SmartRisk™ Intake Form

CLIENT INFORMATION		
Name:	Date of birth:	Life expectancy:
Spouse		
Name:	Date of birth:	Life expectancy:

ACCOUNTS					
Client					
Qualified - Portfolio Type:	○Conservative	○Moderate	○Aggressive	○Custom *(Obtain holdings of the account)*	
	Balance				
Roth - Portfolio Type:	○Conservative	○Moderate	○Aggressive	○Custom *(Obtain holdings of the account)*	
	Balance				
Spouse					
Qualified - Portfolio Type:	○Conservative	○Moderate	○Aggressive	○Custom *(Obtain holdings of the account)*	
	Balance				
Roth - Portfolio Type:	○Conservative	○Moderate	○Aggressive	○Custom *(Obtain holdings of the account)*	
	Balance				
Joint Non-Qualified					
NQ - Portfolio Type:	○Conservative	○Moderate	○Aggressive	○Custom *(Obtain holdings of the account)*	
	Balance				

RISK QUESTIONNAIRE (Indicate dollar amount or precentage)			
In a bad quarter, how much loss could your client tolerate?	$	or	%
In a bad year, how much loss could your client tolerate?	$	or	%