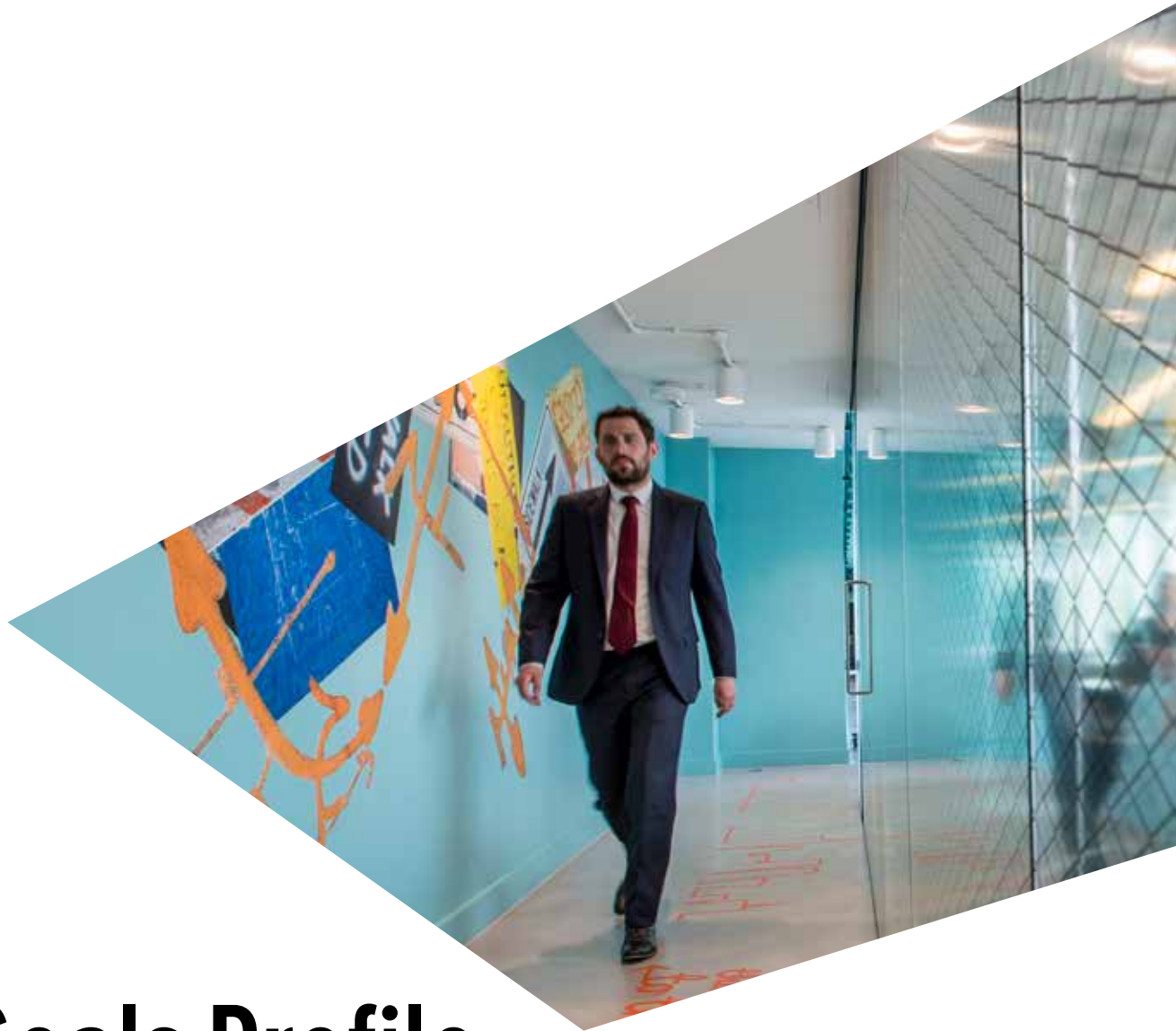




Sucré-Vail
Wealth Advisors[®]

Achieving Financial Wellness without Unnecessary Risk



Your Goals Profile

Tools to help you define and clarify
your goals and objectives

- Goal Identification Worksheet
- Risk Tolerance Questionnaire
- Additional Information

Introduction

This profiling kit is designed to help you identify your investment objectives and evaluate different investment options. It will help you define important factors, including the length of time you have to invest, your tax considerations and your ability to withstand short-term market volatility that may affect the value of your investment. Your feelings about investing and taking risks are also very important. This profiling kit will help build the base of information needed for the development of an appropriate asset allocation policy and comprehensive investment plan.

Personal information

Client name (last, first, middle initial)

Address

Social Security number (Tax ID) _____ Date of birth _____ Currently employed: yes no

Occupation

Daytime phone _____ Evening phone _____

Current federal tax bracket _____ Current state tax bracket _____ Current local tax bracket _____

Alternative minimum tax: yes no

Anticipated retirement age _____ Marital status _____ Number of dependents _____

Family information

Spouse's name (last, first, middle initial)

Spouse's address

Spouse's Social Security number (Tax ID) _____ Spouse's date of birth _____ Spouse currently employed: yes no

Spouse's occupation

Child 1: name _____ Child 1: date of birth _____

Child 2: name _____ Child 2: date of birth _____

Child 3: name _____ Child 3: date of birth _____

Child 4: name _____ Child 4: date of birth _____

Child 5: name _____ Child 5: date of birth _____

Income information

Approximate annual household income (all sources)

Investable net worth

Gross annual salary Until year Subsequent years Salary growth rate

Additional non-investment income Annual Social Security benefits Starting at age
(e.g., rental income, pension, etc.)

Projected total income through retirement Years of investment experience
(includes pension, Social Security and other sources)

Expense information

Projected annual expenses (excluding taxes) Until year Subsequent years

Investment information

Investment type	Non-taxable/tax-deferred accounts [401(k), IRA, variable annuities]	Taxable accounts	Investment income
Savings accounts, money market and CDs			
Taxable bonds/bond funds			
Municipal bonds/municipal bond funds			
U.S. stocks/stock mutual funds			
International stocks/stock mutual funds			
Options or futures			
Gold or precious metals			
Investment real estate			
Insurance (type?)			
Other			
Total			

- Are there any limitations to holding specific asset classes in this investment portfolio (e.g., no international investments, no emerging markets investments)? no yes (please explain) _____
- Are there any legal, social, tax or specific constraints that may be relevant to the management of this investment portfolio (e.g., alcohol, tobacco, XYZ corp., etc.)? no yes (please explain) _____
- Considering your tax bracket, do you prefer to use tax-exempt fixed-income investments as they may provide a higher after-tax return than equivalent taxable investments? no yes (please explain) _____

Risk Tolerance Questionnaire

SEI uses four elements to recommend a suitable strategy for you: 1) your risk tolerance; 2) your selection of a desired investment time horizon; 3) your tax sensitivity and 4) your selection of an investment objective.

Please make your selections for each of these elements below.

1. What best describes your current situation? (select one)

- A. Income and expenses are expected to rise and investable assets are accumulating (e.g., early career)
- B. Income and expenses are relatively steady and savings are growing modestly (e.g., mid/late career)
- C. Income and expenses are relatively steady and savings are growing significantly (e.g., mid/late career)
- D. Income and expenses are declining and/or savings are being used to maintain desired lifestyle (e.g., retirement)

ANSWER 1

- A
- B
- C
- D

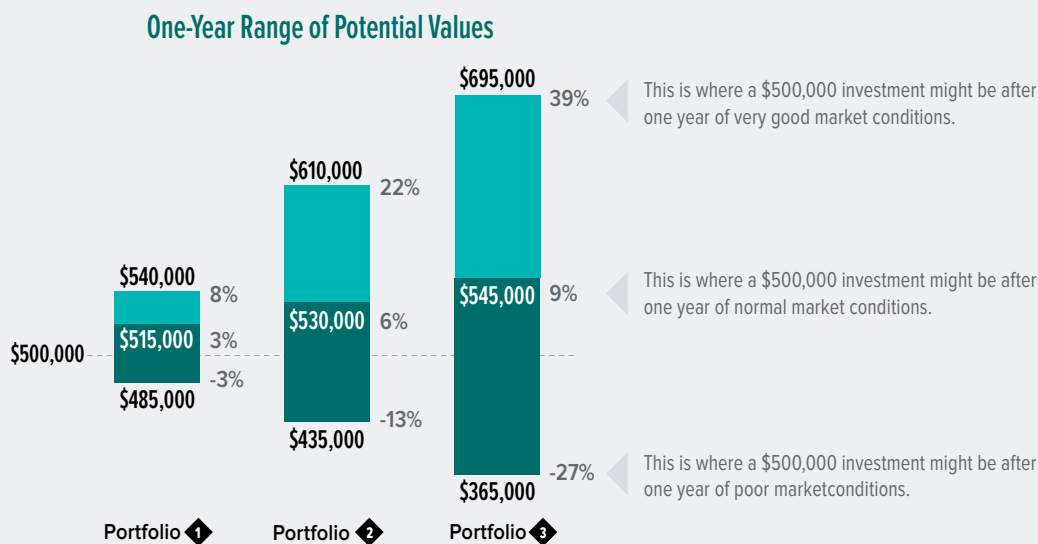
2. What is your greatest concern? (select one)

- A. Not growing my assets significantly over time; I am willing to assume higher risk for higher return potential
- B. Losing money in a market downturn along the way
- C. Losing more money than a certain amount within a given time frame (e.g., retirement)
- D. Not having certainty around achieving my wealth goal in the remaining time

ANSWER 2

- A
- B
- C
- D

3. Each year, the value of your portfolio fluctuates as markets change. If you invested \$500,000, which of the following portfolios below would you choose? (select one)



ANSWER 3

- Portfolio 1
- Portfolio 2
- Portfolio 3

These portfolios are strictly hypothetical and for illustrative purposes only.

4. In addition to the information already provided with respect to your preferences for certain investment types, what describes you best? (select one)

- A. I am a long-term investor focused on growing my assets
- B. I want to plan long-term but have a hard time shrugging off moderate-to-severe losses
- C. I need stable cash flows to meet my living expenses
- D. I am focused on preserving capital; I don't mind if this approach sacrifices return potential

ANSWER 4

- A
- B
- C
- D

5. If I look at my account statement and there is a moderate loss, my primary reaction is (select one)

- A. Do nothing, I lost money and am unhappy but am willing to stick with it until a recovery
- B. Sell all of the investment; I don't like losses
- C. Buy more; I am okay with temporary losses, because they present opportunities
- D. Sell half; I can't lose all my money

ANSWER 5

- A
- B
- C
- D

6. If your portfolio experienced a market correction declining 10%, how would you feel?

- A. Anxious
- B. Concerned, but understand that the market does fluctuate over time
- C. Indifferent; I am focused on long-term growth
- D. Fine; short-term fluctuations do not concern me in the least

ANSWER 6

- A
- B
- C
- D

7. From what source was this proposed account obtained? (select one per account)

- A. Investment activities, personally taking market risks
- B. Entrepreneurial activities, personally taking business risks
- C. Inheritance or other large, one-time payment
- D. Accumulated savings over a long period of secure employment

ANSWER 7

- | ACCT 1 | ACCT 2 | ACCT 3 |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> A | <input type="radio"/> A |
| <input type="radio"/> B | <input type="radio"/> B | <input type="radio"/> B |
| <input type="radio"/> C | <input type="radio"/> C | <input type="radio"/> C |
| <input type="radio"/> D | <input type="radio"/> D | <input type="radio"/> D |

8. If this proposed account suffered a temporary decline, could you cover your immediate cash-flow (i.e., expenses) needs from other sources of assets? (select one per account)

- A. No. There are no other assets that I could use to cover my immediate cash-flow needs
- B. Yes. I have other assets that I could use to cover my immediate cash-flow needs, but it would be difficult to access them
- C. Yes. I have other assets that I could use to cover my immediate cash-flow needs
- D. This proposed account is not expected to fund any spending

ANSWER 8

- | ACCT 1 | ACCT 2 | ACCT 3 |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> A | <input type="radio"/> A |
| <input type="radio"/> B | <input type="radio"/> B | <input type="radio"/> B |
| <input type="radio"/> C | <input type="radio"/> C | <input type="radio"/> C |
| <input type="radio"/> D | <input type="radio"/> D | <input type="radio"/> D |

9. Select your time horizon (select one per account)

- A. Less than 3 years
- B. 3-8 years
- C. 9-15 years
- D. 16-20 years
- E. Greater than 20 years

ANSWER 9

- | ACCT 1 | ACCT 2 | ACCT 3 |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> A | <input type="radio"/> A |
| <input type="radio"/> B | <input type="radio"/> B | <input type="radio"/> B |
| <input type="radio"/> C | <input type="radio"/> C | <input type="radio"/> C |
| <input type="radio"/> D | <input type="radio"/> D | <input type="radio"/> D |
| <input type="radio"/> E | <input type="radio"/> E | <input type="radio"/> E |

10. How important is it for you to achieve the investment objective for these assets? (select one per account)

- A. Highly important; this is a number-one priority
- B. Medium importance; I would like to do this, but can live without it
- C. Less important; this is not necessary

ANSWER 10

- | ACCT 1 | ACCT 2 | ACCT 3 |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> A | <input type="radio"/> A | <input type="radio"/> A |
| <input type="radio"/> B | <input type="radio"/> B | <input type="radio"/> B |
| <input type="radio"/> C | <input type="radio"/> C | <input type="radio"/> C |

Additional Information

1. Has the information you provided given an accurate picture of your financial situation? yes no

2. Are there any other facts pertaining to your financial situation or investment experiences that we should be aware of? yes no
If yes, please list:

I have reviewed the information I provided and my answers to each question. I understand that any investment recommendations made to me are based on the assumption that the information I provided on this profile is accurate.

Applicant's signature Date

Joint applicant's signature (if applicable) Date

Investment representative's name Investment representative's firm name

Investment representative's signature Date