



## Concept Profiler

### Personal Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: **Male** **Female**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

### Spouse Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: **Male** **Female**

Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Best Time to Call \_\_\_\_\_

Email Address \_\_\_\_\_

### Dependents

First Name	Middle Name	Last Name	Birth Date (mm/dd/yyyy)	Gender (M/F)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Income

*Provide the requested information about your current income and employment status.*

	<u>Client</u>	<u>Spouse</u>
What is your current annual earned income?	\$ _____	\$ _____
How much annual income do you receive from your investments?	\$ _____	\$ _____
What annual income do you receive from other sources?	\$ _____	\$ _____
What is your employment status? (circle one)	Full-Time Part-Time Self Employed Retired Homemaker Unemployed Student	Full-Time Part-Time Self Employed Retired Homemaker Unemployed Student
If you are employed, does your employer provide a defined benefit pension plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Assets and Liabilities

*Provide the requested information about your current assets and financial liabilities.*

### Current Asset Balances

	Current Balance		Current Balance
Client's Retirement Assets	\$ _____	Investment Assets	\$ _____
Spouse's Retirement Assets	\$ _____	Business Assets	\$ _____
Cash Assets	\$ _____	Personal Assets	\$ _____

### Liability (Debt) Balances

	<u>Liability 1</u>	<u>Liability 2</u>	<u>Liability 3</u>	<u>Liability 4</u>
Description	_____	_____	_____	_____
Loan Type (circle one)	Primary Residence Other Mortgage Rental Property Business Margin Consumer Automobile Other			
Current Balance	\$ _____	\$ _____	\$ _____	\$ _____
Monthly Payment Amount	\$ _____	\$ _____	\$ _____	\$ _____
Interest Rate	_____ %	_____ %	_____ %	_____ %
Tax Deductible?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
How important is it to reduce or eliminate debt? (circle one)			Very Important Somewhat Important Neutral Somewhat Unimportant Unimportant	

## Risk Tolerance

*Your risk tolerance is an indication of your potential level of comfort with different investment products. Check the response that best reflects your answer to each of the following questions.*

1. Which of the following investments would you feel most comfortable owning?  
 a. Certificates of Deposit                       c. Blue-chip stocks  
 b. U.S. Government securities                       d. Stocks of new, growth companies
2. Which of the following investments would you least like to own?  
 a. Stocks of new, growth companies                       c. U.S. Government securities  
 b. Blue-chip stocks     d. Certificates of Deposit
3. How optimistic are you about the long-term prospects for the economy?  
 a. Very pessimistic                       c. Somewhat optimistic  
 b. Unsure     d. Very optimistic
4. Which of the following best describes your attitude about investments outside the US?  
 a. I believe that investing in foreign markets involves risk  
 b. I believe that overseas markets provide attractive investment opportunities
5. Which of the following statements would best describe your reaction if the value of your purchase were to decline suddenly by 15%?  
 a. I would be very concerned because I cannot accept fluctuations in the value of my purchase  
 b. If the amount of income I receive was unaffected, it would not bother me  
 c. Although I invest for long-term growth, I would be concerned about even a temporary decline  
 d. Because I invest for long-term growth, I accept temporary fluctuations due to market influences
6. You have just received a windfall of \$50,000. How would you invest it?  
 a. I would invest in something that offered preservation of my money  
 b. I would invest in something that offered the potential for high income with a moderate amount of risk  
 c. I would invest in something that offered the potential for high total return (income plus capital appreciation with a moderately high amount of risk)  
 d. I would invest in something that offered substantial capital appreciation even though it has a high amount of risk

7. Which of the following best describes your investment objectives?
- a. Preserving principal and getting a moderate amount of income
  - b. Generating a high amount of income
  - c. Generating some income and increasing my assets over an extended time frame
  - d. Increasing my assets substantially over an extended time frame
8. What do you expect your standard of living to be 10 years from now as compared to your standard of living today?
- a. Lower than it is today
  - b. The same as it is today
  - c. Somewhat higher than it is today
  - d. Substantially greater than it is today
9. Ten years from today, you expect the value of your purchase to be:
- a. The same as it is today
  - b. Somewhat more than it is today
  - c. Greater than it is today
  - d. Substantially greater than it is today
10. What is your age?
- a. 56 and over
  - b. 46-55
  - c. 36-45
  - d. 18-35
11. What is your primary financial goal?
- a. Wealth preservation
  - b. Retirement Planning
  - c. Wealth accumulation
12. What is the time frame for you to achieve your financial goals?
- a. 0-4 years
  - b. 5 to 14 years
  - c. 15 years or more

## Protection Coverage and Concerns

*Answer the following questions about your preparation for and attitudes about financial protection for unexpected life events.*

	<u>Client</u>	<u>Spouse</u>
What is the death benefit amount of your life insurance?	\$ _____	\$ _____
	No Will	No Will
When did you last review your will? (circle one)	< 3 Years	< 3 Years
	3-7 Years	3-7 Years
	> 7 Years	> 7 Years
How important is it for you to provide financial resources for your spouse, dependents, or others if you die? (circle one)		Very Important
		Somewhat Important
		Neutral
		Somewhat Unimportant
		Unimportant
Are you financially prepared for the high costs that may be associated with long life in retirement, such as long-term care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How important is it to you to provide long-term care funding for you, your spouse, or your dependents? (circle one)		Very Important
		Somewhat Important
		Neutral
		Somewhat Unimportant
		Unimportant
Do you have a parent who may become your financial dependent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Client</u>	<u>Spouse</u>
How long could you live on your current assets in the event you become disabled or suffer a prolonged illness? (circle one)	< 8 Weeks	< 8 Weeks
	2 - 6 Months	2 - 6 Months
	6 - 12 Months	6 - 12 Months
	> 1 Year	> 1 Year

**Client**

**Spouse**

Do you have a plan, at work or individually, which provides continuing income if you are unable to work due to accident or illness?

Yes  No

Yes  No

How important is it to you to replace your earned income in the event you become disabled or suffer a prolonged illness? (circle one)

Very Important

Somewhat Important

Neutral

Somewhat Unimportant

Unimportant

## Retirement Preparation

*Provide the requested information about your current preparations for retirement.*

	<u>Client</u>	<u>Spouse</u>
At what age do you plan to retire?	_____	_____
How important is it for you to have a comfortable retirement? (circle one)		Very Important Somewhat Important Neutral Somewhat Unimportant Unimportant
Approximately what percentage of your combined income do you feel you will need at retirement?		_____ %
How much impact do you feel inflation will have on your retirement? (circle one)		Major Some Minimal Not Sure

	<u>Client</u>	<u>Spouse</u>
Do you contribute to a voluntary or supplemental retirement plan (including 401(k), 403(b), IRA, Keogh)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your annual income is contributed to the plan (including employer match)?	_____ %	_____ %

## Education Planning and Life Events

*Answer each of the following questions regarding your education funding plans and expected life events.*

### Education Planning

How important is it to you to fund the educational needs of your children, grandchildren, or others? (circle one)	Very Important Somewhat Important Neutral Somewhat Unimportant Unimportant
What percentage of these needs do you want to fund? (circle one)	Greater than 66% Between 33%-66% Less than 33%
Do you feel you are adequately funding these educational needs? (circle one)	Yes No Don't Know

---

### Life Events

Do you anticipate any of the following life events in the next twelve months?

Change of employment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent entering college	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start a new business	<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marriage	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Purchase	<input type="checkbox"/> Yes <input type="checkbox"/> No
Birth of a child or grandchild	<input type="checkbox"/> Yes <input type="checkbox"/> No		