RISK TOLERANCE
QUESTIONNAIRE

F F E C
WEALTH SOLUTIONS

If your primary objective is to grow your assets and you do not plan on actively drawing funds from this account, answer the questions below, add your score, and check the box for the **ACCUMULATION** or **SHIELDING** Portfolio that applies to you. Your responses to these questions will determine the portfolio in which you will be invested.

Answer the questions below, add your score, and check the box for the Portfolio that applies to you.

1. What is your current age?

___ a. Less than 35 years old (5 points)
___ b. 35-44 years old (4 points)
___ c. 45-54 years old (3 points)
___ d. 55-64 years old (2 points)
___ e. 65 years and older (1 point)

2. How long until you need to start using this money?

___ b. In more than 10 years (5 points)
___ c. In 5-10 years (3 point)
___ d. In less than 5 years (1 point)

3. When it comes to taking risks, how would you describe yourself?

___ a. Adventurous (5 points)
___ b. Willing after some research (4 points)
___ c. Average (3 points)
___ d. Cautious (2 points)
___ e. Avoid at all cost (1 point)

4. When you think of the word "risk", which of the following words comes to mind first?

___ a. Great returns (5 points)
___ b. Opportunity (4 points)
___ c. No words come to mind (3 points)
___ d. Uncertainty (2 points)
___ e. Loss (1 point)

5. You have $10,000 to invest. Which investment option would you choose?

___ a. A 25% chance to gain $2,500 and a 75% chance to lose $500. (5 points)
___ b. A 50% chance to gain $1,000 and a 50% chance gain nothing. (3 points)
___ c. A sure gain of $500. (1 point)

Enter and add up your points:

1) ____ + 2) ____ + 3) ____ + 4) ____ + 5) ____ = Total Score ____

Mark the box of the Portfolio corresponding to your Total Score. The portfolio selected must be consistent with your Total Point Score. **IMPORTANT:** Mark only **ONE** Portfolio.

TOTAL POINTS	ACCUMULATION (generally over 10 years to withdrawing from your account)	SHIELDING (generally over 10 years to withdrawing from your account)
5 - 7	☐ Conservative	
8 - 11	☐ Balanced	☐ Balanced with Shielding
12 - 16	☐ Moderate	☐ Moderate with Shielding
17 - 21	☐ Growth	☐ Growth with Shielding
22 - 25	☐ Focused	☐ Focused with Shielding

By signing below, I (we) certify that the information disclosed on this form is accurate and complete. I (we) agree to promptly notify First Financial Equity Corporation in writing if any of the information disclosed on this form changes.

Client Signature ____________________ **Joint Client Signature (if applicable):** ____________________ **Date:** ________

FOR INTERNAL USE ONLY

Account Number ____________________ **Name of Financial Advisor** ____________________ **RR#:** ________

Signature of Principal: ____________________ **Date:** ________

DISTRIBUTION
QUESTIONNAIRE

F F E C
WEALTH SOLUTIONS

If you are actively drawing funds from this account, answer the questions below, add your score, and check the box for the **DISTRIBUTION** Portfolio that applies to you.

Your responses to these questions will determine the portfolio in which you will be invested.

1. What is the anticipated spend rate for this account?
- ___ a. 3% or less (0 points)
- ___ b. 4% (15 points)
- ___ c. 5% (30 points)
- ___ d. 6% (45 points)

2. How long do you expect to need income from this account?
- ___ a. For less than 10 years (1 point)
- ___ b. For 10-20 years (3 points)
- ___ c. For more than 20 years (5 points)

3. Would you be willing to reduce your spend rate to meet your time horizon goal?
- ___ a. No (1 points)
- ___ b. Maybe (3 points)
- ___ c. Yes (5 points)

4. How important is it to leave money to your heirs?
- ___ b. Unimportant (1 point)
- ___ c. Important (3 points)
- ___ d. Critical (5 points)

Enter and add up your points:

1) _____ + 2) _____ + 3) _____ + 4) _____ = Total Score _____

Mark the box of the Portfolio corresponding to your Total Score. The portfolio selected must be consistent with your Total Point Score. **IMPORTANT:** Mark only **ONE** Portfolio.

TOTAL POINTS	DISTRIBUTION (generally within 10 years to withdrawing from your account)
0 - 15	☐ 3% Distribution
16 - 29	☐ 4% Distribution
30 - 45	☐ 5% Distribution
46 - 59	☐ 6% Distribution

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Client Signature ______________________ **Joint Client Signature (if applicable):** ______________________ **Date:** ________

FOR INTERNAL USE ONLY

Account Number ______________________ **Name of Financial Advisor** ______________________ **RR#:** ________

Signature of Principal: ______________________ **Date:** ________