

# Financial Values Worksheet



## PRIMARY CLIENT INFORMATION:

\_\_\_\_\_  
Name (First, MI, Last)

\_\_\_\_\_  Social Security number  Tax ID

\_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date (mm/dd/yyyy)

## Legal US Address (required – no PO Box allowed)

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City – State – Zip

## Mailing Address (optional – PO Box permitted)

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City – State – Zip

\_\_\_\_\_  
Daytime / Work Phone

\_\_\_\_\_  
Evening / Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Fax Line

\_\_\_\_\_  
Email Address

## Marital Status:

Single  Divorced  Married  Domestic Partner  Widowed

## Citizenship Information:

US citizen  Resident Alien  Non-resident Alien

\_\_\_\_\_  
Country of Origin (for non-citizens only)

## Employment Information:

Employed  Self-Employed  Retired  Student  
 Not Employed / Not Applicable

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Employer Address

\_\_\_\_\_  
Employer City – State – Zip

## Affiliation Information:

Are you, your spouse, or any other immediate family members (including parents, in-laws, siblings, or dependents):

1. Employed by or associated with the securities industry or a financial regulatory agency?

No  Yes:  
 RIA  FINRA  Other Regulator

2. A director, 10% shareholder, or policy-making officer of a publicly-traded company?

No  Yes  
Name & symbol: \_\_\_\_\_

## US PATRIOT Act Identification Information

(Required by Federal Law)

Identification documentation is required for all clients before we can begin management of any assets. Please provide information here:

Document Type:

Passport  State-Issued ID Card  Driver's License

Alien Registration Card (required for all resident aliens)

Other: \_\_\_\_\_

\_\_\_\_\_  
Document Number

\_\_\_\_\_  
Issuing Agency

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Expiration Date (mm/dd/yyyy)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Issuance Date (mm/dd/yyyy)

**ADDITIONAL CLIENT INFORMATION:**

\_\_\_\_\_  
Name (First, MI, Last)  
\_\_\_\_\_  
\_\_\_\_\_  Social Security number  Tax ID  
\_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date (mm/dd/yyyy)

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\_\_\_\_\_  
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\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City – State – Zip

**Mailing Address** (optional – PO Box permitted)

\_\_\_\_\_  
Address Line 1  
\_\_\_\_\_  
Address Line 2  
\_\_\_\_\_  
City – State – Zip

\_\_\_\_\_  
Daytime / Work Phone  
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Evening / Home Phone  
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\_\_\_\_\_  
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\_\_\_\_\_  
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Employed  Self-Employed  Retired  Student  
 Not Employed / Not Applicable

\_\_\_\_\_  
Occupation  
\_\_\_\_\_  
Name of Employer  
\_\_\_\_\_  
Employer Address  
\_\_\_\_\_  
Employer City – State – Zip

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 RIA  FINRA  Other Regulator
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\_\_\_\_\_  
Document Number  
\_\_\_\_\_  
Issuing Agency  
\_\_\_\_\_  
Expiration Date (mm/dd/yyyy)  Issuance Date (mm/dd/yyyy)

**HOUSEHOLD FINANCIAL INFORMATION**

**Current Income:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Salary Other Income

Does your income fluctuate on an annual basis (due to bonuses, commissions, etc.)?

No  Yes

By how much, from year to year, approximately? \$ \_\_\_\_\_

**Net Worth:**

\$ \_\_\_\_\_  
Approximate Current Net Worth – Total assets minus total liabilities. Exclude your primary residence, but include all other personal holdings.

**Retirement Planning:**

*Primary Client:*

*Additional Client:*

Planned retirement age: \_\_\_\_\_

Planned retirement age: \_\_\_\_\_

Or the year you retired: \_\_\_\_\_

Or the year you retired: \_\_\_\_\_

**Tax Information:**

Top Marginal Federal Tax Bracket:  12% or less  22% or 24%  32% or higher

Would you like us to use either of the following moderate tax-reduction strategies?

- Use of tax-exempt bonds or bond funds
- Recognizing losses to offset year-end gains

Would you like us to use any of the following more aggressive tax-reduction strategies?

- Recognizing losses throughout the year
- Active trading to lock in losses
- Managing exposure to year-end distributions

**Additional Financial Information:**

Are there other features of your household’s general financial situation that we need to know about? Please provide any additional information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACCOUNT-SPECIFIC INFORMATION

<b>1 Account Name / Registration</b>	<b>Tax status:</b>	<b>Approximate account value:</b>
	<input type="checkbox"/> Tax-exempt or Tax-deferred <input type="checkbox"/> Taxable	\$
	<b>What portion of your overall net worth does this account represent?</b>	<b>How long do you expect to keep these assets invested?</b>
	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> More than 75%	<input type="checkbox"/> Short term: Less than 3 years <input type="checkbox"/> Medium term: 3 to 5 years <input type="checkbox"/> Medium-Long term: 5 to 10 years <input type="checkbox"/> Long term: 10 years or more

<b>2 Account Name / Registration</b>	<b>Tax status:</b>	<b>Approximate account value:</b>
	<input type="checkbox"/> Tax-exempt or Tax-deferred <input type="checkbox"/> Taxable	\$
	<b>What portion of your overall net worth does this account represent?</b>	<b>How long do you expect to keep these assets invested?</b>
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<b>3 Account Name / Registration</b>	<b>Tax status:</b>	<b>Approximate account value:</b>
	<input type="checkbox"/> Tax-exempt or Tax-deferred <input type="checkbox"/> Taxable	\$
	<b>What portion of your overall net worth does this account represent?</b>	<b>How long do you expect to keep these assets invested?</b>
	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> More than 75%	<input type="checkbox"/> Short term: Less than 3 years <input type="checkbox"/> Medium term: 3 to 5 years <input type="checkbox"/> Medium-Long term: 5 to 10 years <input type="checkbox"/> Long term: 10 years or more

<b>4 Account Name / Registration</b>	<b>Tax status:</b>	<b>Approximate account value:</b>
	<input type="checkbox"/> Tax-exempt or Tax-deferred <input type="checkbox"/> Taxable	\$
	<b>What portion of your overall net worth does this account represent?</b>	<b>How long do you expect to keep these assets invested?</b>
	<input type="checkbox"/> Less than 10% <input type="checkbox"/> 10% to 25% <input type="checkbox"/> 26% to 50% <input type="checkbox"/> 51% to 75% <input type="checkbox"/> More than 75%	<input type="checkbox"/> Short term: Less than 3 years <input type="checkbox"/> Medium term: 3 to 5 years <input type="checkbox"/> Medium-Long term: 5 to 10 years <input type="checkbox"/> Long term: 10 years or more

Attach additional pages if necessary

**Contributions / Distributions:**

Will you be making **contributions** to any of these accounts during the next few years?

- None planned
- Yes: To which account? \_\_\_\_\_  
How often? \_\_\_\_\_ What amount? \$ \_\_\_\_\_

Will you be taking **distributions** from any of these accounts during the next few years?

- None planned
- Yes: From which account? \_\_\_\_\_  
How often? \_\_\_\_\_ What amount? \$ \_\_\_\_\_

Please offer any additional information you may have regarding your cash flow expectations for these accounts:

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**Asset ownership expectations:**

Which of the following types of investment do you currently own, or feel comfortable owning?

- Cash and money market funds
- US Bonds: Government, municipal, or mortgage-backed
- Other US bonds – corporate or high-yield bonds
- US stocks – large corporations
- US stocks – mid-sized or small corporations
- International stocks – developed markets
- International stocks – emerging markets
- “Alternative” investments (hedge funds, private equity, venture capital)
- No preference

Which of the following types of investment vehicles do you believe are most suitable for your portfolio?

- Mutual funds
- Exchange-traded funds
- Individual stocks in a separately-managed account
- Individual bonds in a separately-managed account
- No preference

**Experience and confidence:**

How much experience do you have in investing?

- None
- Limited
- Moderate
- Extensive

How easily do you adapt when faced with unexpected and undesirable financial results?

- Very uneasily
- Somewhat uneasily
- Somewhat easily
- Very easily

How much confidence do you have in your ability to make good financial decisions?

- None
- A reasonable amount
- A great deal
- Complete confidence

**RISK TOLERANCE AND MARKET EXPECTATIONS**

**Your attitudes toward short-term volatility:**

Which of the following statements would best describe your attitudes about the next three months’ performance of your portfolio?

- One calendar quarter is nearly meaningless.
- I wouldn’t worry about losses in that time frame.
- If the loss was greater than, say, 10%, I would probably be concerned.
- I can only tolerate small short-term losses.
- I would have a very hard time stomaching any losses at all.

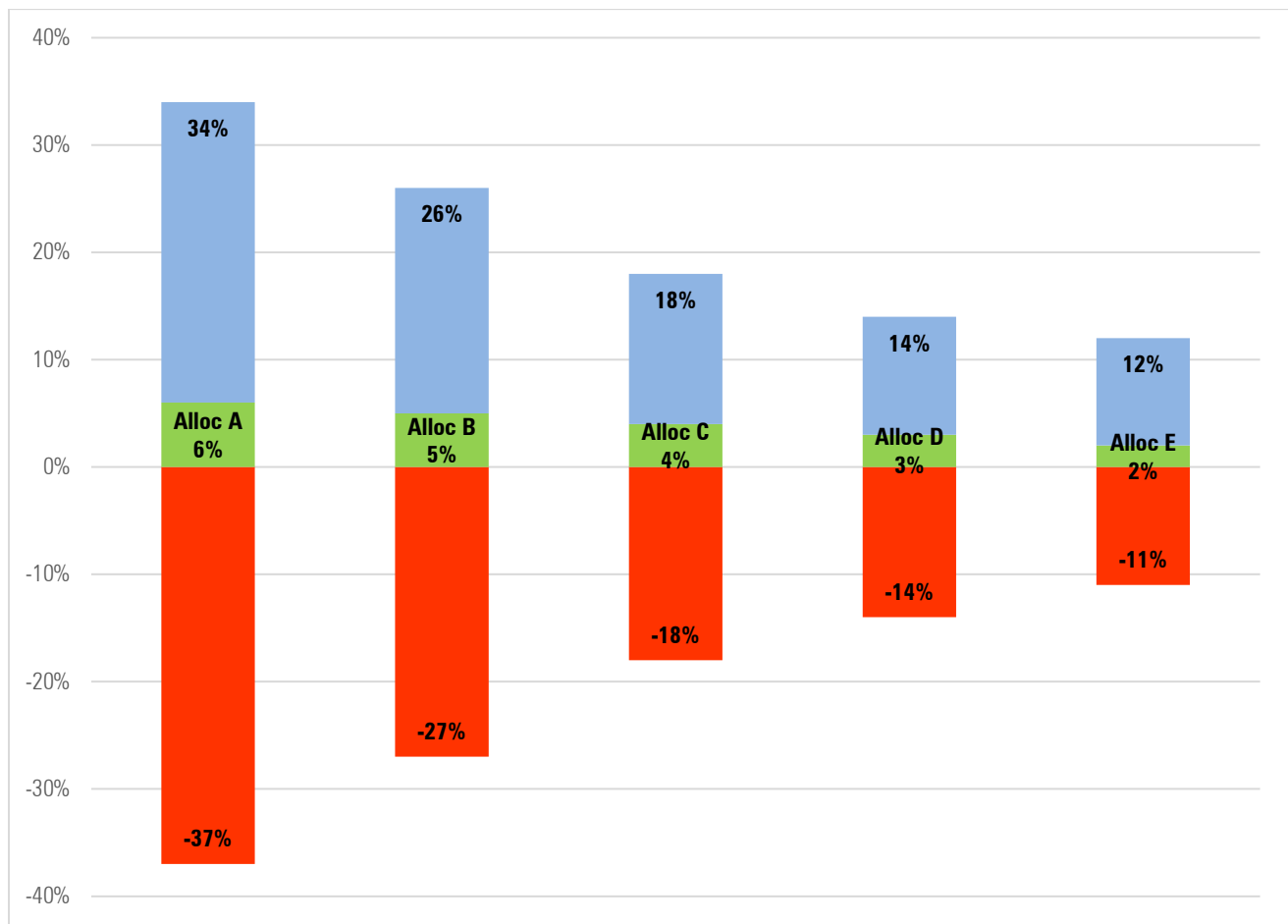
Historically, markets have experienced periodic downturns, both short-term and prolonged, followed by market recoveries. Suppose you owned a well-diversified portfolio that fell by 20% over a short period, consistent with other similarly-allocated portfolios. How would you react? Would you ...

- Make no changes to the portfolio – except maybe to make contributions, buying while the prices are low.
- Wait at least one year before making any significant changes to the portfolio allocation.
- Wait at least three months before making a change to a more conservative portfolio allocation.
- Immediately change to a more conservative portfolio allocation.

Which of the following statements would best describe your attitudes about the next three years' performance of your portfolio?

- I don't mind too much if I lose money.
- I can tolerate a loss.
- I can tolerate a small loss.
- I'd have a hard time tolerating any losses.
- I need to see at least a little return over this long of a time period.

This graph shows the hypothetical results of five sample portfolio allocations over a one-year holding period. Potential gains, probable returns, and potential losses are presented.



All investing involves a trade-off between risk and return. Historically, investors who have received high long-term average returns have also experienced greater fluctuations in the value of their portfolio, and more frequent short-term losses, than investors with more conservative allocations. Considering this, which of the above allocations would be most comfortable for your portfolio?

- Allocation A
- Allocation B
- Allocation C
- Allocation D
- Allocation E

**Your long-term goals and expectations:**

What is your long-term goal for the growth of this portfolio?

- To grow aggressively
- To grow significantly
- To grow moderately
- To grow cautiously
- To avoid losses

What is your long-term goal for income from this portfolio?

- To maximize income
- To emphasize income over growth
- To balance income and growth
- To emphasize growth over income
- I have no real need for income

Assuming normal market conditions, what would you expect from your portfolio over the long-term?

- To generally keep pace with the stock market.
- To slightly trail the stock market, but with a healthy profit.
- To trail the stock market, and make a moderate profit.
- To have some stability, but make modest profits.
- To have a high degree of stability, but make only small profits.

Suppose the stock market performs unusually poorly over the next decade. What would you expect of your portfolio?

- To lose money.
- To make very little or nothing.
- To eke out a little gain.
- To make a modest gain.
- To be little affected by what happens in the stock market.

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**ACKNOWLEDGEMENT**

By completing this questionnaire and signing below, I acknowledge that (a) I have read and understand the questions asked within this questionnaire, and that my answers are accurate and representative of my current financial situation; (b) I have received a copy of the current ADV Disclosure Brochure for Horizons Sustainable Financial Services, Inc.; (c) this questionnaire does not make or imply any guarantee of the attainment of my investment objectives; and (d) any investment recommendations made to me will be based on the assumption that the information I provided herein is accurate.

**Primary Client:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Additional Client:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Investment Advisor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date