

Confidential Client Profile for

The Investment Advisors Act of 1940 requires registered investment advisors, as fiduciaries, to act in the best interest of their clients. In order to help us do so, we ask that you provide us with the following information. This information is confidential and will only be used by SFI to help provide you with the best advice possible for achieving your unique financial goals.

Personal Information	Personal Information		
□ Mr. □ Dr. □ Ms.	Mr. Trustee Ms.		
Mrs. Trustee Rev.	□ Mrs. □ Dr. □ Rev.		
Last Name	Last Name		
First Middle Suffix	First Middle Suffix		
Driver/State License # Home Phone Fax Number	Driver/State License Home Phone Fax Number		
ID State Exp. Date Cell Phone Marital Status Married Single Widowed Other	ID State Exp. Date Cell Phone Marital Status Married Single Widowed Other		
Home Address Information			
Home Address	Mailing Address		
Home Address	Mailing Address		
Home City Home State Home Zip	Mailing City Mailing State Mailing Zip		
Home Country Do not put address on the mailing list	Mailing Country Add to Mailing List		
Email	Email		
Retirement Information Retired?YesNo	Joint/Spouse Retirement Information Retired? Yes No		
Are you currently enrolled in your company's retirement plan?	Are you currently enrolled in your company's retirement plan?		
Yes No	Yes No		
n what year do you expect to retire?			
Company Address Information	Joint/Spouse Company Address Information		
Company Name	Company Name		
Company Address	Company Address		
Company Address	Company Address		
Company City Company State Company Zip	Company City Company State Company Zip		
Company Country Add to Mailing List	Company Country Add to Mailing List		
Work Phone	Work Phone MATION ON REVERSE SIDE***		

PLEASE COMPLETE INFORMATION ON REVERSE SIDE* ***SIGNATURE REQUIRED***

General Registration Information

Financial Information	Time Horizons (continued)		
Combined annual Income (Including bonus, pension, social security, etc.):	Please indicate your experience with the following types of investments:		
□ 0-\$25K □ \$25-50K □ \$50-100K □ >\$100K	Significant Moderate None		
Net Worth (Total Assets minus Total Liabilities) including home, automobile, and furnishings:	Mutual Funds Stocks Mutual Funds Stocks Mutual Funds Mutual Funds Mut		
\$0 - \$50,000 \$100,000 - \$500,000 \$50,000 - \$100,000 Over \$500,000	Investment Objectives Which one of the following best describes your investment objective?		
The investments to be managed by or through Spectrum	Capital Preservation		
Financial, Inc. are what percentage of your net worth?	Conservative Growth		
□ 0 - 25% □ 25 - 50% □ 50 - 75% □ 75 - 100%	Which benchmark would I compare Spectrum's performance to: Bank Savings Account /CDs S&P 500 Index		
Tax Bracket: 0 - 15% 16 - 24% 25% or over	Barclays US Agg. Bond Index		
Do you anticipate any material changes in your overall financial	Risk Assessment		
or employment circumstances in the next 1 to 2 years? If so, please describe:	Which one of the following best describes the type of investor you are? Please check one for your total portfolio.		
	1. I expect returns that are better than CDs, but with very little or no risk of loss.		
	2. I expect returns that are similar to what the stock market offers, but with less risk of loss.		
Time Horizons (please pick one)	3. I expect returns that are similar to what the stock market offers and am willing to assume a higher risk of loss.		
What is your primary financial goal for this portfolio? Retirement Savings Wealth Accumulation Education Funding Short Term Savings	4. I expect returns at least as good as or better than what the stock market offers and am willing to assume significant risk of loss.		
other	Given your individual tolerance for risk and your understanding that		
In order to reach my goals, I am willing to commit to an investment strategy for:	investments may fluctuate in value, what level of loss over a one year period would cause you to liquidate your portfolio?		
□ 1-2 yrs □ 6-10 yrs □ 3-5 yrs □ 10+ yrs	□ -3% □ -5% □ -10% □ -15% □ -20%		

By completing and signing this profile, you are stating that all answers given are true and correct to the best of your knowledge. If there is a material change in this information, the client(s) will notify Spectrum Financial immediately. The undersigned further acknowledges that this profile does not make or imply any guarantee as to the attainment of the investment objectives stated therein.

	Date		Date
Financial Advisor Signature	Date	Compliance Review Signature	Date
Revision 9/1/18			