

Dresner Financial Planning

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Client Information and Risk Profile Questionnaire

Client's Name

Date

*All information contained in this document will be kept in the strictest confidence
unless expressed, written authorization is given by the client.*

Document Check List

Information from the following documents should be assembled prior to you filling out this questionnaire.

Copies of the most recent financial statements and records concerning your:

- Employer-related retirement/benefit plans (including beneficiary designation form)
- Employment-related contracts (i.e; pay package, parsonage agreement, accountable plan, employer contract)
- Individual retirement accounts - including beneficiary designation form - (i.e.; IRAs, KEOGH, SEP, 401(k), 403(b), etc.)
- Annuities
- Savings account, checking accounts, CD's
- Non-retirement investments (i.e.; mutual funds, individual securities)
- Insurance policies (i.e.; life, health, disability, long-term care, home, vehicle, liability, umbrella)
- Mortgage(s) and property title(s)
- Loans (i.e.; personal, automobile, credit cards, notes)
- Trust agreement and wills
- Most recent tax return (1040)
- Any other financial information you think relevant

Effective financial management depends on effective communication. The more we know about you and your financial situation, goals, and opportunities, the better our advice will be.

Personal Information

	CLIENT	SPOUSE
Name		
Birthdate		
Gender		
Soc. Sec. No.		
Address		
Country of Citizenship		
Home Phone		
E-mail		

Children/Grandchildren

Name		M/F	Birthdate	College Year	
Current Savings	Roth IRA	Ed. IRA	529 Savings Plan	UGMA	Other
\$	\$	\$	\$	\$	\$

Name		M/F	Birthdate	College Year	
Current Savings	Roth IRA	Ed. IRA	529 Savings Plan	UGMA	Other
\$	\$	\$	\$	\$	\$

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Current Savings	Roth IRA	Ed. IRA	529 Savings Plan	UGMA	Other
\$	\$	\$	\$	\$	\$

Name		M/F	Birthdate	College Year	
Current Savings	Roth IRA	Ed. IRA	529 Savings Plan	UGMA	Other
\$	\$	\$	\$	\$	\$

Personal Information (continued)

Parents/Grandparents

CLIENT			SPOUSE		
	Health	Age		Health	Age
Mother			Mother		
Father			Father		
Grandmother	Age at Death		Grandmother	Age at Death	
Grandfather	Age at Death		Grandfather	Age at Death	

	Yes	No	Uncertain
Are you anticipating any major lifestyle changes (i.e., marriage, divorce, retirement, children, moving, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable with your current cash flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect any significant changes in your cash flow?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect any major expenditure in the near future (5 years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to win or lose any legal judgments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an ownership interest in any business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you expect to take care of an elderly (or infirmed) family member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your savings portfolio providing an adequate yield?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your savings portfolio sufficiently liquid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your savings portfolio create a tax problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you comfortable with your current diversification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your investment portfolio providing adequate income?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any investments you are opposed to for any reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will you be receiving a significant inheritance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have potential health problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate medical coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate disability coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have adequate personal liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have enough life insurance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you like to leave a charitable legacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were you previously married?	<input type="checkbox"/>	<input type="checkbox"/>	

Employment Information

Current Employer

	CLIENT	SPOUSE
Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Business Phone	<input type="text"/>	<input type="text"/>
Years Service	<input type="text"/>	<input type="text"/>

Salary	\$ (annually)	Year Contract Expires	
Parsonage Amount	\$ (annually)	Accountable Plan	\$
Exceed Last Year's Parsonage Amount?	Y by how much \$ N	Exceed Last Year's Accountable Plan Amount?	Y by how much \$ N

Previous Employers

	CLIENT	SPOUSE
Name	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>
Years Service	<input type="text"/>	<input type="text"/>

	CLIENT	SPOUSE
Name	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>
Years Service	<input type="text"/>	<input type="text"/>

	CLIENT	SPOUSE
Name	<input type="text"/>	<input type="text"/>
Location	<input type="text"/>	<input type="text"/>
Years Service	<input type="text"/>	<input type="text"/>

To add additional employers, use page 9

Retirement Information

	CLIENT	SPOUSE
Desired Age		
S.S. Eligible	Y N	Y N
S.S. Estimate	\$ /mo. @ age	\$ /mo. @ age
Life Expectancy		

	Name	Current Balance	Annual Contribution	Allocation
Annuities	\$	\$	\$	Eq. % Fixed % Cash %
1st Beneficiary				
2nd Beneficiary				
IRA		\$		Eq. % Fixed % Cash %
1st Beneficiary				
2nd Beneficiary				
(2nd)IRA		\$		Eq. % Fixed % Cash %
1st Beneficiary				
2nd Beneficiary				
Roth IRA		\$		Eq. % Fixed % Cash %
Year Converted				
1st Beneficiary				
2nd Beneficiary				

	Premiums	Benefit
L/T Disability Income	\$ /mo	\$ in today's dollars
L/T Care Policy	Y	N
Desired after tax retirement income	\$ in today's dollars	

Estate Information

	CLIENT			SPOUSE		
Will	Y	N	last reviewed	Y	N	last reviewed
Living Will	Y	N	last reviewed	Y	N	last reviewed
Executor						
Alternate						
Power of Atty.	Y	N	last reviewed	Y	N	last reviewed
Executor						
Alternate						
Revocable Trust	Y	N		Y	N	
Irrevocable Trust	Y	N		Y	N	

Life Insurance

Employer Provided	\$		\$	cash value
Owner				
Beneficiary				

Personally Insured	\$	face	\$	cash value
Owner				
Beneficiary				

Personally Insured	\$	face	\$	cash value
Owner				
Beneficiary				

Home/Car Insurance

	Amount	Deductible
Home	\$	\$
2nd Home	\$	\$
Rental Property	\$	\$
1st Car	\$	\$
2nd Car	\$	\$

Asset & Liability Information

Personal Assets

	Current Value
Primary Residence	\$
Ownership	
Mortgage Bal./Rate	\$ %
Home Equity Loan/Rate	\$ %
Secondary Residence	\$
Ownership	
Rental Property	\$
Ownership	
Mortgage Bal./Rate	\$ %

	Current Value
Automobile 1	\$
Auto Loan Balance/Rate	\$ %
Automobile 2	\$
Auto Loan Balance/Rate	\$ %
Second Mtg. Bal./Rate	\$ %
Notes/Mtgs. Owed You	\$
Business Interest Owned	\$

	Current Value
Checking Acct.	\$
Money Mkt.	\$
Stocks/Funds	\$
Muni Bonds/Funds	\$
Other Securities	\$

Saving Acct.	\$
CDs	\$
US Gov't Issues	\$
Corp Bond/Funds	\$

Personal Liabilities

	Card Name	Amount	Rate
Credit Cards		\$	%
		\$	%
		\$	%
Notes/Loans You Owe		\$	%
Alimony/Child Support		\$	

Advisors

Name	Address/Phone
Attorney	
Accountant	
Insurance Agent	
Stockbroker	

(We will not contact your advisors without your prior approval.)

Space for Additional Information:

Risk Profile

1. What is the approximate value of this investment portfolio? \$ _____
2. What percentage of your total investments does this portfolio represent? _____ %
3. Is there an immediate or near-term (i.e., within 5 years) need for income from this portfolio(s)? Y N

If yes, when will the income be needed? _____ Yrs.

4. Will significant cash withdrawals of principal and/or contributions be made over the next five years? Y N

If yes, please attach a schedule.

5. Is this a taxable or partially taxable portfolio? Y N

If yes, what tax rate should be used for planning purposes? _____ %

6. What is the portfolio's Investment Time Horizon?
 Investment Time Horizon refers to the number of years you expect the portfolio to be invested before you must dip into principal. Alternatively, how long will the objectives stated for this portfolio continue without substantial modification?

Please mark your choice:

- 3 years _____
- 5 years _____
- 10 years _____
- More than 10 years _____

Note: If you have indicated less than 10 years, please state when the funds will be needed.

7. My (our) goal for this portfolio(s) is an annual return of: _____ %

This is based on an expected inflation rate of: _____ %

8. For each of the following attributes, circle the number that most correctly reflects your level of concern. The more important, the higher the number. You may use each number more than once.

	Most Important			Least Important		
Capital preservation	6	5	4	3	2	1
Growth	6	5	4	3	2	1
Low volatility	6	5	4	3	2	1
Inflation protection	6	5	4	3	2	1
Current cash flow	6	5	4	3	2	1
Aggressive growth	6	5	4	3	2	1

9. Asset Class Constraints (Optional)

Provide Any Asset
Class Limitations
Min. Max

T-bills, CDs, money market	_____	_____
Government bonds	_____	_____
Corporate bonds	_____	_____
Municipal bonds	_____	_____
Foreign bonds	_____	_____
High yield bonds	_____	_____
Domestic equities S&P500	_____	_____
Domestic equities OTC	_____	_____
Foreign equities	_____	_____
Real estate	_____	_____

10. What percentage of your investment are you likely to need within five years? _____ %

11. Up to what percentage of this portfolio can be invested in long-term investments (i.e., over five years)? _____ %

12. Investment “risk” means different things to different people. Please rank the following statements from **1** (the statement that would worry you the most) to **4** (the statement that would worry you the least).

	Most		Least	
I would be very concerned if I did not achieve the return on my portfolio that I expected (i.e., my target rate of return).	1	2	3	4
I would be very concerned if my portfolio was worth less in “real” dollars because of inflation erosion.	1	2	3	4
I would be very concerned with short-term volatility (i.e., if my portfolio dropped substantially in value over one year)	1	2	3	4
I would be very concerned with long-term volatility (i.e., if my portfolio dropped in value over a long period of time (i.e., five years and longer).	1	2	3	4

13. Except for the Great Depression, the longest time investors have had to wait after a market crash or significant decline, for their portfolio to return to its earlier value, has been 4 years for stock and 2 years for bond investments. Knowing this, and that it's impossible to protect yourself from an occasional loss, answer the following question:

If my portfolio produces a long-term return that allows me to accomplish my goals, I am prepared to live with a time to recover of:

- Less than 1 year _____
- Between 1 and 2 years _____
- Between 2 and 3 years _____
- More than 3 years _____

If you select the first or second option above, are you prepared to substantially reduce your goals? Y N

14. Please check the statement that reflects your preference:

I would rather be out of the stock market when it goes down than in the market when it goes up (i.e., I cannot live with the volatility of the stock market). _____

I would rather be in the stock market when it goes down than out of the market when it goes up (i.e., I may not like the idea, but I can live with the volatility of the stock market in order to earn market returns). _____

15. Several portfolio performance projects are listed below. Assuming that inflation averages 3.5%, check the portfolio that most nearly reflects your goal for your portfolio.

Overall Risk Level	Expected Compounded Return	Expected Annual Range of Returns*	Worst Case **
Low/Low	6.5%	-2.0% To 13.0%	-4.0%
Mod/Low	7.5%	-3.0% To 16.0%	-9.0%
Mod/Low	7.7%	-4.0% To 19.0%	-10.0%
Mod/Low	8.0%	-4.5% To 20.0%	-11.0%
Mod/Mod	8.3%	-5.0% To 21.0%	-13.0%
High/Mod	8.5%	-6.0% To 22.0%	-14.0%
High/Mod	9.0%	-7.0% To 24.0%	-20.0%
High/Mod	9.5%	-8.0% To 25.0%	-24.0%

* These estimates are based on a statistical measure of one standard deviation. This means that based on the assumptions used in developing these projections, the portfolio returns will fall within these ranges 2 out of every 3 years.

** Worst case is used to describe the worst annual return that a portfolio is likely to experience 90% of the time

16. Choose (a) or (b)

- (a) You win \$80,000
 (b) You have an 80% chance of winning \$100,000 (or a 20% chance of winning nothing).

Choose (a) or (b)

- (a) You lose \$80,000
 (b) You have an 80% chance of losing \$100,000 (or a 20% chance of losing nothing).

17. How do you react to unexpected bad financial news?

- Always overreact
 Frequently overreact
 Rarely overreact
 Almost never overreact
 Never overreact

18. Once you have made an investment decision, how sure do you usually feel that your choice was correct?

- Very unsure
 Somewhat unsure
 Somewhat sure
 Very sure

19. When you think of 'risk' in an investment context, which of the following words comes to your mind first?

- Danger
 Uncertainty
 Opportunity
 Thrill

20. How easily to you adapt to unfavorable financial changes in your life?

- Very uneasily
 Somewhat uneasily
 Somewhat easily
 Very easily

21. Have you ever borrowed money in order to make an investment (other than a home mortgage loan)?

- Y
 N

22. Compared to other investors, how sophisticated are you about investing money?

- Very unsophisticated
 Somewhat unsophisticated
 Somewhat sophisticated
 Very sophisticated

23. You have just reached the \$10,000 plateau on a TV game show. Now you must choose between quitting with the \$10,000 in hand or betting the entire \$10,000 in one of three alternate scenarios. Choose one:

- The \$10,000 – you take the money and run
- A 50% chance of winning \$50,000
- A 20% chance of winning \$75,000
- A 5% chance of winning \$100,000

24. How long does it take you to make an important financial decision?

- Very long time
- Long time
- Average amount of time
- Short time
- Very short time

25. What degree of risk have you assumed on your investments in the past?

- Very small
- Small
- Medium
- Large
- Very large

26. Do you consider yourself reflective or impulsive when making investment decisions?

- Very reflective
- Somewhat reflective
- Neither reflective or impulsive
- Somewhat impulsive
- Very impulsive

27. How much investing experience do you have with stocks, bonds or mutual funds?

- None
- A Little
- Some
- A Fair Amount
- A Great Deal

28. Your investment advisor expects inflation to return and suggests that you invest in “hard assets” such as real estate and cable TV, which have historically outpaced inflation. Your only “financial assets” are long-term bonds. What do you do?

- Ignore the advice and hold onto the bonds
- Ask your friends and relatives for their advice and do what they suggest
- Sell the bonds, putting half into “hard assets” and the other half into money market funds
- Sell the bonds and put all the proceeds into “hard assets”
- Sell the bonds and put all the proceeds into “hard assets”, and borrow additional money so you can buy even more “hard assets”

29. How do you rate your willingness to take investment risks in comparison to the general population?

- Extremely low risk taker
- Very low risk taker
- Average risk taker
- High risk taker
- Very high risk taker
- Extremely high risk taker

30. To what extent to you actively follow the markets?

- None
- A Little
- Somewhat
- Fairly Closely
- Very Closely

31. How do you obtain your financial information?

Please Identify

- Newspapers _____
- Magazines _____
- TV/Cable _____
- Radio _____
- Internet _____
- Friends/Relatives _____