

# Discovery Questionnaire



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Investment Advisory Services offered through O.N. Investment Management Company. PM Financial Group is not affiliated with The O.N. Equity Sales Company or O.N. Investment Management Company.

# Discovery Questionnaire

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**PART 1: TELL US ABOUT YOURSELF**

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

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

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3. What are your financial goals and objectives?

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

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

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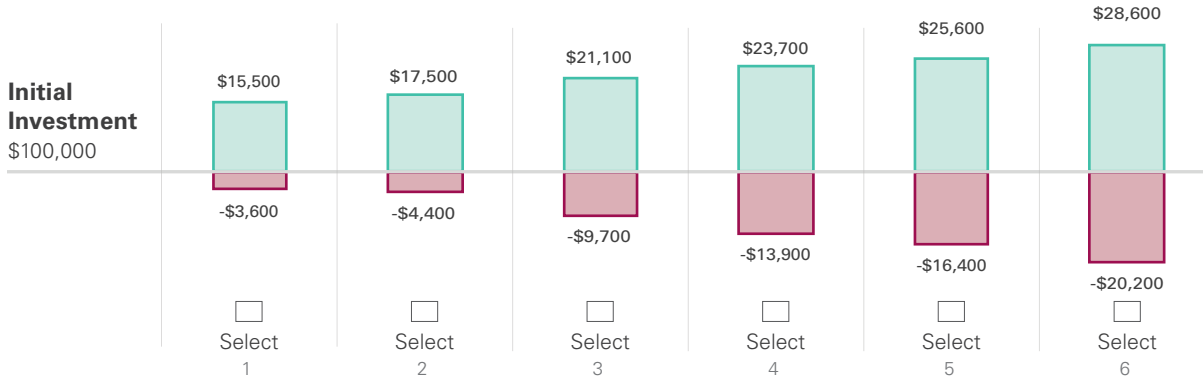
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## PART 2: TELL US ABOUT YOUR INVESTMENT GOALS

### 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?

- 1 -\$15,000   
  2 -\$25,000   
  3 -\$35,000   
  4 -\$45,000   
  5 -\$50,000   
  6 -\$55,000

Average of Q1 and Q2



### 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.

- 0.5 Less than -10%   
  0 Between -10% and 10%   
  -0.25 Between 10% and 20%   
  -0.5 More than 20%  
 0 No Expectations

### 4. Your Age Range

How old are you?

- 0 Younger than 50   
  -0.25 50-59 years old   
  -0.5 60-69 years old   
  -0.75 70-79 years old   
  -0.75 80+ years old

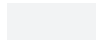
### 5. Planned Withdrawal

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?

- 0.5 Immediately   
  -0.5 Within 5 years   
  -0.25 5-15 years from now   
  0 15+ years   
  0 Never

Sum of Q3-Q5  
Plus the Average  
of Q1 and Q2

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
<b>Retirement Plans</b>	\$	\$	\$	
<b>Savings, CD, MM</b>	\$	\$	\$	
<b>Corporate Bonds</b>	\$	\$	\$	
<b>Municipal Bonds</b>	\$	\$	\$	
<b>US Stocks</b>	\$	\$	\$	
<b>International Stocks</b>	\$	\$	\$	
<b>Mutual Funds</b>	\$	\$	\$	
US Stocks	\$	\$	\$	
US Bonds	\$	\$	\$	
International Stocks	\$	\$	\$	
Other	\$	\$	\$	
<b>Investment Real Estate</b>	\$	\$	\$	
<b>Other Investments</b>	\$	\$	\$	

### Liabilities

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

## 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

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NAME

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DATE OF BIRTH RELATIONSHIP PERCENTAGE

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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

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NAME AGE

---

NAME AGE

---

NAME AGE

### OTHER FINANCIAL ADVISORS

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ADVISOR NAME PHONE

---

MAILING ADDRESS CITY STATE ZIP

---

ATTORNEY NAME PHONE

---

MAILING ADDRESS CITY STATE ZIP

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## 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**

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SIGNATURE

DATE

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SIGNATURE

DATE

**AssetMark, Inc.**

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Concord, CA 94520-2445  
800-664-5345

**Important Information:**

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