



INVESTOR PROFILE QUESTIONNAIRE

Contact Info

Name: _____ Email: _____

Address: _____

Phone: _____ Today's Date: _____

Goals & Criteria

At SMK Capital Management we focus on learning more about our client's investment goals, liquidity needs and risk tolerance levels. Please take a moment to share with us your capital investment goals including your desired rate of return and any investment options you are interested in. Please feel free to note if there is any additional information you would like us to be aware of:

Investment Info – (please check all that apply)

1. When do you plan to retire? _____ In less than 2 years _____ In 2-5 years
_____ In 5-10 years _____ >10 years
2. In which of the 3 given portfolios would you prefer to invest?
A) Portfolio A – Lower risk, lower return _____
B) Portfolio B – Moderate risk, moderate return _____
C) Portfolio C – Higher risk, higher return _____
3. How would you respond to the following statement regarding your investment strategy?
“I am willing to accept greater risk in order to achieve potentially higher investment returns over the long term.”
- A) Strongly Disagree _____ B) Disagree _____ C) Neutral _____ D) Agree _____ E) Strongly Agree _____
4. How would you respond to the following statement regarding your investment strategy?
“I am investing to save for retirement and therefore do not expect to take a withdrawal from my retirement account.”
- A) Strongly Disagree _____ B) Disagree _____ C) Neutral _____ D) Agree _____ E) Strongly Agree _____
5. Have you ever invested in the following? Please check all that apply:
Domestic Stocks _____ International Stocks/Funds _____ Real Estate partnerships _____
Mutual Funds _____ Investment Partnerships / Hedge Funds _____
Bonds or Bond Funds _____ Precious Metals /Collectibles _____
Options/Commodities/Futures _____ Commercial Real Estate _____
Residential Real Estate _____
- Other _____
7. To what extent do you follow the stock market?
Not at all _____ Somewhat _____ Very Close _____
8. How do you classify your risk tolerance when you evaluate an investment?
Vey low (Safe) _____ Low _____ Moderate _____ High _____ Very High (Aggressive) _____
9. Regarding your finances, what if anything, do you spend the most time thinking about?
(income, cash flow, stability, debt etc.)

Investment Info

10. What are the best and worst investment decisions you have ever made?

Best: _____

Worst: _____

11. When are you planning on investing?

_____ Within 30 days

_____ Within 90 days

_____ Within 1 year

_____ >1 year

Comments: _____

12. How much capital do you have available for investment and what are the sources?

_____ <\$10,000

_____ \$10,000- \$20,000

_____ \$20,000 - \$50,000

_____ \$50,000 - \$100,000

_____ >\$100,000

_____ Cash

_____ Self Directed IRA

Comments: _____

13. Please place an X next to which category(s) best describe your financial status:

_____ 1. An individual whose net worth, or joint net worth with that person's spouse, exceeds \$1,000,000 not including your primary residence.

_____ 2. An individual who has had income in excess of \$200,000 in each of the two most recent years or joint income with that person's spouse in excess of \$300,000 in each of those years and has a reasonable expectation of reaching the same income level in the current year.

_____ 3. None of the above

Please return this questionnaire via email to: Info@SMKcap.com

-or-

via fax to 310-496-0804

Pease contact Mark Khuri with any questions at 310-344-1970