McINTYRE, FREEDMAN & FLYNN INVESTMENT ADVISERS, INC.
4 Main Street - P.O. Box 1689, Orleans, MA 02653
Phone: 508-255-1651 Fax: 508-255-9243 Email: info@mcintyreinvestments.net

CLIENT QUESTIONNAIRE

Name: _____

Residential Address: _____

Mailing Address: _____

_____ **State:** **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **Email Address:** _____ **City:**

1. **What type of Account, i.e., Individual/Joint, Trust, Individual Retirement Account (IRA), etc., will you be opening?**

Account Type: _____
Account Type: _____
Account Type: _____

How do you generally categorize your investment objectives?
Appreciation of capital, with income as a secondary priority _____
Appreciation of capital and income as equal priorities _____
Income is primary priority with capital appreciation as secondary priority _____

2. **Briefly describe your tolerance for equity risk and volatility:**

_____

3. **Please, describe your investment experience:**

   A) **How have you made your investment decisions in the past? (check all that apply)**

   Self _____ **Money Manager/Investment Advisor** _____ **Stockbroker** _____

   Financial Planner_____ **Other, please describe** _____

   B) **How many years have you been investing your money/assets? (other than a bank or savings account) 1-5 _ 6-10 _ More than 10** _____

   C) **What types of securities have you invested in? (check all that apply)**

   Stocks _____ **Bonds** _____ **Options**_ **Mutual Funds** ____ **ETFs** _____

4. **How will you be funding this account? (check all that apply)**

Cash _____ **Securities** _____ **Mutual Funds*** _____**Other**_____

Please liquidate Mutual Funds; they could delay the transfer process. For assistance, consult a representative at McIntyre, Freedman & Flynn.

5. **Will you be transferring this account from another brokerage firm? Y _____ N _____**

If yes, from which firm(s)? _____

Is this a full transfer _____ or a partial transfer? _____

To expedite your transfer, please provide your most recent statement.

6. **What time frame would you consider reasonable to judge whether you have achieved your investment return goal?**

1 year _____ 1-3 years _____ 3-5 years_____ over 5 years_____

7. **Do you anticipate taking regular withdrawals from your account(s)? Y _____N _____**

If yes, how much: _____ Frequency: _____

8. **Are you an Officer or Director of any publicly traded company? Y __N _____**

If yes, name of company(s) _____

9. **Are you a U.S. resident? Y _N _____Your spouse? Y _____N _____**

10. **Date of Birth (Self) _____ (Spouse) _____**

11. **Approximate annual income (Self) _ (Spouse) _____**

12. **Occupation (former/current) (Self) _ (Spouse) _____**

13. **Approximate net worth (excluding primary residence) _____**

14. **Number of dependents (children and/or others) ___**

15. **Do you anticipate any future changes in your overall financial circumstances?**

Y ___ N ___If yes, please explain: _____

Please notify us if your financial or investment circumstances listed above change in the future. We will be pleased to assist you in updating your investment goal.

Client Signature(s)

_____ **Date:** _____

_____ **Date:** _____