



AMERICA FIRST

Investment Advisors, LLC

Investment Objectives Survey

Date	<input type="checkbox"/> New Client	<input type="checkbox"/> Update Existing Client
Name	Social Security Number	
Street Address	City	State Zip
Home Phone	Work Phone	Cell Phone
E-mail - please list the e-mail address where you wish to receive your portfolio information		
Employer	Occupation	
Birthdate	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, at what age expected to retire?
Preferred method of correspondence, i.e. phone, email, etc.		

Spouse's Name	Social Security Number	
Work Phone	Cell Phone	E-mail
Employer	Occupation	
Birthdate	Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, at what age expected to retire?

Child's Name	Birthdate	Child's Name	Birthdate
Child's Name	Birthdate	Child's Name	Birthdate

Estimated Yearly Household Income <input type="checkbox"/> \$0 - \$75,000 <input type="checkbox"/> \$75,000 - \$150,000 <input type="checkbox"/> \$150,000 - \$250,000 <input type="checkbox"/> \$250,000 +	Tax Bracket <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35%	Investment Portfolio Types <input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> IRA <input type="checkbox"/> Other (please specify) _____ _____
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Are you currently using a money management service? Yes No. If yes, please state the name and management style of your present management firm(s).

Do you have someone who does your:

Estate Planning? If so, who? _____

Tax Accounting? If so, who? _____

Do you authorize us to give them your portfolio information? Yes No

Investment Assets

Real Estate: Yes No Estimated Value \$ _____

Retirement Accounts: Yes No Estimated Value \$ _____

Defined Benefit Pension Plan: Yes No If yes, please estimate the annual income to be received in retirement \$ _____

Common Stock (Please include equity oriented mutual funds):
 Yes No Estimated Value \$ _____

Bonds (please include bond oriented mutual funds):
 Yes No Estimated Value \$ _____

Money Market Accounts: Yes No Estimated Value \$ _____

CD's: Yes No Estimated Value \$ _____

Do you own all or part of a business?
 Yes No Estimated Value \$ _____

Size of Initial Investment \$ _____

Expected Contributions: Yes No Estimated Amount \$ _____

Expected Withdrawals: Yes No Estimated Amount \$ _____

Liquidity needs within 5 years (college, home, retirement, etc.):
 Yes No Estimated Amount \$ _____

Investment Limitations

Do you have any existing investments being transferred which require prior approval before liquidation?
 Yes No If so, which ones? _____

Do you have investments or companies in which you do not wish to invest?
 Yes No If so, which ones? _____

Please consider the following hypothetical portfolios. After considering the long-term characteristics of return and short-term volatility, please mark the portfolio with which you would be the most comfortable.

	10 Year Annual Return	Worst Quarterly Return	Worst Annual Return
<input type="checkbox"/> A	10 - 14%	-20%	-15%
<input type="checkbox"/> B	8 - 11%	-12%	- 8%
<input type="checkbox"/> C	5 - 8%	- 7%	- 5%
<input type="checkbox"/> D	3 - 6%	- 5%	- 3%

Asset Allocation

Please mark the allocation style you feel is most appropriate for your account at AFIA

Fixed Income Portfolio (invested only in bonds)

Equity Portfolio (invested only in stocks)

Balanced Portfolio - please indicate your minimum and maximum constraints:
 If giving AFIA full investment discretion, please indicate 0% minimum and 100% maximum

	Minimum %	Maximum %	On the scale below, please mark your preference for the type of portfolio return
Stocks	_____	_____	Current Income Capital Gains
Bonds	_____	_____	
Cash	_____	_____	

|-----|-----|-----|-----|-----|
 1 2 3 4 5

Account Holder _____ Date _____ Account Holder _____ Date _____