

**FULLEN FINANCIAL GROUP, INC.**  
**New Client Information Form and Suitability Assessment**

Investor (first/middle/last): \_\_\_\_\_  
Address/city/state/zip: \_\_\_\_\_  
Phone (work): \_\_\_\_\_ (home): \_\_\_\_\_ (mobile): \_\_\_\_\_  
Email: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social security/tax ID: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_  
Citizenship: \_\_\_\_\_ Date married: \_\_\_\_\_

Spouse/Partner (first/middle/last): \_\_\_\_\_  
Phone (work): \_\_\_\_\_ (home): \_\_\_\_\_ (mobile): \_\_\_\_\_  
Email: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Social security/tax ID: \_\_\_\_\_  
Citizenship: \_\_\_\_\_

Investor's Employer: \_\_\_\_\_ Income: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_

Spouse/Partner Employer: \_\_\_\_\_ Income: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Start Date: \_\_\_\_\_

Children/Dependents: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Children/Dependents: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_  
Children/Dependents: \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

**Financial Goals / Concerns / Obligations:**  
(major purchases or expenditures such as house, car, home improvement; education; aging parents):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health: \_\_\_\_\_

Bankruptcy/Lawsuit (or other financial issues): \_\_\_\_\_  
Divorce or widowed? \_\_\_\_\_  
Former spouse name: \_\_\_\_\_ Date of divorce or death: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Military service? If yes, from (mm/year) \_\_\_\_\_ to \_\_\_\_\_  
Any military benefits? If yes, explain and will need documentation \_\_\_\_\_

Has client declined to provide certain information? \_\_\_\_\_

Identify Verification:  
Type: \_\_\_\_\_ Delivery of Brochure: \_\_\_\_\_  
Issue: \_\_\_\_\_ Delivery of Privacy Notice: \_\_\_\_\_  
Expiration: \_\_\_\_\_  
Number: \_\_\_\_\_

## Risk Tolerance

1. What is your expected time horizon for your account(s)?  
 0-3 years    3-5 years    5-10 years    10 years or greater
- Notes regarding purposes / expected withdrawals, etc.: \_\_\_\_\_
- For Roth IRAs: any possibility of withdrawal in less than 5 years? \_\_\_\_\_
2. What are your expected average annual investment returns for your account(s)?  
 0-5%    6-10%    11-15%    16% or greater
3. Would you be comfortable if, during a quarter, your account(s) declined:
- |             | Yes   | No    | Possibly |
|-------------|-------|-------|----------|
| 0-5%        | _____ | _____ | _____    |
| 6-9%        | _____ | _____ | _____    |
| 10% or more | _____ | _____ | _____    |
4. How would you feel if your account(s) declined 15% or more in a single year?
- Okay -- Investing is about the long-term and this is an acceptable risk  
 This is unacceptable
5. Which of these unattractive events would you prefer, if one had to occur?
- Holding cash/money market funds when the stock market goes up  
 Holding stocks when the market goes down
6. Which of these unattractive events would you prefer, if one had to occur?
- Selling stocks and seeing them immediately increase in value  
 Buying stocks and having them immediately decrease in value
7. If you were faced with the following alternatives, which would you choose?
- Consistent short-term (1-year) returns even though long-term (5-years or longer) may be lower  
 Higher long-term (5-years or longer) returns even though the returns may vary greatly over the short-term
8. What factor do you consider most important for your account(s)?
- Capital Appreciation  
 Safety of Principal  
 Dividend & Interest Income
9. What do you believe to be the most reasonable time period for evaluating performance of a particular investment?
- 1 Quarter  
 6 Months  
 1 Year  
 18 Months  
 3 Years or Longer

Additional Notes:

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Investor signature \_\_\_\_\_

Co-investor signature \_\_\_\_\_

Investor name (print) \_\_\_\_\_

Co-investor name (print) \_\_\_\_\_

Date: \_\_\_\_\_

Date \_\_\_\_\_