



The Single Stock Risk Management Group
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Hedging Questionnaire

Client Name: _____

Address: _____

Date of Birth: _____

Total Net Worth: _____ Liquid Net Worth: _____

Investment Objectives: Please check all that apply.
 Safety of Principal Income Growth Speculation Other: _____

Previous Investment Experience: Please check all that apply and specify number of years.
() Options _____ () Stocks _____ () Bonds _____ () Derivatives _____

Name of Stock: _____

In what form is the stock held?
 Common stock Warrants or options Employee stock options
 Preferred stock or limited partnership units Other: _____

Number of shares held: _____

Location of shares held: _____

Date(s) of acquisition: _____

Shares held by : Individual Joint Trust Corporation Other: _____

Are shares restricted? _____
If so, how? _____

Is the Client currently, or have they in the past, been affiliated with the Issuer? _____
If yes, in what capacity? _____

Manner of obtaining stock: _____
(i.e. inheritance, market transaction, directly from issuer, etc.)

Purpose for the types of transactions desired: Please check all that apply.
 Reduce exposure/Protect downside Monetize holdings Obtain leverage
 Enhance yield Speculative Other: _____