

Wealth Management Individual Investor Profile

Personal Client Information

It is important that you understand the ways in which we conduct business and the applicable laws and regulations that govern us. As a firm providing wealth management services to clients in the U.S., we are registered with the U.S. Securities and Exchange Commission (SEC) as an investment adviser and a broker-dealer, offering both investment advisory and brokerage services. Though there are similarities among these services, the investment advisory programs and brokerage accounts we offer are separate and distinct, differ in material ways and are governed by different laws and separate contracts.

It is important that you carefully read the agreements and disclosures that we provide to you about the products or services we offer. While we strive to ensure the nature of our services is clear in the materials we publish, if at any time you seek clarification on the nature of your accounts or the services you receive, please speak with your Financial Advisor or call **201-352-9999**.

For more information, please visit our website at www.ubs.com/workingwithus

Wealth management services in the United States are provided by UBS Financial Services Inc., a registered broker/dealer offering securities, trading, brokerage and related products and services.

Personal Information

Personal

Client 1 Name <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____			Client 2 Name <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____		
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security # _____			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security # _____		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Partner			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Partner		
Home Telephone _____	Work Telephone _____	E-mail Address _____	Home Telephone _____	Work Telephone _____	E-mail Address _____
Home Address _____		City _____	State _____	ZIP Code _____	Marginal Federal Tax Bracket _____
					Marginal State Tax Bracket _____

Children, Grandchildren and Other Dependents

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
Name		Date of Birth/Age	
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
Name		Date of Birth/Age	
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
Name		Date of Birth/Age	
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other: _____
Name		Date of Birth/Age	

Employment Information

Client 1 Title/Occupation		Client 2 Title/Occupation	
Company Name _____		Company Name _____	
\$ _____	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Section 16 insider <input type="checkbox"/> Subject to Rule 144 <input type="checkbox"/> Retired	\$ _____	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Section 16 insider <input type="checkbox"/> Subject to Rule 144 <input type="checkbox"/> Retired
Annual Income		Annual Income	

Professional Relationships (Accountants, Attorneys and Other Advisors)

_____	_____	_____
Name	Type of Advisor	Telephone Number
_____	_____	_____
Name	Type of Advisor	Telephone Number
_____	_____	_____
Name	Type of Advisor	Telephone Number
Financial Advisor Name	FA ID	Telephone Number
		Date

Risk Tolerance and Investment Preferences

	Non-Retirement Plan Assets (circle one)	Retirement Plan Assets (circle one)
1. Primary Objective		
<p>A. Produce current income</p> <p>B. Achieve capital appreciation (emphasis on growth of capital, not income)</p>	<p>C. Produce a combination of income and capital appreciation</p>	<p>A B C</p> <p>A B C</p>
2. Investment Time Frame		
<p>The length of time you intend to remain invested can play a significant role in designing an appropriate investment strategy. Generally, the longer the investment time frame, the more risk that can be taken (to potentially achieve greater returns), assuming you can tolerate the additional risk. When do you anticipate needing access to the majority of these funds?</p>		
<p>A. Less than 3 years</p> <p>B. 3 to 6 years (an average market cycle)</p>	<p>C. 7 to 10 years</p> <p>D. Longer than 10 years (several market cycles)</p>	<p>A B C D</p> <p>A B C D</p>
3. Risk/Return Objectives		
<p>Many investors have expectations of earning the high returns of a long-term investment, but feel compelled to liquidate investments prematurely because of their discomfort with short-term volatility. Identifying how much volatility you are willing to accept is central to determining an appropriate investment strategy. Which of the following statements best characterizes your risk/return objectives?</p>		
<p>A. I am primarily interested in maintaining my invested capital and I am not prepared to accept higher fluctuations in the value of my assets.</p> <p>B. I prefer to sustain only moderate fluctuations in the value of my assets to achieve moderate returns.</p> <p>C. In order to achieve a higher return, I am prepared to accept higher fluctuations in the value of my assets.</p>		<p>A B C</p> <p>A B C</p>
4. Investment Characteristics: Which of the following best characterizes your tolerance for risk?		
<p>A. Low Risk</p> <p><input type="checkbox"/></p>	<p>B. Some Risk</p> <p><input type="checkbox"/></p>	<p>C. Moderate Risk</p> <p><input type="checkbox"/></p>
		<p>D. Moderately High Risk</p> <p><input type="checkbox"/></p>
		<p>E. High Risk</p> <p><input type="checkbox"/></p>
		<p>A B C D E</p> <p>A B C D E</p>

Risk Tolerance and Investment Preferences (continued from page 2)

	Non-Retirement Plan Assets (circle one)	Retirement Plan Assets (circle one)
5. What after-tax annual income, if any, do you currently require from your investment portfolio? \$ _____		
6. Short-term cash need: Do you anticipate a need for cash in the short term?	Y \$ _____ N Amount	Y \$ _____ N Amount
7. What portion of your investable assets is reflected in this profile? A. Less than 20% B. 20% – 40% C. 40% – 60% D. 60% – 80% E. More than 80%	A B C D E	A B C D E
8. Would you like international equity to be considered in the asset allocation recommendation?	Y N	Y N
9. Would you like international fixed income to be considered in the asset allocation recommendation?	Y N	Y N
10. Would you like cash to be considered in the asset allocation recommendation?	Y N	Y N
11. Would you like alternative investments to be considered in the asset allocation recommendation? (If yes, complete information requested below.)	Y N	Y N

Alternative Investments

Please check the appropriate box(es) below:

- Net worth over **\$1.5 million** for **individuals** or beneficiaries of IRA/participant-directed plans (together with spouse).
- Net worth over **\$5 million** for **entities**. Entities that are investment vehicles may be subject to additional requirements.

If you have checked one or both boxes, please complete questions 1 – 6, below.

1. When possible, which asset classes would you like to diversify/enhance?

- Equity
- Fixed Income
- Both

2. Alternative investment managers may engage in some or all of the following strategies: short sales, more frequent trading, the use of options and/or futures, the use of leverage and derivative instruments. How comfortable are you with these strategies?

- I am not comfortable
- I am fairly comfortable
- I am very comfortable

3. With which of the following investments or strategies have you had experience and would you consider investing in again?

- Private investment partnerships
- Hedge funds
- Private equity or venture capital
- Futures, commodity contracts, managed futures
- Short positions
- Puts and/or calls

4. What portion of your total portfolio would you feel comfortable holding in investments which have limited liquidity?

- 0%
- Up to 10%
- Up to 20%
- More than 20%

5. For the portion of your investment portfolio that may be allocated to alternative investments, are you comfortable with monthly or less frequent reporting?

- I am not comfortable
- I am fairly comfortable
- I am very comfortable

6. Which statement best describes how you like to monitor the investing in your portfolio?

- I track investment activity very closely and promptly; I like to know each trade and actively monitor all positions across each of my investments. I check the value or prices of my investments more than once a month.
- I track investment activity very closely; however, I would be comfortable with limited transparency for a portion of my investment portfolio. I check the value or prices of my investments less frequently than once a month.
- Detail provided in the periodic account statements provided by my investment advisor provides sufficient information.
- I leave the investment activity to the investment advisors; I don't need to know all the details.

Assets

Taxable Accounts (Not including Alternative Investments. These should be entered on page 5.)

Description	Account 1	Account 2	Account 3	Account 4	Account 5	
Owner*						Total
U.S. Equity	\$	\$	\$	\$	\$	\$
International Equity						
U.S. Taxable Fixed Income						
U.S. Municipals						
International Fixed Income						
Cash						
Total Value	\$	\$	\$	\$	\$	\$

Taxable Account—Additional information for any concentrated position included above (>20% of equity holdings)

Company Name/Symbol	Owner*	# of Shares	Cost Basis	Company Name/Symbol	Owner*	# of Shares	Cost Basis
			\$				\$

Retirement Plan and Tax-Deferred Accounts (If annuity, please indicate in description.)

Description	Account 1	Account 2	Account 3	Account 4	Account 5	
Owner*						
Beneficiary						Total
U.S. Equity	\$	\$	\$	\$	\$	\$
International Equity						
U.S. Taxable Fixed Income						
U.S. Municipals						
International Fixed Income						
Cash						
Total Value	\$	\$	\$	\$	\$	\$

Retirement Plan — Additional information for any employer stock held in a qualified retirement plan. Do not complete if held in an IRA.

Company Name/Symbol	Owner*	# of Shares	Cost Basis	Company Name/Symbol	Owner*	# of Shares	Cost Basis
			\$				\$

* C1= Client1, C2 = Client2, J = Joint. Assets held in revocable trusts should be entered under name of grantor (i.e., "C1" or "C2"). Do not include assets or liabilities owned in other entities including an irrevocable trust, charitable trust or private foundation. These should be entered under "Other Entities" in the "Estate and Wealth Transfer Planning" section (see pg 8).

UBS Financial Services Inc. does not provide advice with respect to your assets at other firms. Information about these assets is based solely on the information you have provided us. We have not verified, and are not responsible for, the accuracy or completeness of this information. You have provided information about these holdings solely so that we may review your asset allocation strategy in the context of your overall holdings. Any discrepancies between the information you provided and the actual value of those assets at the time you choose to implement a strategy we present to you may affect the outcome of the asset allocation strategy presented.

Assets (continued from page 4)

Alternative Investments

Include hedge funds, venture capital, partnerships, etc.

Description	Owner*	Current Value	Comments
		\$	

Real Estate

Description	Owner*	Market Value	Comments
		\$	

Other Assets

Description	Owner*	Market Value	Comments
		\$	

Liabilities

Include revolving line of credit, fixed rate loan, home loan, margin, etc.

Type of Loan	Owner*	Lender	Outstanding Balance	Interest Rate	Maturity
			\$	%	

* C1= Client1, C2 = Client2, J = Joint. Assets held in revocable trusts should be entered under name of grantor (i.e., "C1" or "C2"). Do not include assets or liabilities owned in other entities including an irrevocable trust, charitable trust or private foundation. These should be entered under "Other Entities" in the "Estate and Wealth Transfer Planning" section (see pg 8).

Company Stock Option Plan

If attaching statement, please check here.

Client 1

Company Name/Symbol _____

Options Granted	Options Vested	Grant Date	Expiration Date	Type (ISO or NQ)	Strike Price
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Client 2

Company Name/Symbol _____

Options Granted	Options Vested	Grant Date	Expiration Date	Type (ISO or NQ)	Strike Price
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Business Ownership Information (Private Company)

Name of Business

Type of Entity

- Sole Proprietorship S-Corp C-Corp
- General Partnership Limited Partnership
- Limited Liability Company

Owner*

% Ownership

\$ _____
Value of Ownership Interest

* C1= Client1, C2 = Client2, J = Joint.

Insurance

Life Insurance

Policy 1	Policy 2	Policy 3	Policy 4
Name of Insured	Name of Insured	Name of Insured	Name of Insured
Policy Owner	Policy Owner	Policy Owner	Policy Owner
Beneficiary	Beneficiary	Beneficiary	Beneficiary
Type of Insurance	Type of Insurance	Type of Insurance	Type of Insurance
Insurance Company	Insurance Company	Insurance Company	Insurance Company
\$ Face Amount	\$ Face Amount	\$ Face Amount	\$ Face Amount
\$ Net Cash Value	\$ Net Cash Value	\$ Net Cash Value	\$ Net Cash Value
\$ Premium	\$ Premium	\$ Premium	\$ Premium

Disability and Long-Term Care Insurance

Do you have disability insurance? **Client 1** Y N **Client 2** Y N

Do you have long-term care insurance? **Client 1** Y N **Client 2** Y N

Estate and Wealth Transfer Planning

When were your estate planning documents last reviewed or revised? _____
 When (Year) _____ Where (State) _____

Estate Planning Checklist — Common circumstances that may indicate a need to review your estate plan:

- Changing Your Will/Revocable Trust I have recently moved or plan on moving to another state.
 I would like to change the heirs named in my Will/Trust.
 I would like to change the amounts of some bequests.
 I would like to change the Executor/Trustee/Guardian.
-
- Family Changes/Gifts My health (my spouse's or children's health) has changed recently.
 A child (grandchild) has been born (or adopted).
 A member of the family has become divorced or separated.
 A child (grandchild) has become disabled.
 I would like to make gifts to my children (grandchildren).
-
- Charitable Donations I would like to designate or change certain charitable beneficiaries in my Will/Trust.
 I would like to change the amount of my bequest to certain charities.
 I would like to create charitable vehicles.
-
- Life Insurance I have recently added (or dropped) more than \$50,000 of life insurance.
 I have changed (or would like to change) the beneficiaries of an existing policy.
 I have changed the owner of one or more policies.
 I need more life insurance.
-
- Assets I have one or more highly appreciated assets.
 I am not sure if my investments are appropriate for my future plans.
 I am not sure that my assets are appropriately titled.
-
- Business Interests I have entered into a buy-sell agreement.
 My business situation has changed significantly.
 I would like to transfer and/or sell my business or plan for business continuity.
-
- Tax Law I would like to know how current tax law affects my estate plan.

Other Entities* (Including, Charitable Trusts, Private Foundations, Other Irrevocable Trusts)

Description	Total Value	U.S. Equity	International Equity	U.S. Taxable Fixed Income	U.S. Municipals	International Fixed Income	Cash
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____

* Do not include values in Personal Balance Sheet since these assets are not includable in net worth for estate tax purposes.

Please Note: UBS Financial Services Inc. does not provide tax or legal advice. Clients should review their specific situations with their personal tax and/or legal advisors for information regarding, or issues concerning, the tax or legal implications of making a particular investment or taking any other action.

Balance Sheet — Fair Market Value and Ownership

Assets	Client 1	Client 2	Joint
Taxable Accounts	\$	\$	\$
Retirement Plan and Tax-Deferred Accounts			
Alternative Investments			
Real Estate			
Other Assets			
Employee Stock Options (after-tax equity)			
Business Interests			
Life Insurance (net cash value)			
Total Assets	\$	\$	\$
Total Liabilities (from page 5)	\$	\$	\$
Net Worth (Total Assets less Total Liabilities)	\$	\$	\$



UBS Financial Services Inc.
www.ubs.com/financialservicesinc
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