

Client Name(s): _____

RISK TOLERANCE QUESTIONNAIRE

Responses: 1 = Strongly Disagree; 5 = Strongly Agree

NO.	Risk Assessment Questions	Response
1.	Expected Return. Given the historical returns on different types of investments, my desired level of investment return is above-average.	
2.	Risk Tolerance. I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.	
3.	Holding Period. I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).	
4.	Liquidity. I do not need to be able to readily convert my investments into cash. Aside from my portfolio, I have adequate liquid net worth to meet major near-term expenses.	
5.	Ease of Management. I want to be very actively involved in the monitoring and decision-making required to manage my investments.	
6.	Dependents. There are none or only a few dependents that rely on my income and my investment portfolio for financial support.	
7.	Income Source. My major source of income is adequate, predictable and steadily growing.	
8.	Insurance Coverage. I have an adequate degree of insurance coverage.	
9.	Investment Experience. I have prior investment experience with stocks, bonds, mutual funds and other various investments. I understand the concept of investment risk.	
10.	Debt/Credit. My debt level is low and my credit history is excellent.	

Additional Information

11.	Net Worth. (excluding main residence.)	
12.	Total "Household" income.	

RESTRICTIONS, COMMENTS, & OTHER IMPORTANT INFORMATION: _____

Past performance may not be indicative of future results. Different types of investments involve varying degrees of risk. Therefore, it should not be assumed that future performance of any specific investment, investment strategy (including the investments and/or investment strategies recommended by Global Financial Private Capital) will be profitable or equal the corresponding indicated performance level(s). Please remember that it remains your responsibility to contact Global Financial if there are any changes in your personal/financial situation or investment objectives for the purpose of reviewing/evaluating/revising our previous recommendations and/or services. Please also advise us if you would like to impose, add, or to modify any reasonable restrictions to our investment advisory services.

Client Signature: _____

Date: _____

Client Signature: _____

Date: _____

Investment Advisor Signature: _____

Date: _____