

Investment Preferences Assessment

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Name]

Subject: Investment Preferences Assessment

Dear [Recipient's Name],

We are conducting an assessment of investment preferences to better understand your financial goals and tailor our services to meet your needs. Please take a moment to respond to the following questions:

1. Investment Experience:

How would you describe your investment experience?

- A. No experience
- B. Beginner
- C. Intermediate
- D. Advanced

2. Risk Tolerance:

What is your risk tolerance level?

- A. Low risk
- B. Moderate risk
- C. High risk

3. Investment Goals:

Please select your primary investment goals:

- A. Growth
- B. Income
- C. Preservation of capital
- D. Speculation

4. Investment Horizon:

What is your investment time horizon?

- A. Short-term (1-3 years)
- B. Medium-term (4-7 years)
- C. Long-term (8+ years)

Thank you for taking the time to complete this assessment. Your feedback is invaluable in helping us provide you with the best service possible.

Best regards,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]