

Investor Risk Evaluation Questionnaire

Date: _____

To: **Investor Name**

Address: **Investor Address**

Dear [Investor Name],

We are committed to ensuring that your investments align with your financial goals and risk tolerance. Please complete the following questionnaire to help us evaluate your risk profile:

1. Personal Information

Name: _____

Age: _____

Occupation: _____

Annual Income: _____

2. Investment Experience

How would you describe your investment experience?

None

Limited

Moderate

Extensive

3. Risk Tolerance

Which statement best describes your attitude towards investment risk?

I prefer to avoid risk

I am willing to take some risk

I am willing to take considerable risks for potentially higher returns

4. Investment Goals

Select your primary investment goals:

Capital Preservation

Income Generation

Growth
Speculation

5. Time Horizon

What is your investment time horizon?

Short Term (0-3 years)
Medium Term (3-7 years)
Long Term (7+ years)

Thank you for taking the time to complete this questionnaire. Your responses will help us tailor investment strategies that suit your individual needs.

Sincerely,
[Your Company Name]
[Your Contact Information]