



MY PORTFOLIO FIX™

BY JSPM, LLC

PORTFOLIO TRIAGE FORM

Contact Information

Name: _____

Age: _____ **Sex:** _____

Address: _____

DOB: ____/____/____

Citizenship:

US Resident Alien Non-Resident

Mobile Phone: _____

Occupation: _____

*Check to allow us to text you:

Employer: _____

Email: _____

*Check to join our mailing list:

Marital Status: _____

Portfolio Information (space for detail attached)

Number of Accounts: _____

Number of Firms: _____

Total Current Value: _____

Est. Loss in Dollars: _____

Is this Loss: (Circle one) (**Realized** / **Unrealized** / **Both**)

Do you trade any accounts yourself? (Yes / No) **On what platform?** _____

Additional Notes: _____

Additional Account Detail *(recommended)*

	<u>Firm Name</u>	<u>Account Type</u> <small>(IRA, Individual, etc.)</small>	<u>Managed</u> <small>(Y/N)</small>	<u>Current Value</u>	<u>High Val</u>	<u>Low Val</u>	<u>Own Funds</u> <small>(Y/N)</small>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Current problem positions *(list symbols if possible):* _____

Describe any steps that have already been taken to reduce risk and/or volatility:

Strategies and Service Assessment

Specific Investment Strategies: (Yes / No / Not sure)

Strategies Used: *(circle all that apply)*

- Stocks / Bonds / Both Blue-Chip / OTC / Low-Priced / No preference
- Growth / Income / Mix Buy & Hold / Active Trading / Hedging
- Options / Futures / Forex Speculation / Shorting / Use of margin

Are you dependent on the income that this portfolio generates? (Yes / No):

How often do you speak to your money manager or financial advisor? _____

When was your last in-depth portfolio review? _____

Additional Notes:

