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# Investment Profile Questionnaire

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Investment Profile Questionnaire

Home & Personal Information

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Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_

Home Fax: \_\_\_\_\_

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**Financial Objectives:**

Primary financial concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary financial objectives and/or aspirations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Non-financial concerns, objectives and/or aspirations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Advisors & Contacts:**

Accountant: \_\_\_\_\_ Current Advisor: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

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**Review Meetings**

In addition to situational meetings as needed, how often would you prefer to schedule comprehensive reviews?

- Annually (month \_\_\_\_\_ )
- Semi-Annually

Investment Profile Questionnaire

**Client:**

Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

SS#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Compensation:

Annual Base W2 Salary: \_\_\_\_\_

Bonus Commission: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Other Compensation: \_\_\_\_\_

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**Spouse:**

Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

SS#: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Compensation:

Annual Base W2 Salary: \_\_\_\_\_

Bonus Commission: \_\_\_\_\_

Self Employment Income: \_\_\_\_\_

Other Compensation: \_\_\_\_\_

Investment Profile Questionnaire

**Child # 1:**

Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Child # 2:**

Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Child # 3:**

Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_

Comments: \_\_\_\_\_

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**Other Financial Dependent:**

Name: \_\_\_\_\_

D/O/B: \_\_\_\_\_ SS#: \_\_\_\_\_

Comments: \_\_\_\_\_

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## Investment Profile Questionnaire

### Savings & Investments

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#### Bank & Savings Assets:

	Institution	Balance	Monthly Additions	Name(s) on Account
Checking		\$	\$	
Checking		\$	\$	
Savings		\$	\$	
Savings		\$	\$	
Money Market		\$	\$	
Money Market		\$	\$	
CD		\$	\$	
CD		\$	\$	
EE Savings Bonds		\$	\$	
EE Saving Bonds		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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#### Non-Retirement Investment Assets:

	Institution	Balance	Monthly Additions	Name(s) on Account
Brokerage Account		\$	\$	
Brokerage Account		\$	\$	
Mutual Fund		\$	\$	
Mutual Fund		\$	\$	
Stock/Bond		\$	\$	
Stock/Bond		\$	\$	
Partnership		\$	\$	
Partnership		\$	\$	
529 College Savings		\$	\$	
529 College Savings		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Investment Profile Questionnaire

Retirement Assets

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**Personal Retirement Accounts:**

	Institution	Balance	Monthly Additions	Name(s) on Account
IRA		\$	\$	
IRA		\$	\$	
Roth IRA		\$	\$	
Roth IRA		\$	\$	
SEP / SIMPLE		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**Employer-Sponsored Plans:**

	Balance	Annual Employee Contributions	Annual Employer Match	Name(s) on Account
401(k) / 403(b)	\$	\$	\$	
401(k) / 403(b)	\$	\$	\$	
401(k) / 403(b)	\$	\$	\$	
Pension/Profit Sharing	\$	\$	\$	
Pension/Profit Sharing	\$	\$	\$	
Deferred Compensation	\$	\$	\$	
ESOP	\$	\$	\$	
Employer Stock Purchase Plan	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Benefits at 65

Defined Benefit Pension	\$	/mo
Defined Benefit Pension	\$	/mo

Projected Benefits at Normal Retirement

Social Security	\$	/mo	Client
Social Security	\$	/mo	Spouse

## Investment Profile Questionnaire

### Real Assets

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#### Real Estate:

	Estimated Market Value	Purchase Price	Years Owned	Owner
Primary Residence	\$	\$		
Second Residence	\$	\$		
Rental Property	\$	\$		
Rental Property	\$	\$		
Commercial Rental	\$	\$		
Commercial Rental	\$	\$		
	\$	\$		
	\$	\$		

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#### Personal Assets:

Estimated Market Value

Jewelry	\$
Artwork	\$
Collectibles	\$
Automobile # 1	\$
Automobile # 2	\$
Automobile # 3 / Boat / RV	\$
	\$
	\$

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#### Business Ownership:

Name	Business Form	% Owned	Estimated Market Value
	Corp/S-Corp/LLC/Sole Prop		\$
	Corp/S-Corp/LLC/Sole Prop		\$
	Corp/S-Corp/LLC/Sole Prop		\$

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#### Trust Assets:

Name	Type of Trust	Annual Income	Estimated Market Value
		\$	\$
		\$	\$
		\$	\$

## Investment Profile Questionnaire

### Liabilities

	Loan Type Fixed/Adjustable	Balance	Monthly Payment	Interest Rate
Mortgage (Residence)		\$	\$	%
2 <sup>nd</sup> Mortgage (Residence)		\$	\$	%
Home Equity Line/Loan		\$	\$	%
Mortgage (2 <sup>nd</sup> Residence)		\$	\$	%
		\$	\$	%
Auto Loan / Lease		\$	\$	%
Auto Loan / Lease		\$	\$	%
Auto Loan / Lease		\$	\$	%
Student Loan		\$	\$	%
Student Loan		\$	\$	%
Personal Line of Credit		\$	\$	%
Credit Card		\$	\$	%
Credit Card		\$	\$	%
		\$	\$	%
Investment Margin Loan		\$	\$	%
Life Insurance Policy Loan		\$	\$	%
Life Insurance Policy Loan		\$	\$	%

### Estate Planning:

Do you have wills executed in your state of residence? \_\_\_\_\_

Do you have durable powers-of-attorney? \_\_\_\_\_

Do you have an advanced medical directive (living will)? \_\_\_\_\_

Do you have an irrevocable life insurance trust? \_\_\_\_\_

\_\_\_\_\_

Are you making annual gifts? If so, how much? \_\_\_\_\_

Are you receiving annual gifts? If so, how much? \_\_\_\_\_

Have you ever paid a gift tax? \_\_\_\_\_

Have you used any of your unified credit? \_\_\_\_\_



Investment Profile Questionnaire

Risk Management

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**Property & Casualty Insurance:**

	Insurance Company	Deductible	Liability Limit
Auto Insurance			
Homeowners Insurance			
Umbrella (excess liability)			
Worker's Compensation			

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**Disability & Medical Insurance:**

	Insurance Company	Benefit Period	Annual Premium	Insured (Client/Spouse)
Private Disability Insurance			\$	
Private Disability Insurance			\$	
Employer Group LTD			\$	
Employer Group LTD			\$	

Is your Health Insurance through your Employer, Spouse's Employer or Individual? \_\_\_\_\_

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**Long-Term Care Insurance:**

	Insurance Company	Daily Benefit	Benefit Period	Annual Premium	Insured (Client/Spouse)
Private Insurance		\$		\$	
Private Insurance		\$		\$	
Employer Group LTC		\$		\$	
Employer Group LTC		\$		\$	

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**Life Insurance:**

	Insurance Company	Coverage Amount	Policy Type	Annual Premium	Insured (Client/Spouse)
Life Insurance		\$		\$	
Life Insurance		\$		\$	
Life Insurance		\$		\$	
Life Insurance		\$		\$	
Life Insurance		\$		\$	
Employer Group Life		\$		\$	
Employer Group Life		\$		\$	

Investment Profile Questionnaire

Additional Information

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**Desired Monthly Savings, *In Addition to Current Amounts:***

Minimum           \$ \_\_\_\_\_  
Realistic Goal   \$ \_\_\_\_\_  
Ideal Goal        \$ \_\_\_\_\_

**Planned Retirement Age**

Maximum           \_\_\_\_\_   
Realistic Goal     \_\_\_\_\_   
Ideal Goal         \_\_\_\_\_

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**Anticipated Extraordinary Expenses:**

Expense: \_\_\_\_\_ Anticipated Amount: \$ \_\_\_\_\_ When: \_\_\_\_\_  
Expense: \_\_\_\_\_ Anticipated Amount: \$ \_\_\_\_\_ When: \_\_\_\_\_  
Expense: \_\_\_\_\_ Anticipated Amount: \$ \_\_\_\_\_ When: \_\_\_\_\_

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**Significant Recurring Expenses / Income:**

Alimony: \_\_\_\_\_ Annual Amount: \_\_\_\_\_  
Child Support: \_\_\_\_\_ Annual Amount: \_\_\_\_\_  
Child Care: \_\_\_\_\_ Annual Amount: \_\_\_\_\_  
Tuition: \_\_\_\_\_ Annual Amount: \_\_\_\_\_  
Other: \_\_\_\_\_ Annual Amount: \_\_\_\_\_

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**Anticipated Job, Career, Residence Changes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Relevant Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Investment Profile Questionnaire

### I. Investment Objectives

These questions will be used as a frame of reference for choosing the asset allocation that best matches your investment goals. Place an 'x' in the box of your choice.

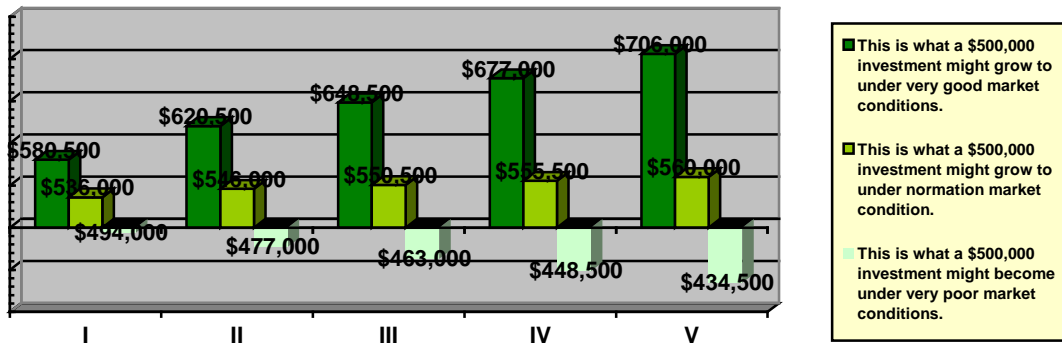
- A. What is your primary objective for this investment portfolio?
- |                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | To assure the safety of my principal.                         |          |
| <input type="checkbox"/> | To generate income. If so, how much will you need annually?   | \$ _____ |
| <input type="checkbox"/> | To achieve a particular investment goal? If so, what goal(s)? | _____    |
| <input type="checkbox"/> | To accumulate assets for retirement.                          |          |
| <input type="checkbox"/> | Other. Please explain:  | _____    |
- B. Given the fact that over the long run (from 1927 to 2002), U.S. stocks have generated historical returns of about 10-12%, U.S. bonds have returned 5-6%, money markets have returned 3-4% and U.S. inflation has been approximately 3%, what do you expect the total return of your investment to be over the long-term?
- |                          |               |
|--------------------------|---------------|
| <input type="checkbox"/> | 0 – 5 %       |
| <input type="checkbox"/> | 6 – 10 %      |
| <input type="checkbox"/> | 11 – 15 %     |
| <input type="checkbox"/> | More than 15% |
- C. If our investment portfolio suffered a temporary decline, could you cover your immediate cash flow needs from other sources of assets?
- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | No. There are no other assets that I could use to cover my immediate cash flow needs.   |
| <input type="checkbox"/> | Yes. I have other assets that I could use to cover my immediate cash flow needs. But it would be difficult to access them.    |
| <input type="checkbox"/> | Yes. I have other assets that I could use to cover my immediate cash flow needs, but some advance panning would be necessary. |
| <input type="checkbox"/> | Yes. I have other assets that I could use to cover my immediate cash flow needs.  |
- D. Which of the following do you feel comfortable owning? Select all that apply.
- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Cash and money market funds.  |
| <input type="checkbox"/> | Government bonds, mortgage bonds and municipal bonds.                   |
| <input type="checkbox"/> | Other U.S. bonds – corporate bonds and high yield bonds.                |
| <input type="checkbox"/> | U.S. stocks.  |
| <input type="checkbox"/> | Developed markets international securities (stocks and bonds).          |
| <input type="checkbox"/> | Emerging markets international securities (stocks and bonds).           |
| <input type="checkbox"/> | Alternative investments (private equity, venture capital, hedge funds). |
- E. What types of investment vehicles are most suitable for your portfolio?
- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Mutual Funds.                            |
| <input type="checkbox"/> | Separate Accounts.                       |
| <input type="checkbox"/> | Both Mutual Funds and Separate Accounts. |
| <input type="checkbox"/> | Variable Annuity.                        |
| <input type="checkbox"/> | No Preference.                           |

# Investment Profile Questionnaire

## II. Risk Tolerance

The questions in the following sections are scored numerically. These questions will be used to identify an investment strategy that best matches your investment goals.

- A. Which of the following best describes the risk profile that you have in mind for this investment portfolio?
- A portfolio containing some high-risk investments. (10)
  - A portfolio containing mostly low risk investments. (2)
  - A portfolio containing mostly high-risk investments. (14)
  - A portfolio containing some medium risk investments. (6)
- B. Which of the following statements best describes what your reaction would be if the value of your portfolio suddenly declined 15%?
- I would be very concerned because I cannot accept a decline in the value of my portfolio. (1)
  - I invest for long-term growth but would be concerned about even a temporary decline. (7)
  - If the amount of income I received was unaffected, it would not bother me. (3)
  - I invest for long-term growth and accept temporary declines due to market fluctuations. (10)
- C. An investment decision involves the possibility of high return as well as the possibility of suffering a loss. What influences your thinking the most when making an important investment decision?
- I'm mainly influenced by the potential gain. (10)
  - I'm more influenced by the potential loss than the potential gain. (3)
  - I'm more influenced by the potential gain than the potential loss. (7)
  - I'm mainly influenced by the potential loss. (1)
- D. Each year, the value of your investment portfolio will fluctuate as markets change. If you invested \$500,000, which of the following portfolios (below) would you choose?
- Portfolio V (10)
  - Portfolio IV (8)
  - Portfolio III (6)
  - Portfolio II (4)
  - Portfolio I (2)



- D. Which of the following statements best describes what your reaction would be to short-term fluctuation in this investment portfolio?
- I would be extremely uneasy about any fluctuations in the value of my investment. (2)
  - I would have very little concern about short-term fluctuation in the value of my investment. (14)
  - I would be very concerned about short-term fluctuations in the value of my investment. (6)
  - I would have some worries about short-term fluctuations in the value of my investment. (10)

Total Risk Tolerance Score \_\_\_\_\_

