

Discovery Questionnaire

PART 1: TELL US ABOUT YOURSELF

1. What prompted you to seek guidance and/or more information about investments or your financial plan?

2. What is important to you about money? Why?

3. What are your financial goals and objectives?

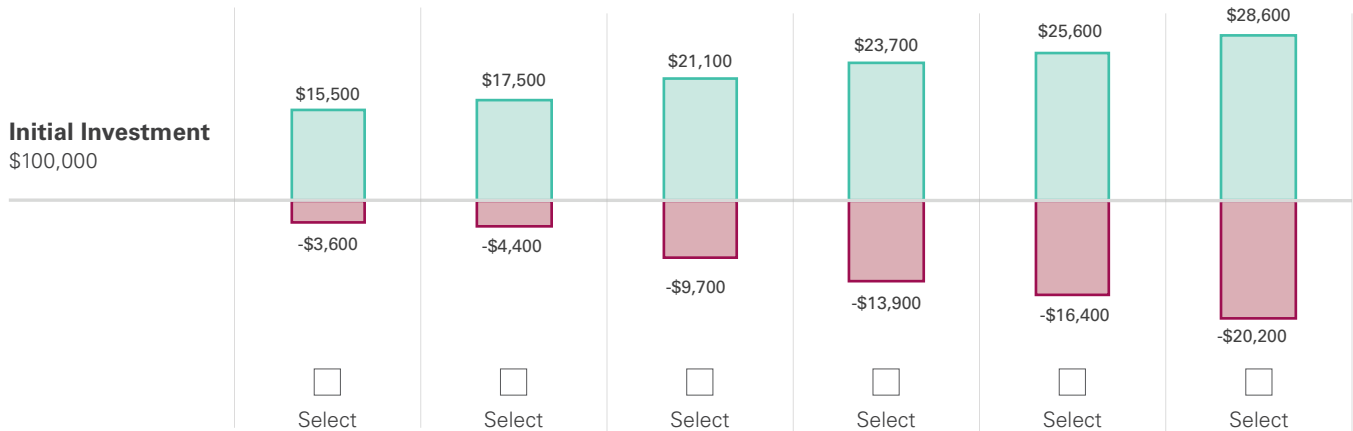
4. Where would you like to be five years from now?

5. Anything else you'd like us to know?

PART 2: TELL US ABOUT YOUR INVESTMENT GOALS

1. Investment Return Range

During any 12-month period, returns on portfolios with exposure to the stock market can vary dramatically. Given this variability and an initial investment of \$100,000, please select the typical range of potential gains and losses with which you are most comfortable.*



*The returns displayed above reflect the typical high and low ranges of the rolling 12-month averages from January 1, 1990 through December 31, 2019 for six hypothetical portfolios of global stocks and bonds. These returns do not reflect the performance of actual investment accounts and are presented for illustrative purposes only. Past performance is not a guarantee of future results.

2. Maximum Decline

Given your initial investment of \$100,000, how much could this investment decline, with no relief in sight, before you sold all or most of your investments in stocks?

- \$15,000
 -\$25,000
 -\$35,000
 -\$45,000
 -\$50,000
 -\$55,000

3. Stock Market Forecast

Even if you have very little confidence in your forecast, pick your best guess at the most likely return for the stock market over the next 12 months.

- Less than -10%
 Between -10% and 10%
 Between 10% and 20%
 More than 20%
 No Expectations

4. Your Age Range

How old are you?

- Younger than 50
 50-59 years old
 60-69 years old
 70-79 years old
 80+ years old

5. Planned Withdrawal

If you expect to withdraw a significant portion (at least 1/3) from your account for any purpose (e.g. purchase a home, a boat, children's education) other than retirement spending, when is it likely to be?

- Immediately
 Within 5 years
 5-15 years from now
 15+ years
 Never

Risk Profile:

PART 3: TELL US ABOUT YOUR FINANCIAL SITUATION

INCOME

1. Your current annual income (including bonuses, commissions, dividends, interest, rental income, small business, etc.)?
\$ _____
2. Does your income fluctuate on an annual basis (due to commissions, bonuses, etc.)?
 Yes, by this amount \$ _____ No
3. Do you expect your annual income to change in the next five years beyond a normal cost-of-living adjustment?
 Yes, by this amount \$ _____ No

INVESTABLE ASSETS

1. How much do you have in total investable assets? \$ _____

SAVINGS

1. Outside of your company retirement/savings plan, how much did you save last year?
\$ _____
2. Do you expect to save a similar amount each year for the next few years?
 Yes No, I expect to save this amount each year: \$ _____

TAX INFORMATION

1. What is your current marginal federal tax rate?
 10% 12% 22% 24% 32% 35%
2. To which state do you pay income tax? _____
3. What is your current marginal state tax rate? _____ %

PART 3: TELL US ABOUT YOUR FINANCIAL SITUATION

ASSETS

Please provide a summary of your assets and rank your investment experience within each asset category on a scale from 0 to 5, where a rank of 0 indicates no experience and 5 indicates a high level of experience.

Category (Self, Spouse, etc.)				Rank your experience Scale of 0 to 5
Retirement Plans	\$	\$	\$	
Savings, CD, MM	\$	\$	\$	
Corporate Bonds	\$	\$	\$	
Municipal Bonds	\$	\$	\$	
US Stocks	\$	\$	\$	
International Stocks	\$	\$	\$	
Mutual Funds	\$	\$	\$	
US Stocks	\$	\$	\$	
US Bonds	\$	\$	\$	
International Stocks	\$	\$	\$	
Other	\$	\$	\$	
Investment Real Estate	\$	\$	\$	
Other Investments	\$	\$	\$	

Liabilities

Category (Self, Spouse, etc.)			
Mortgage	\$	\$	\$
Credit Cards	\$	\$	\$
Auto Loans	\$	\$	\$
Personal Budget Loan	\$	\$	\$
Other	\$	\$	\$

PART 4: INVESTOR INFORMATION

INVESTOR / TRUSTEE INFORMATION

NAME

DATE OF BIRTH

MAILING ADDRESS

CITY

STATE

ZIP

HOME ADDRESS *(REQUIRED IF DIFFERENT FROM MAILING ADDRESS OR IF MAILING ADDRESS IS A POST OFFICE BOX)*

HOME PHONE

CITY

STATE

ZIP

EMAIL ADDRESS

COUNTRY OF LEGAL RESIDENCE

Where would you like us to send your mail? HOME BUSINESS ALTERNATE *(Please provide below)*

ALTERNATE ADDRESS

CITY

STATE

ZIP

Tax ID# *(Trust Accounts)*

Government ID Information DRIVERS LICENSE PASSPORT OTHER GOVERNMENT ISSUE ID

NAME ON UNEXPIRED GOVERNMENT ID

STATE/PROVINCE OF ISSUE

DATE OF ISSUE

DATE OF EXPIRATION

UNEXPIRED GOVERNMENT ID NUMBER

EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED UNEMPLOYED HOMEMAKER RETIRED IF RETIRED, PROVIDE YOUR RETIREMENT AGE _____

EMPLOYER

YEARS WITH EMPLOYER

BUSINESS PHONE

BUSINESS ADDRESS

OCCUPATION

CITY

STATE

ZIP

Specify any publicly traded company of which you are a director, 10% shareholder or policy-making officer.

Specify any securities firm with which you are affiliated.

PART 4: INVESTOR INFORMATION

BENEFICIARY INFORMATION (IRA ACCOUNTS ONLY)

PRIMARY CONTINGENT GENDER M F

NAME

DATE OF BIRTH

RELATIONSHIP

PERCENTAGE

MAILING ADDRESS

CITY

STATE

ZIP

PRIMARY CONTINGENT GENDER M F

NAME

DATE OF BIRTH

RELATIONSHIP

PERCENTAGE

MAILING ADDRESS

CITY

STATE

ZIP

PRIMARY CONTINGENT GENDER M F

NAME

DATE OF BIRTH

RELATIONSHIP

PERCENTAGE

MAILING ADDRESS

CITY

STATE

ZIP

DEPENDENTS

NAME

AGE

NAME

AGE

NAME

AGE

OTHER FINANCIAL ADVISORS

ADVISOR NAME

PHONE

MAILING ADDRESS

CITY

STATE

ZIP

ATTORNEY NAME

PHONE

MAILING ADDRESS

CITY

STATE

ZIP

PART 5: JOINT ACCOUNT INFORMATION

JOINT ACCOUNT / TRUSTEE INFORMATION (IF APPLICABLE)

NAME _____

DATE OF BIRTH _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME ADDRESS *(REQUIRED IF DIFFERENT FROM MAILING ADDRESS OR IF MAILING ADDRESS IS A POST OFFICE BOX)* _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____ COUNTRY OF LEGAL RESIDENCE _____

Tax ID# *(Trust Accounts)* _____

Government ID Information DRIVERS LICENSE PASSPORT OTHER GOVERNMENT ISSUE ID

NAME ON UNEXPIRED GOVERNMENT ID _____ STATE/PROVINCE OF ISSUE _____

DATE OF ISSUE _____ DATE OF EXPIRATION _____ UNEXPIRED GOVERNMENT ID NUMBER _____

JOINT ACCOUNT EMPLOYMENT INFORMATION

EMPLOYED SELF-EMPLOYED UNEMPLOYED HOMEMAKER RETIRED IF RETIRED, PROVIDE YOUR RETIREMENT AGE _____

EMPLOYER _____ YEARS WITH EMPLOYER _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____ OCCUPATION _____

CITY _____ STATE _____ ZIP _____

Specify any publicly traded company of which you are a director, 10% shareholder or policy-making officer.

Specify any securities firm with which you are affiliated. _____

PART 6: INVESTOR / TRUSTEE SIGNATURES

SIGNATURE

DATE

SIGNATURE

DATE

AssetMark, Inc.

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800-664-5345

Important Information

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