

PERSONAL FACT FINDER

Personal Information

Name				DOB	
Marital Status		No. Of Dependents		PAN	
Occupation		Organization			
Address					
City		State		Pin	
Contact No.					
Email					

I. Please select one of the 2 Services offered

Option 1	Investment planning – Optimize investment returns with structured diversified portfolio	<input type="checkbox"/>
Option 2	Financial Planning- Design a financial goal-based plan	<input type="checkbox"/>

II. Risk Tolerance Assessment Test (Mandatory)

Q1 What is your level of experience with investment products?

- | | | |
|--|---|--------------------------|
| a. No investment experiences | 1 | <input type="checkbox"/> |
| b. Little investment experience (e.g., have invested in fixed deposit/Post office savings) | 2 | <input type="checkbox"/> |
| c. Moderate investment experience (e.g., have invested in bonds/Bond funds) | 4 | <input type="checkbox"/> |
| d. Considerable investment experience (e.g., Have invested in stocks/Mutual funds) | 6 | <input type="checkbox"/> |

Q2 What is your age?

- | | | |
|--------------------|---|--------------------------|
| a. Over 65 | 1 | <input type="checkbox"/> |
| b. Between 51-65 | 2 | <input type="checkbox"/> |
| c. Between 35-50 | 4 | <input type="checkbox"/> |
| d. Younger than 35 | 6 | <input type="checkbox"/> |

Q3 When do you think you will start making withdrawals from your investments?

- | | | |
|--------------------------|---|--------------------------|
| a. Within 1 year | 1 | <input type="checkbox"/> |
| b. In 1 and 3 years | 2 | <input type="checkbox"/> |
| c. In 3 to 5 years | 4 | <input type="checkbox"/> |
| d. After 5 or more years | 6 | <input type="checkbox"/> |

Q4 How do you expect to take future withdrawals from your investment?

- | | | |
|--|---|--------------------------|
| a. Either total lump sum or over a period of 5 years or less | 1 | <input type="checkbox"/> |
| b. Spread gradually over a period of 5-10 years | 2 | <input type="checkbox"/> |
| c. Spread gradually over a period of 10-20 years | 4 | <input type="checkbox"/> |
| d. Spread gradually over 20 years or more | 6 | <input type="checkbox"/> |

Q5 In general, what will be your reaction if your investment suddenly drops in value?

- | | | |
|---|---|--------------------------|
| a. Sell it to prevent further losses | 1 | <input type="checkbox"/> |
| b. Partially sell it to prevent further losses | 2 | <input type="checkbox"/> |
| c. I would hold the investment | 4 | <input type="checkbox"/> |
| d. Buy more (if it was attractive at a higher price, it looks even better at its current price) | 6 | <input type="checkbox"/> |

Q6 What is your expectation form the performance of your investments?

- | | | |
|--------------------------|---|--------------------------|
| a. To avoid losing money | 1 | <input type="checkbox"/> |
| b. To grow with caution | 2 | <input type="checkbox"/> |
| c. To grow moderately | 4 | <input type="checkbox"/> |
| d. To grow aggressively | 6 | <input type="checkbox"/> |

III. Personal Financial Details: -

A. Income	
Annual Family Income	
Average Annual Income Growth (In%)	
B. Loans	
Outstanding Loan Amount	
C. Risk Management	
Life Insurance Sum assured	
Mediclaime Sum assured	
Disability Insurance Sum assured	
D. Savings & Investments	
FD, Debt Mutual Funds & Gold & Silver Funds	
Equity Mutual fund & Equity Shares	

IV. Investment Needs & Objectives: -

Please write down all your financial goals here and prioritize them in order of importance to you. Make sure that your goals are specific, Realistic, Measurable/Quantifiable in money term and time bounded.



BUILDING A BETTER FINANCIAL LIFE

Capital Spending Needs (E.G. gift to children, repay debts, home improvements, holidays, education, marriage etc.) Rate them in order of importance 1= Essential, 2=Desirable, 3= if possible:

Financial Goals	Cost in today's term	Lead Time (Years)	Rating

Income Needs	PF/NPS/Pension Plan's Present Balance	Annual Contribution to PF/NPS/Pension Plan	Monthly Household Expenses	Retirement Age	Plan till the age of
Plan for retirement					

For Office use only		
Risk Tolerance Assessment Score		Risk Profile
Allocation Model		Annual Fee
Advisor's/Distributor Name		File No.

Client declaration and risk acknowledgement

- I/We confirm that the decision to invest in the specific mutual fund schemes is based purely on my/our own assessment and analysis, and is in line with my/our financial goals, risk appetite, and personal objectives. I/We understand that any investment advice provided is based on the information I/we have furnished, and I/we have not withheld any material information that could influence the investment decision. I/we, the undersigned client(s), declare and confirm that covers the understanding of mutual fund risks and acknowledges that the investment advisor/distributor is not responsible for future market-related losses.

Client details:

- Client Name(s): _____
- Signature(s): _____
- Date: _____

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