

LifeNeeds™

INVESTMENT ASSESSMENT



IdahoTrust
BANK

How were you referred to Idaho Trust?
 Existing Client Bank Representative Business Banker Attorney/CPA Internet Radio Print Ad

Primary Account Holder's Legal Name: _____ Date of Birth: _____

Primary Account Holder's Legal Name: _____ Social Security Number: _____

Are you a U.S. Citizen? Yes No If not, a citizen of what country? _____

Secondary Account Holder's Legal Name: _____ Date of Birth: _____

Secondary Account Holder's Legal Name: _____ Social Security #: _____

Are you a U.S. Citizen? Yes No If not, a citizen of what country? _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____ E-mail: _____

Children's full legal name(s)	Sex	Date of Birth	Primary	Secondary	Both
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Are you covered by a Retirement Plan? No Yes

If Yes, describe the plan: _____

Planned Retirement Age: _____

What is your anticipated pension payment? _____

What are your anticipated Social Security Benefits? _____

Are there any other assets that you are planning on for retirement (i.e. Life Insurance, etc., be specific)?

What are your retirement needs? _____

Do you anticipate any significant changes in your overall financial circumstances in the foreseeable future? No Yes

If Yes, please describe: _____

Do you desire Periodic Withdrawals From Your Account? No Yes

Do you desire Periodic Withdrawals From Your Account? No Yes

If Yes, how much do you plan to withdraw? Monthly: \$ _____ Quarterly: \$ _____ Other: \$ _____

Will Securities or Cash be added to your account at a later date? No Yes

If Yes, Indicate the amount: \$ _____ When? _____

Will you require withdrawals for education during retirement? No Yes

If Yes, Indicate the amount: \$ _____ When? _____

Are you now or will you in the future be the beneficiary of a trust or estate? No Yes

If Yes, please describe: _____

Are you now or will you in the future be the Trustee of a trust or the Executor of an estate? No Yes

If Yes, please describe: _____

Do you have a current banking relationship with Idaho Trust Bank? No Yes

If Yes, please indicate bank products currently used: Personal Deposits Business Deposits Personal Loans Business Loans

If No, please indicate primary bank: _____

Please indicate bank products currently used: Personal Deposits Business Deposits Personal Loans Business Loans

ACCOUNT TYPE

_____ Agent for Individual(s) Trust
 Employee Benefit Plan Entity

_____ Trustee for Traditional IRA (_____ New or _____ Transfer)
 Rollover from Qualified plan to Traditional IRA
 Roth IRA (_____ New or _____ Transfer)

YOUR CURRENT ASSETS

Cash and Money Markets	\$	IRA's	\$
Savings Accounts	\$	Real Estate (non-income)	\$
Investment Accounts	\$	Real Estate (income)	\$
Retirement Accounts (401k)	\$	Notes Receivable	\$

INCOME

What is your estimated annual income? _____

Sources of income (Check all that apply): Salary Dividends Interest Rental Properties

Other: _____

TRUSTED ADVISORS

CPA's Name: _____ Attorney's Name: _____

Other: _____

Please attach the most recent copy(s) of your investment statement(s).

INVESTMENT RISK TOLERANCE QUESTIONNAIRE

1. The investment objectives addressed by this questionnaire represent (select one):

- My overall investment objectives
- One component of a larger investment plan: *Please describe the objectives and components of the plan:*

2. The assets in my managed portfolio will eventually be used to (select all that apply):

- Fund retirement
- Finance education of children or grandchildren
- Fund a major purchase such as a home, business or collectibles
- Build wealth
- Other: _____

3. The current income requirement (the portion of total return which should come from dividends/interest) from these assets is (select one):

- None. No need for current income.
- Low. These assets should be managed on a total return basis with minor emphasis on dividend/interest return.
- Moderate. These assets should be managed on a total return basis with some emphasis on dividend/interest return.
- High. These assets should be managed with a primary emphasis on safety and income.

4. Question of Time (Your current situation and future income needs).

A. What is your current age (select one)?

- Less than 45
- 45 to 55
- 56-65
- 66-75
- Older than 75

B. When do you expect to start drawing income (select one)?

- Not for at least 20 years
- In 10 to 20 years
- In 5 to 10 years
- Not now, but within 5 years
- Immediately

5. **Long-Term Goals and Expectations (Your views of how an investment should perform over the long run).**

A. What is your goal for this investment (select one)?

- To grow aggressively
- To grow significantly
- To grow moderately
- To grow with caution
- To avoid losing money

B. Assuming normal market conditions, what would you expect from this investment over time (select one)?

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

C. Suppose the stock market performs unusually poorly over the next decade, what would you expect from this investment (select one)?

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

6. **Short-Term Risk Attitudes (Your attitude about short-term volatility).**

A. Which of these statements would best describe your attitudes about the next three years' performance of this investment (select one)?

- I don't mind 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 some return

B. Which of these statements would best describe your attitudes about the next three months' performance of this investment (select one)?

- Who cares? One calendar quarter means nothing
- I wouldn't worry about losses in that time frame
- If I suffered a loss of greater than 10%, I'd get concerned
- I can only tolerate small short-term losses
- I'd have a hard time stomaching any losses

7. **Which of these statements would you best identify yourself with right now?**

A. I may not be experiencing market losses but I need more income to support myself.

- Yes No

If "Yes," please see Section I below. If "No," please proceed to next question.

B. I can't afford to experience any greater negative returns in my portfolio without it affecting my lifestyle.

- Yes No

If "Yes," please see Section I below. If "No," please proceed to next question.

C. I don't like the idea of more declines in my principal but I really can't stand the thought of missing out on a stock market rebound.

Yes No

If "Yes," please see Section II below. If "No," please proceed to next question.

D. I focus on long-term results 7-10 years in the future and do not want to make major changes to my asset allocation based on what is happening to my account right now.

Yes No

If "Yes," please see Section III below. If "No," please see Section II below.

Section I

Do your investment assets generate the majority of your income?

Yes No

Does protection of principal far outweigh growth in your assets?

Yes No

Does your current portfolio give you "peace of mind"?

Yes No

Comments:

If you answered "Yes" to two or more questions, go to Question 8.
If you answered "Yes" to less than two questions, proceed to Section II.

Section II

Do your investment assets generate some but not all of your income?

Yes No

Are you concerned that reduction in your principal may negatively affect your lifestyle?

Yes No

Have you lost confidence in financial markets?

Yes No

Comments:

If you answered "Yes" to two or more questions, go to Question 8.
If you answered "Yes" to less than two questions, proceed to Section III.

Section III

Does your income primarily come from sources outside your investment portfolio?

Yes No

Can you afford to have the value of your principal reduced without negatively affecting your lifestyle?

Yes No

Do you believe that long term (7-10 years) growth of principal is most important to you?

Yes No

Comments:

8. I would like more information about (check all that apply):

- Increasing Interest Earned on my Bank Deposits
- Reducing Bank Fees
- Enhanced On-line Banking
- Free On-line Bill Pay
- Mobile Banking
- Making Deposits from my Business
- Business Cash Management
- Better Business Financing
- Business Succession Planning
- Personal Loans
- Free Estate Planning Review
- Free Retirement Planning Review
- Life and Disability Insurance Analysis
- Evaluation of Current Annuities

9. What else do you think we should know about? Please let us know.

SIGNATURES

(print name)_____

(print name)_____

Date Signed:_____

Date Signed:_____

