



WEALTH AND INVESTMENTS

CLIENT ASSESSMENT

Version: 03.05.2019

A. GENERAL

Date: _____

Client: _____

Portfolio Manager: _____

Wealth Manager: _____

Existing Client (IWI) account number: _____

B. INVESTMENT OBJECTIVES (COMPULSORY)

A. What is your capital objective?

Capital Growth Income Generation Capital and Income Generation

B. How many years do you have left until retirement?

Already retired Less than 4 years Between 5-9 years More than 10 years

C. What is your monthly after-tax income requirement? _____

D. What amount of your capital do you readily need liquid? _____

E. What period are liquid assets required? _____

F. When do you expect to start withdrawing from your investments?

Immediate 1-3 years 3-5 years More than 5 years

G. What is your attitude to investing offshore?

- I want offshore exposure and rely on my investment manager to decide on the optimal percentage.

- I want offshore exposure for _____ % of my portfolio.

- I don't want any offshore exposure.

Client Initials: _____

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D. INVESTMENT EXPERIENCE (COMPULSORY)

Type of investments	None	Less than 1 year	1 to 5 years	More than 5 years
Equities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Derivatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collective Investments Schemes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offshore Investing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. PREVIOUS INVESTMENT EXPERIENCE (COMPULSORY)

Investment Experience	Descriptive text	Tick one
Very low	<i>You have very little or no previous investment experience or knowledge. Typical previous investments are likely to be cash deposits</i>	<input type="checkbox"/>
Low	<i>You have some previous investment experience or knowledge. Typical previous investments are likely to be predominantly cash deposits and small holdings of either equities or managed funds, but you do not feel well informed about them.</i>	<input type="checkbox"/>
Average	<i>You have a fair amount of previous investment experience or knowledge. Typically, you will have held either direct equities or managed funds and have a general understanding of how investment markets work, and the different asset classes.</i>	<input type="checkbox"/>
Above Average	<i>You have a large amount of previous investment experience or knowledge. Typically, you may have had some experience in selecting equity or fixed income investments (direct or managed funds) or held a professionally managed portfolio. You have a good understanding of the risks attached to the main asset classes</i>	<input type="checkbox"/>
High	<i>You have an extensive amount of previous investment experience or knowledge. Clients in this category will be confident in their understanding of investment markets. They will have had some experience in making a wide range of investments in different asset classes, some of which may involve complex instruments e.g. derivatives. They may possibly be employed within the financial services industry or hold relevant professional qualifications.</i>	<input type="checkbox"/>

F. CAPACITY FOR LOSS (COMPULSORY)

If emergency funds were required, would this investment be considered as a source of such emergency funds?	Tick one
There is no alternative, funds would need to be taken from this investment.	<input type="checkbox"/>
Only if necessary, withdrawal of funds from this investment would be considered.	<input type="checkbox"/>
Other savings/investments are held that could be used in emergency.	<input type="checkbox"/>

Client Initials: _____

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- **Income**

Q1: How long do you intend to hold this investment before you draw a regular income?	Tick one
Less than 5 years.	<input type="checkbox"/>
5-10 years.	<input type="checkbox"/>
10 years plus.	<input type="checkbox"/>
No fixed term.	<input type="checkbox"/>

Q2: What would the financial impact be if the income from this investment were to fall below your required level?	Tick one
It would have a significant impact. A decrease in income is not affordable and would cause financial difficulties.	<input type="checkbox"/>
It would cause a re-assessment of financial priorities and possible reductions in expenditure.	<input type="checkbox"/>
The impact would not be significant as other assets are held for income generation.	<input type="checkbox"/>

- **Growth**

Q1: How long do you intend to hold this investment before you require any capital drawdowns?	Tick one
Less than 5 years.	<input type="checkbox"/>
5-10 years.	<input type="checkbox"/>
10 years plus.	<input type="checkbox"/>
No fixed term.	<input type="checkbox"/>

- **Growth**

Q2: What would the financial impact be if the value of this investment were to fall below expectations?	Tick one
It would have a significant impact. I cannot afford this investment to not meet my goals.	<input type="checkbox"/>
It would cause a re-assessment of financial priorities and possible reductions in lifestyle.	<input type="checkbox"/>
The impact would not be significant as other assets are held to maintain my lifestyle.	<input type="checkbox"/>

- **Comments**

Client Initials: _____

G. RISK PROFILE CONFIRMATION

Based on the results of the Assessments, this client's overall risk profile (aggregated) is one of the below categories:

Category	Descriptive text	Tick one
Conservative	<i>A conservative investor requires stable investment growth or a high level of income. The primary investment goal is capital protection. This investor may require access to the investment within three years.</i>	<input type="checkbox"/>
Cautious	<i>A cautious investor requires stable growth in his/her investment and is uncomfortable when investment values decline. The investor may require a moderate level of income and is likely to have an investment horizon of at least three years. The primary investment goal is capital protection.</i>	<input type="checkbox"/>
Moderate	<i>A moderate investor invests for the longer term (at least five years) and requires minimal or no additional income. The investor can tolerate fluctuations in the value of his or her investments from time to time. The primary investment goal is capital growth.</i>	<input type="checkbox"/>
Moderately aggressive	<i>A moderately aggressive investor invests for the long term (at least seven years) and requires minimal or no additional income. Typically, this investor is prepared to accept more risk than a moderate investor but does not want full exposure to equities. The primary investment goal is capital growth.</i>	<input type="checkbox"/>
Aggressive	<i>An aggressive investor invests for the long term (at least ten years) and seeks the highest possible growth. Typically, the investor is prepared to accept substantial fluctuation in the value of his or her investment. The primary investment goal is long-term capital growth.</i>	<input type="checkbox"/>

H. FULL NEEDS ANALYSIS

I request that a Wealth Manager conducts a full needs analysis of my financial situation.

YES

NO

I. ASSESSMENT: SUITABILITY TO TRADE IN LEVERAGE INVESTMENTS

Based on the scoring of the risk assessment, the client has the required risk profile for leveraged investments.

YES

NO

Signed at: _____ on this the _____ day of _____ in the year _____.

_____.

Client Signature.

_____.

Portfolio Manager/Wealth Manager Signature.

Client Initials: _____.