**CLIENT INVESTMENT NEEDS ANALYSIS & RISK PROFILE**

**CLIENT NAME & SURNAME:                                                                                                     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADVISOR NAME & SURNAME:                                                                                               \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 1. **CONFIRMATION OF INVESTMENT TERM:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 0-3 YEAR |  | 3-5 YEAR |  | 5-10 YEAR |  | 10 YEAR+ |  |

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| 1. **YOUR INVESTMENT GOAL WAS DETERMINED IN THE NEEDS ANALYSIS QUESTIONAIRRE:** |

* 1. DO YOU NEED INCOME FROM THIS INVESTMENT?
  2. IF YOU NEED INCOME, HOW MUCH INCOME DO YOU NEED MONTHLY?
  3. INCOME INCREASES DURING THE INVESTMENT TERM AND AMOUNT?
  4. DO YOU NEED TO MAKE LUMP SUM WITHDRAWALS, AMOUNT, HOW OFTEN, WHAT REASON?
  5. CAPITAL GROWTH MUST OUTPERFORM INFLATION? YES / NO
  6. IF YOUR CAPITAL MUST OUTPERFORM INFLATION, WHICH OF THE FOLLOWING INVESTMENT GOALS DO YOU SELECT?

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| GOAL (NETT OF FUND MANAGER FEES): | SELECT: |
| CASH – MONEY MARKET(RECEIVE INTEREST ON MONEY MARKET GIVEN RATES) |  |
| INFLATION + 3% OVER A MINIMUM PROPOSED TERM OF 3 YEARS. |  |
| INFLATION + 5% OVER A MINIMUM PROPOSED TERM OF 5 YEARS. |  |
| INFLATION + 7% OVER A MINIMUM PROPOSED TERM OF 7 YEARS. |  |

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| 1. **RISK GUIDELINE-CHANCE/PROBABILITY OF LOSS AGAINST INVESTMENT VALUE OVER ANY YEAR.** |

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| GOAL: | CAPITAL WITHDRAWAL: | DISCLOSURE CONFIRMED? |
| CASH | 0% |  |
| INFLATION +3% | 5% |  |
| INFLATION +5% | 15% |  |
| INFLATION +7% | 30% |  |

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| 1. **IF YOU DECIDE TO CHOOSE A COMBINATION OF PORTFOLIOS, WHAT IS THE MAXIMUM PERCENTAGE OF YOUR INVESTMENT CAPITAL WHICH CAN BE ALLOCATED TO EACH RISK CATEGORY?** |

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| GOAL: | PERCENTAGE: | SIGNATURE: |
| CASH |  |  |
| INFLATION +3% |  |  |
| INFLATION +5% |  |  |
| INFLATION +7% |  |  |

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| 1. **ADDITIONAL COMMENTS ON YOUR INVESTMENT NEEDS, AND/OR RISK PROFILE:** |

**SIGNATURE OF CLIENT: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE OF REPRESENTATIVE/ADVISOR: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**