SALEM INVESTMENT COUNSELORS

CLIENT QUESTIONNAIRE

I. BIOGRAPHICAL INFORMATION

Account Owner: ______________________________ Co-Owner: _________________________

Home Address (no P.O. Box):

____

Mailing Address if different:

____

Home Phone:___________________ Fax: _____________________ Mobile: ________________

Email Address Owner: _______________________ Co-Owner: _______________________

Employer Name: Owner: _______________________ Co-Owner: _______________________

Business Address: Owner: ____

Co-Owner: ____

Occupation / Position: Owner: _______________________ Co-Owner: _______________________

Office Phone: Owner: _______________________ Co-Owner: _______________________

Date of Birth: Owner: _______________________ Co-Owner: _______________________

Social Security Number: Owner: _______________________ Co-Owner: _______________________

Driver License Number: Owner: _______________________ Co-Owner: _______________________

List publicly traded companies in which you are a director, 10% shareholder, or policy-making officer:

____

Beneficiaries for your IRA's (use separate sheet if needed):

Primary:

Name:________________________ Address:____

Date of Birth:__________________ Phone:________________ Social Security #:_______________

Relationship:___________________ Share %:______________

Name:________________________ Address:____

Date of Birth:__________________ Phone:________________ Social Security #:_______________

Relationship:___________________ Share %:______________

Contingent:

Name:________________________ Address:____

Date of Birth:__________________ Phone:________________ Social Security #:_______________

Relationship:___________________ Share %:______________

II. RISK PROFILE

While not required, it would help us to determine proper investment strategies if you answered some or all of the following questions:

1. How would you classify your investment objectives?

   _______ Maximum growth (high risk)

   _______ Growth (above average risk)

   __   _ Growth and income (average risk)

   __   _ Income (below average risk)

   __   _ Protection of principal (low risk)

2. What is the appropriate investment time horizon for this portfolio?

   _______ Less than 1 year

   __   _ 1 to 5 years

   __   _ Greater than 5 years

3. Do you plan on withdrawing income or principal from the portfolio ____YES ____NO

   If yes, how much ________________and how often_____________________

4. Do you have any social or political sentiments that may affect your investment program?

   ____Yes____No   If so, what are they? ____

5. What is your annual income including bonuses? ____

6. What is your estimated annual living expenses including taxes? _________________________________

7. What is your federal income tax bracket? ____

8. Are you covered by a retirement plan of an employer and, if so, briefly describe the plan and any benefits you expect from the plan? ____

   ____

9. When do you expect (or wish) to retire and approximately what annual funds would you require to maintain your preferred lifestyle? ____

   ____

III. DOCUMENTS TO RETURN TO SALEM

For any account:

____ Signed Investment Advisor Agreement

____ Client Questionnaire

____ Account statements for the accounts to be transferred

Additionally, please provide the following information if applicable:

I. If you have an Inherited Retirement Account

Deceased person's Date of Birth: ________________________________

Deceased person's Date of Death: ________________________________

Deceased person's Social Security: ______________________________

Relationship to the deceased: __________________________________

II. If you have a Trust Account (Revocable and Irrevocable)

____ Copy of the Trust Document (must include the title and signature page)

III. If you or the Co-Owner are participants in a Retirement Plan (SEP, Simple IRA, 401(k))

____ Owner ____ Co-Owner

Tax Identification Number of Business: ___________________________

Number of Employees: ____

____ Owner ____ Co-Owner

Tax Identification Number of Business: ___________________________

Number of Employees: ____