



NextStep Strategic Portfolio Program Questionnaire

Please send completed forms to trading@totalclaritywealth.com or contact Kristina at 630-762-9352.

Section 1: Advisor/IAR Information

Advisor Name: _____ Rep ID/Master Account: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____ Email: _____

Section 2: Client Account Information

Client Household Name: _____ Custodian: _____

Account Number: _____ Qualified Non-Qualified

Client Name & Account Type: _____ Approx. Value: _____

Account Objective:

- Capital Preservation
- Income
- Total Return/Growth with Income
- Growth
- Aggressive Growth

Risk Tolerance:

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Significant Risk

Do you have any cost basis concerns? Yes No

If yes, what are they? _____

Are there any incoming holdings / securities with sell restrictions? Yes No

If yes - list Security Tickers and Names: _____

Never sell and exclude from account allocation.

Never sell but include as a replacement security for the model holding of the same asset class.

Are there any cash requirements above and beyond the allocation within the model? Yes No

If yes, what are those requirements? _____

\$ Amount above and beyond the model allocation: _____

% Allocation above and beyond the model allocation: _____

Will there be a systematic *distribution* from this account? Yes No

If so, please provide details: Day of Month _____ Amount _____

