
Investment Profile Questionnaire

Investment Profile Questionnaire

Home & Personal Information

Last Name: _____

Home Address: _____

Home Phone: _____

Home Email: _____

Home Fax: _____

Financial Objectives:

Primary financial concerns: _____

Primary financial objectives and/or aspirations: _____

Non-financial concerns, objectives and/or aspirations: _____

Advisors & Contacts:

Accountant: _____ Current Advisor: _____

Firm Name: _____ Firm Name: _____

Who referred you to us? _____

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: _____

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: _____

Child # 2:

Name: _____

D/O/B: _____ SS#: _____

Comments: _____

Child # 3:

Name: _____

D/O/B: _____ SS#: _____

Comments: _____

Other Financial Dependent:

Name: _____

D/O/B: _____ SS#: _____

Comments: _____

Investment Profile Questionnaire

Savings & Investments

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		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

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

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

Real Estate:

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

Personal Assets:

Estimated Market Value

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

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		\$

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 nd Mortgage (Residence)		\$	\$	%
Home Equity Line/Loan		\$	\$	%
Mortgage (2 nd 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

Property & Casualty Insurance:

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

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? _____

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		\$		\$	

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

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

Minimum \$ _____
Realistic Goal \$ _____
Ideal Goal \$ _____

Planned Retirement Age

Maximum _____
Realistic Goal _____
Ideal Goal _____

Anticipated Extraordinary Expenses:

Expense: _____ Anticipated Amount: \$ _____ When: _____
Expense: _____ Anticipated Amount: \$ _____ When: _____
Expense: _____ Anticipated Amount: \$ _____ When: _____

Significant Recurring Expenses / Income:

Alimony: _____ Annual Amount: _____
Child Support: _____ Annual Amount: _____
Child Care: _____ Annual Amount: _____
Tuition: _____ Annual Amount: _____
Other: _____ Annual Amount: _____

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.

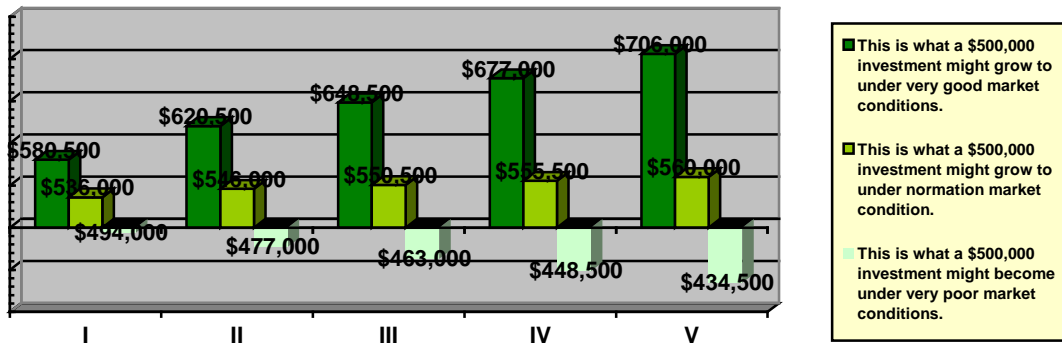
- A. What is your primary objective for this investment portfolio?
- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | To assure the safety of my principal. | |
| <input type="checkbox"/> | To generate income. If so, how much will you need annually? | \$ _____ |
| <input 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 _____

Investment Profile Questionnaire

Budget Calculation Worksheet

Item:	Estimated Monthly Expense:
Rent or lease payment	
Food & household incidentals	
Utilities, telephone	
Auto operating and maintenance	
Clothing and personal items	
Property improvement & upkeep	
Domestic help, babysitting	
Property taxes	
Entertainment & vacations	
Charitable contributions	
Childcare	
Alimony, child support	
Books, papers, subscriptions	
Home furnishings	
Gifts, birthdays	
Medical expenses	
Other expenses	
Mortgage payment	
Auto loan payment	
Boat & RV payments	
Credit card payments	
Other loan payments	
Life insurance premiums	
Medical insurance premiums	
Auto insurance premiums	
House insurance premiums	
Other insurance premiums	

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