



# RISK QUESTIONNAIRE

## CLIENT PROFILE

Name:	_____	Name:	_____
Current Age:	_____	Current Age:	_____
Retirement Age:	_____	Retirement Age:	_____
Life Expectancy:	_____	Life Expectancy:	_____

## NET WORTH / INVESTMENT ASSETS

Total Net Worth	\$ _____		
Total Liquid Assets to be Managed:	\$ _____	% of Total Liquid Assets to be Managed:	_____ %

## CURRENT INVESTMENT ALLOCATION

Cash & Equivalents	_____ %	Equities	_____ %
Fixed Income	_____ %	Others	_____ %

How did you decide on the current investment allocation?

\_\_\_\_\_

\_\_\_\_\_

## RETIREMENT INCOME AND EXPENSES

Retirement Income Expected (Social Security, Pensions, Royalties, etc):	\$ _____
Total Income Required in Retirement (In Today's Dollars):	\$ _____
Expected Inheritance (if you want to include in planning):	\$ _____
Future Financial Responsibilities (Parents, etc):	\$ _____

## ASSUMPTIONS

Inflation Rate \_\_\_\_\_ % *(Inflation has averaged ~3.5% annually since World War II)*

Assumed Rate of Return \_\_\_\_\_ %      Effective Tax Rate \_\_\_\_\_ %



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1. Is this portfolio to be managed on a stand-alone basis or will it be coordinated with your other investment holdings?

Stand-alone

Coordinated

2. For emergency purposes, how many months of current living expenses would you want to be able to cover with liquid assets?

Current Monthly Living Expenses: \$ \_\_\_\_\_

3 Months

12 - 24 Months

6 Months

24 - 36 Months

12 Months

3. What is your primary purpose for investing? (Check all that apply, and then circle your #1 priority.)

Wealth Accumulation

Ensure Independence

Maintain Lifestyle

Charity

Education

Special Needs

4. How would you describe your prior investment experience?

Extensive

Moderate

Limited

None

5. What is your investment time frame for achieving your financial goals?

Short-term (Less than 5 Yrs.)

Long-term (10-20 Yrs.)

Intermediate Term (5-10 Yrs.)

Distant Future (More than 20 Yrs.)

6. Please list any prohibited securities and/or asset classes (i.e., Exxon Mobil because you already own a large number of shares or you do not want to own any real estate):

No Restrictions

\_\_\_\_\_



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7. What's the maximum loss in any year you could tolerate without changing your investment strategy?

- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> 5%  | <input type="checkbox"/> 20%   |
| <input type="checkbox"/> 10% | <input type="checkbox"/> 25% + |
| <input type="checkbox"/> 15% |                                |

8. Could you tolerate two (2) consecutive loss years without changing your investment strategy?

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

*Yes, as long as the total loss does not exceed:*

- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> 10% | <input type="checkbox"/> 25%   |
| <input type="checkbox"/> 15% | <input type="checkbox"/> 30% + |
| <input type="checkbox"/> 20% |                                |

9. What is the maximum "recovery time" that you would accept in the event of a loss?

- |   |  |
|---|--|
| <input type="checkbox"/> 6 months or less | <input type="checkbox"/> 12 – 24 months    |
| <input type="checkbox"/> 6 - 12 months    | <input type="checkbox"/> 24 months or more |

10. What would concern you the most? That you are:

- |  |
|--|
| <input type="checkbox"/> Fully invested and the market goes down, or |
| <input type="checkbox"/> Completely in cash and the market goes up.  |

11. On a scale of 0 to 10, with 0 extremely conservative and 10 being extremely aggressive, circle the number below that best indicates the level of risk with which you are comfortable.

0	1	2	3	4	5	6	7	8	9	10
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Presented below, and on the following page, are the investment results for 5 hypothetical portfolios and the S&P 500.

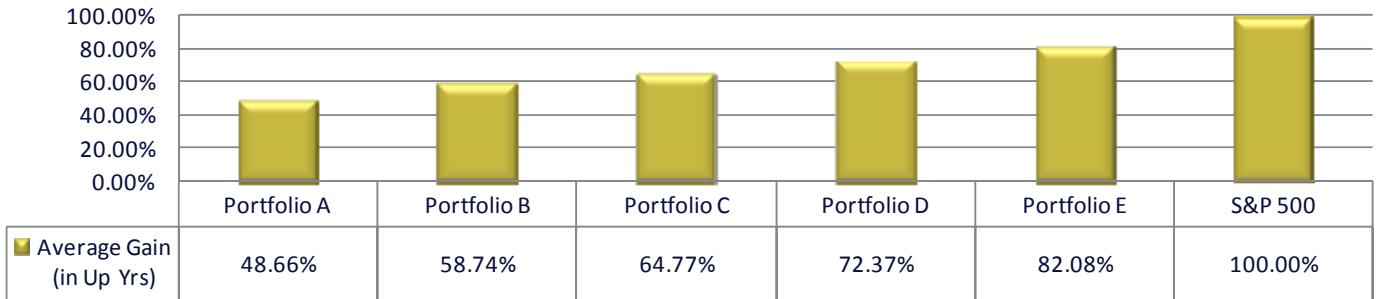
DESCRIPTION	Historical Statistics (1946 – 2009)					
	Portfolio A	Portfolio B	Portfolio C	Portfolio D	Portfolio E	S&P 500
Best Performance (Annualized)						
1 Year	<b>25.6%</b>	<b>25.3%</b>	<b>30.1%</b>	<b>35.0%</b>	<b>40.0%</b>	<b>52.6%</b>
5 Year	17.6%	18.0%	18.7%	20.9%	23.1%	28.6%
10 Year	14.5%	15.0%	15.4%	15.9%	16.5%	20.1%
20 Year	12.5%	13.4%	14.2%	15.0%	15.8%	17.9%
Average Annual Gain <i>(Up Years)</i>	<b>9.5%</b>	<b>11.5%</b>	<b>12.7%</b>	<b>14.2%</b>	<b>16.1%</b>	<b>19.6%</b>
Worst Performance (Annualized)						
1 Year	<b>-5.1%</b>	<b>-10.0%</b>	<b>-15.0%</b>	<b>-20.0%</b>	<b>-25.0%</b>	<b>-37.0%</b>
5 Year	3.4%	3.0%	2.2%	1.3%	0.4%	-2.37%
10 Year	4.1%	3.5%	2.7%	1.9%	1.0%	-1.39%
20 Year	5.4%	5.7%	6.0%	6.3%	6.4%	6.5%
Average Annual Loss <i>(Down Years)</i>	<b>-2.6%</b>	<b>-3.5%</b>	<b>-5.4%</b>	<b>-6.8%</b>	<b>-7.6%</b>	<b>-12.3</b>
<b>LOSS HISTORY</b>						
Number of Loss Years <i>(over 63 Years)</i>	8	12	12	13	15	15
Average Loss Frequency	Once in 8 Yrs.	Once in 5 Yrs.	Once in 5 Yrs.	Once in 5 Yrs.	Once in 4 Yrs.	Once in 4 Yrs.
Losses In 2 Consecutive Years	1 Time	2 Times	2 Times	3 Times	3 Times	3 Times
% of Loss Periods Fully Recovered By End of Following Year	100%	89%	89%	67%	73%	55%
Maximum # of Years to Recover from the beginning of a Loss Period	2 Yr.	2 Yrs.	2 Yrs.	4 Yrs.	4 Yrs.	6 Yrs.
Maximum # of Years to Recover from the end of a Loss Period	1 Yr.	2 Yr.	2 Yr.	2 Yr.	2 Yr.	4 Yr.



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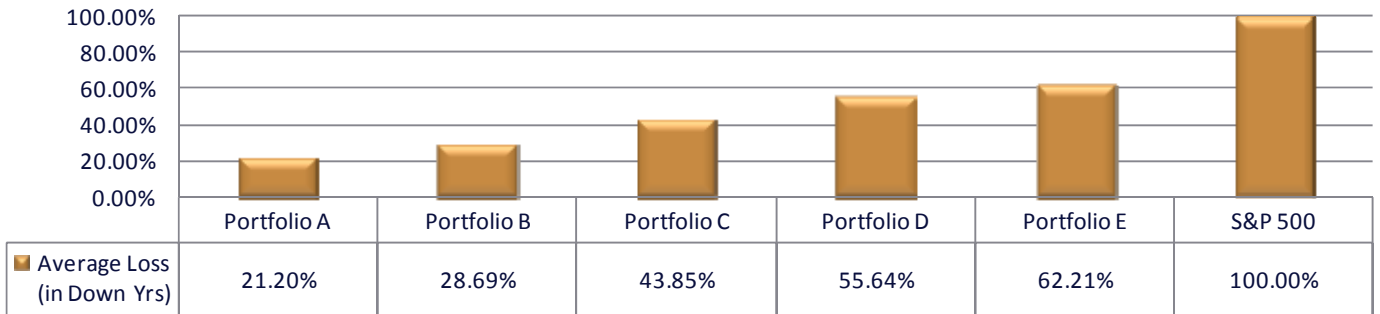
## Average Gain Relative to S&P 500

(UPSIDE CAPTURE)

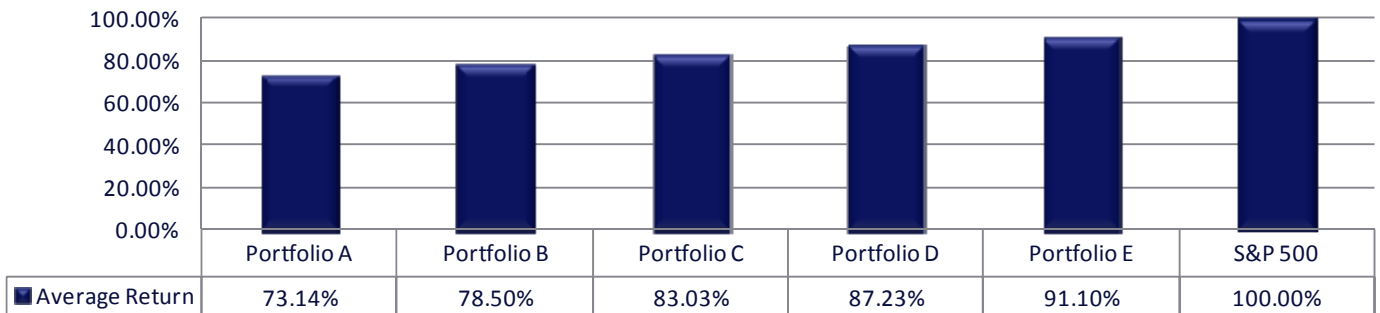


## Average Loss Relative to S&P 500

(DOWNSIDE PARTICIPATION)



## Average Annual Return Relative to S&P 500



12. Which portfolio has the best balance of risk and return for you?

- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Portfolio A | <input type="checkbox"/> Portfolio D |
| <input type="checkbox"/> Portfolio B | <input type="checkbox"/> Portfolio E |
| <input type="checkbox"/> Portfolio C |                                      |

Client Signature \_\_\_\_\_

Date \_\_\_\_\_