

Confidential Investor Profile

Investment Strategy Questionnaire

Date \_\_\_\_\_

**Applicant Information**

- Dr.
- Miss
- Mr.
- Mrs.
- Ms.
- Jr.
- Sr.
- Esq.
- II
- III

Prefix	Title	Applicant Last Name*	First Name or Initial*	Middle Name or Initial	Suffix
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Street Address \_\_\_\_\_

City	State	Zip Code
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Applicant Tax ID/Social Security Number \_\_\_\_\_

Telephone Number	Fax Number	E-Mail
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Applicant Date of Birth \_\_\_\_\_

Is the applicant a U.S. Citizen?  Yes  No

Is the applicant retired?\*  Yes  No

If no, complete remaining information in this section.

Age plan to retire\_\_\_\_\_

Applicant Employer Name\* \_\_\_\_\_

Address:\*

Street Address \_\_\_\_\_

City	State	Zip Code
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**\*Required information noted with an asterisk.** 1



### Co-Applicant Information

- |                               |                               |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dr.  | <input type="checkbox"/> Jr.  |
| <input type="checkbox"/> Miss | <input type="checkbox"/> Sr.  |
| <input type="checkbox"/> Mr.  | <input type="checkbox"/> Esq. |
| <input type="checkbox"/> Mrs. | <input type="checkbox"/> II   |
| <input type="checkbox"/> Ms.  | <input type="checkbox"/> III  |

Prefix Title Applicant Last Name\* First Name or Initial\* Middle Name or Initial Suffix

Street Address

City State Zip Code

Co-Applicant Tax ID/Social Security Number

Telephone Number Fax Number E-Mail

Co-Applicant Date of Birth

Is the co-applicant a U.S. Citizen?  Yes  No

Is the co-applicant retired?\*  Yes  No

If no, complete remaining information in this section.

Age plan to retire \_\_\_\_\_

Applicant Employer Name\*

Address:\*

Street Address

City State Zip Code

### Personal Information

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

Approximate Net Worth\* Current Tax Bracket\*  
(Excluding Residence)

Subject to Alternative Minimum Tax?  Yes  No Approximate Annual Income\* \$ \_\_\_\_\_

Do you anticipate a significant change in your income over the next three years?  Yes  No

Do you have any existing accounts with Brinker Capital?\*  Yes  No

Certain Brinker Capital services provide information over the Internet and by e-mail. Are you willing to receive account information electronically and to provide Brinker Capital with your current e-mail address?\*

Yes  No

**Total Investable Assets**

Please complete the following questions as they apply to your total investable assets.

**1. What is the value of your total investable assets?** \$ \_\_\_\_\_

**2. Which best describes the current asset allocation of your total assets? (Check one)**

- 100% equities / 0% fixed income
- 80% equities / 20% fixed income
- 60% equities / 40% fixed income
- 40% equities / 60% fixed income
- 20% equities / 80% fixed income
- 0% equities / 100% fixed income
- 0% equities / 100% cash
- Other \_\_\_\_\_

**3. Please indicate the approximate value of your current assets below.**

Asset Classes	Personal Savings	IRA and Other Tax Deferred Investments	Pension Plan(s)
Cash or Money Market Funds	\$ _____	\$ _____	\$ _____
Domestic Bonds or Bond Funds	\$ _____	\$ _____	\$ _____
Municipal Bonds or Bond Funds	\$ _____	\$ _____	\$ _____
International Bonds or Bond Funds	\$ _____	\$ _____	\$ _____
Domestic Stocks or Stock Funds	\$ _____	\$ _____	\$ _____
International Stocks or Stock Funds	\$ _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

**4. In what kinds of securities have you invested, previously or currently? Please check any that apply:**

- Domestic Large Company Equity
- Domestic Small Company Equity
- Domestic Tax-Free Fixed Income (Municipals)
- Domestic Taxable Fixed Income (U.S. Gov't, Corporations, etc)
- International Equity
- International Fixed Income
- Other

**5. What type of annualized returns have these assets earned over the last five years?**

- Equities have earned approximately \_\_\_\_\_ % annualized.
- Fixed income securities have earned approximately \_\_\_\_\_ % annualized.
- Do not know.

**6. Do you have the cost basis for existing taxable assets being transferred to Brinker Capital?**

- Yes  No

If yes, you will be required to provide cost basis information to Brinker Capital as part of the Investment Advisory Agreement. Accurate cost basis information must be provided for tax reporting on any transferred securities to be correct.

**7. Regarding any taxable assets considered in this investment strategy, do you own highly appreciated securities that you will be transferring to Brinker Capital?\***

**IMPORTANT NOTE:** This service is not available with the Destinations mutual fund program.

- No, I will not be transferring highly appreciated securities to Brinker Capital.
- Yes, but Brinker Capital has the authority to liquidate securities to fund the recommended strategy.
- Yes, and I would like Brinker Capital to recommend a tax efficient transition strategy for my existing securities. I understand that I will be asked to provide additional information on any securities I wish to transfer prior to Brinker Capital providing a tax efficient transition strategy.

**8. Will you be transferring any securities that cannot be sold and that you would like Brinker Capital to hold in an account apart from your managed accounts with Brinker Capital?\***

- Yes  No

If yes, please list the security name, ticker symbol, and number of shares below

Security Name	Security Ticker Symbol	Number of Shares

**IMPORTANT NOTE:** Please do not include the value of these securities when completing the next section—Assets Being Considered for this Investment Strategy. These securities will not be considered part of your total asset allocation and will not be included in your performance report. You may incur additional fees. Fees may be incurred to hold securities apart from those in your managed accounts.

**Assets Being Considered for this Investment Strategy**

The recommended investment strategy designed from this confidential Investment Strategy Questionnaire will consider one set of investment objectives. If the same investment objectives apply to each pool of assets, one investment strategy will be designed and considered a total asset allocation. If different investment objectives apply to each pool of assets, please complete a separate questionnaire for each. An investment strategy will be designed for each investment objective.

In the spaces below, please enter the appropriate account type, asset amount, and account registration exactly as it appears in the proposal and the investment advisory agreement..

**Registration ONE of Investment Strategy**

**Registration Type:\***

- Individual
- JTEN
- JTIC
- JTWROS
- Trust
- Community Property
- IRA
- IRA Rollover/Conduit
- Inherited IRA
- SEP IRA
- Pension Plan
- Profit Sharing Plan
- 401(k)
- Taxable Other
- Qualified Other
- Corporate

Asset Amount \$\* \_\_\_\_\_

Registration Name\* \_\_\_\_\_

If you require distributions or withdrawals from this account registration, please fill out the following Income Requirement information. If you do not have income requirements for a particular account registration, please leave this section blank.

Gross Annual Income Requirement (pre-tax) \$ \_\_\_\_\_

Distribution Frequency \_\_\_\_\_  
(Designate monthly, quarterly, semi-annually, annually)

Date to Begin (MM/YYYY) \_\_\_\_\_

Note: Distributions from your account will not be established based on you providing this information. Additional account documentation must be completed at the time a regular/systematic distribution is established.

**Registration TWO of Investment Strategy**

**Registration Type:\***

- Individual
- JTEN
- JTIC
- JTWROS
- Trust
- Community Property
- IRA
- IRA Rollover/Conduit
- Inherited IRA
- SEP IRA
- Pension Plan
- Profit Sharing Plan
- 401(k)
- Taxable Other
- Qualified Other
- Corporate

Asset Amount \$\* \_\_\_\_\_

Registration Name\* \_\_\_\_\_

If you require distributions or withdrawals from this account registration, please fill out the following Income Requirement information. If you do not have income requirements for a particular account registration, please leave this section blank.

Gross Annual Income Requirement (pre-tax) \$ \_\_\_\_\_

Distribution Frequency \_\_\_\_\_  
(Designate monthly, quarterly, semi-annually, annually)

Date to Begin (MM/YYYY) \_\_\_\_\_

Note: Distributions from your account will not be established based on you providing this information. Additional account documentation must be completed at the time a regular/systematic distribution is established.

**Please designate and describe your goals for these particular assets. To what purpose will they be put, and when?**

- College Funding \_\_\_\_\_
- Retirement \_\_\_\_\_
- Charitable Giving \_\_\_\_\_
- Pass to Future Generations \_\_\_\_\_
- Other \_\_\_\_\_

## Investment Objectives and Risk Tolerance

Please complete the following questions as they apply specifically to the assets being considered for this investment strategy proposal.

### 1. Primary Financial Objective (choose one)

- Current Income
- Modest Capital Appreciation and Income
- Capital Appreciation
- Substantial Capital Appreciation

### 2. Allowing a longer time period for meeting your investment goals makes it more probable you will achieve them. Further, the longer your time horizon, the more the volatility of your portfolio decreases. Given this, what investment horizon is most appropriate for these assets?

- One to three years
- Three to five years
- Five to ten years
- Ten years or more

### 3. Portfolio Objective: Please rank from 1 to 3 the top three items of relative importance to you from the following choices: Start with 1 (one) as the most important.

- |       |                      |       |                                  |
|-------|----------------------|-------|----------------------------------|
| _____ | Capital Preservation | _____ | Liquidity                        |
| _____ | Current Income       | _____ | Substantial Capital Appreciation |
| _____ | Inflation Protection |       |                                  |

### 4. For this portfolio, you would like to invest in securities that offer (choose one):

- Safety of principal.
- Attractive current income with modest fluctuation in value.
- Competitive total return (income plus appreciation) with moderate fluctuation in principal.
- The potential for high capital appreciation with the possibility of substantial fluctuation in principal.

### 5. Please rate your tolerance to investment risk with (1) being the lowest and (10) being the highest.

- 1     2     3     4     5     6     7     8     9     10

**IMPORTANT NOTE:** The scale above is representative of the typical risks associated with various investment vehicles. A selection of 1 would be equal to a portfolio that has very little risk, which would be accompanied by very little potential for return. Selecting 5 would equate to moderate risk with moderate potential for return. A selection of 10 equates to maximum risk with the maximum potential for return.

### 6. Which of the two investment situations make you the least comfortable?

- Holding cash when the market goes up.
- Holding stocks when the market goes down.

### 7. If your investment portfolio declined 10% in a market downturn, how would you feel?

- Very anxious as I do not want to experience any decline in value.
- Anxious, but I can accept cyclical downturns.
- Concerned, but I realize that fluctuation can occur.
- I'm interested in long-term growth, but I have occasional concerns about fluctuation.
- Fine, I can accept temporary declines in order to receive long-term growth.

### 8. Based on historic returns of stocks and bonds, what do you consider to be your target annualized rate of return, assuming the assets are to be managed over at least a market cycle (approximately 3 - 5 years)?

- Under 5% (conservative)
- 6-7% (moderate)
- 8-9% (aggressive)
- 10% or more (very aggressive)

**9. In order to increase the real value of your dollars over time, you must outpace inflation. Since 1926, stocks have outpaced inflation by approximately 8%, bonds by 3% and cash by less than 1%. (Inflation was approximately 3%.) Understanding that market volatility increases with rate of return, what annual rate of return above inflation would you expect to achieve over a market cycle?**

- 0 - 3%                       4 - 6%                       7 or more %

**10. Which would you prefer?**

- Consistent returns with limited growth potential.  
 Potential for moderate returns with higher level of volatility.  
 Potential for substantial returns with significant downside risk.

**11. With any investment in stocks and bonds there exists a risk of loss from time to time. Over time the risk of loss tends to decrease. How often could you endure a capital loss in your portfolio's value?**

- Once every three years                       Once every ten years  
 Once every five years                       Never

**Portfolio Restrictions**

**IMPORTANT NOTE:** The services in this section are not available with the Destinations mutual fund program.

**1. You may restrict securities from certain industries from being included in your portfolio. Please select only from the list below. Should you have any questions about other industry restrictions, please call a member of your Brinker Capital Client Service Team at 1-800-333-4573. Keep in mind that industry restrictions may limit your investment managers' ability to properly diversify your portfolio. In addition, investment managers may decline to manage your account if, in their opinion, restrictions will make it impractical to manage your account effectively in the style for which they have been hired.**

- Alcohol                       Firearms                       Tobacco  
 Military Weapons                       Nuclear Power                       Gambling

**2. If you would like to restrict the purchase of specific securities, please provide each security's name and ticker symbol on the chart below. If space does not permit, information on additional security restrictions may be attached.**

Security Name	Security Ticker Symbol

**3. Are the assets you are considering to invest with Brinker Capital intended to complement assets held at another firm?\***

Yes  No

**4. If yes, please complete the section below and provide us with information regarding the investments you would like Brinker Capital to complement.\***

	Market Value (\$)		
Equities	Value	Core	Growth
Domestic Large Cap			
Domestic Mid Cap			
Domestic Small Cap			
International			

Fixed Income	Market Value (\$)
Municipal Fixed	
Taxable Fixed**	

*\*\*Taxable Fixed includes investment grade, high yield and international bonds.*

Alternatives	Market Value (\$)
Real Estate	
Hedge Funds	

If you are not sure of the styles of holdings you would like Brinker Capital to complement, please list those holdings and market value below.

Holdings	Market Value (\$)	Holdings	Market Value (\$)

**Additional Comments**

**Comments provided here will be included in the Brinker Capital Investment Advisory Agreement in the Questionnaire Summary section.**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOR FINANCIAL REPRESENTATIVE USE ONLY**

**Representative Profile**

<input type="checkbox"/> Dr.				<input type="checkbox"/> Jr.
<input type="checkbox"/> Miss				<input type="checkbox"/> Sr.
<input type="checkbox"/> Mr.				<input type="checkbox"/> Esq.
<input type="checkbox"/> Mrs.				<input type="checkbox"/> II
<input type="checkbox"/> Ms.				<input type="checkbox"/> III
Prefix	Representative's Last Name*	First Name*	Middle Initial	Suffix
Professional Designation*			E-mail	
Company Name*			BD or RIA*	
Address*		City*	State*	Zip Code*
Telephone Number*		Fax Number	Gross Dealer Concession*	

**Co-Representative Profile**

<input type="checkbox"/> Dr.				<input type="checkbox"/> Jr.
<input type="checkbox"/> Miss				<input type="checkbox"/> Sr.
<input type="checkbox"/> Mr.				<input type="checkbox"/> Esq.
<input type="checkbox"/> Mrs.				<input type="checkbox"/> II
<input type="checkbox"/> Ms.				<input type="checkbox"/> III
Prefix	Representative's Last Name	First Name	Middle Initial	Suffix
Professional Designation			E-mail	
Financial Representative Firm Name			BD or RIA	
Address		City	State	Zip Code
Telephone Number		Fax Number	Gross Dealer Concession	

**Important Additional Information**

Due date of Investment Strategy proposal \_\_\_\_\_.

All required information must be completed in order for Brinker Capital to prepare a proposal for your client. Missing information will cause delays and potential inaccuracies with the Investment Strategy proposal.

**Online:** Information on this questionnaire should be completed online utilizing the Brinker Capital ProGen System. If you are not a registered user of [www.brinkercapital.com](http://www.brinkercapital.com), please contact a member of the Brinker Capital client service team for your geographical area at 1.800.333.4573.

**If unable to complete online, please send this completed questionnaire to Brinker Capital.**

**Fax:** 610.407.8309. Attention: Investment Strategist Unit.

**Mail:** Brinker Capital, Attention: Investment Strategist Unit,  
1055 Westlakes Drive, Suite 250, Berwyn, PA 19312

If you have questions, please call Brinker Capital at 1.800.333.4573.

