

1. Your age: (This question for Prospects/New Clients)

___ 35 or under ___ 36 to 45 ___ 46 to 55 ___ 56 to 64 ___ 65 and over.

2. How long do you plan to retain this investment /portfolio

a. 3 to 5 years b. 5 to 10 years c. over 10 years

3. What is the primary objective of this investment/portfolio (Please rank in order of priority)

- a. Safety of funds/portfolio
- b. Income generation
- c. To purchase asset
- d. Towards a particular goal (Please state goal)
- e. Growth
- f. Other _____

4. Do you plan to receive monthly/periodic income from this investment?

(Please state period _____)

5. Do you have other investments/income that you use for your current cash flow needs?

a. ___ Yes b. _____

5. Six months after making this investment there is a 15% decrease in your investment (You invested \$25,000 / value after six months - \$21,250)

- a. I would be upset and would consider selling my investment
- b. I would be uncomfortable, but would stay in the investment if my advisor recommends it.
- c. I would not be impacted by this movement as my focus is on the long term
- d. I would be willing to invest more since this remains a good investment

6. Which of the following securities have you invested in before?

- a. Cash and money market instruments
- b. Government and Corporate Bonds
- c. Stocks (Local..... International.....)
- d. Mutual Funds
- e. Unit Trusts
- f. Alternative Investments.

As a client of JNFM I acknowledge that the answers to the questions above are true to the best of my knowledge and provide a reasonable profile of my financial situation, and that no material facts have been omitted. I also agree to notify JNFM if there is a change in the information supplied

Client Signature _____ Date _____

Advisors Signatures _____ Date _____
