

Dare Capital Management and Advisory
CLIENT DATA GATHERING QUESTIONNAIRE

CLIENT NAME(S)			
ACCOUNT TYPE	Individual ___ JTWROS ___ Corp ___ IRA ___ Other _____		
ADDRESS /CITY/ST/ZIP			
MAIL ADDRESS			
HOME PHONE		CELL PHONE / PAGER	
E-MAIL		MOTHER'S MAIDEN NAME	
MARITAL STATUS		PRIMARY CONTACT	Male ___ Female ___
EMPLOYER		EMPLOYER	
WORK PHONE		WORK PHONE	
POSITION		POSITION	
DATE EMP		DATE EMP	
SSN		SSN	
US CITIZEN		US CITIZEN	
BIRTH DATE		BIRTH DATE	
AGES / SEX OF DEPENDENTS			
DCM EMPLOYEE RELATED? HOW?			
<p>Investment Objectives: (Number in order of preference)</p> <p>Aggressive Growth _____ Long Term Growth _____ Growth w/Income _____ Income _____</p> <p>Safety/Diversification _____ Safety/Guarantees _____ Diversified w/Aggressive _____ Tax Advantage _____</p> <p>Risk Tolerance: High Risk _____ Moderate Risk _____ Low Risk _____ Don't Know/Unsure _____</p> <p>Financial Data: Annual Income _____ Tax Bracket _____ Liquid Assets _____</p> <p>Net Worth <u>exclusive</u> of home/furnishings/auto _____</p> <p>Net Worth <u>inclusive</u> of home/furnishings/auto _____</p> <p>Investment Portfolio: Total investment portfolio is currently worth \$ _____</p> <p>Client proposes to deposit \$ _____ which represents _____% of the total portfolio.</p> <p>Special Financial Concerns/Restrictions/other notes:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Investor certification: The information above is true, complete, and correct. I understand that it is my responsibility to notify my financial advisor if my financial situation changes.</p> <p>Name _____ Signature _____ Date _____</p> <p>Name _____ Signature _____ Date _____</p>			