

Concept Profiler

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)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

	Liability 1	Liability 2	Liability 3	Liability 4
Description	_____	_____	_____	_____
Loan Type (circle one)	Primary Residence Other Mortgage Rental Property Business Margin Consumer Automobile Other	Primary Residence Other Mortgage Rental Property Business Margin Consumer Automobile Other	Primary Residence Other Mortgage Rental Property Business Margin Consumer Automobile Other	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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

How important is it to reduce or eliminate debt? (check one)

Very Important Somewhat Important Neutral Somewhat Unimportant Unimportant

Risk Tolerance

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

	Strongly Disagree				Strongly Agree
1. Expected Return. Given historical returns on different kinds of investments, my desired level of investment return is above average.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Risk Tolerance. I am willing to bear an above-average level of investment risk (volatility). I can accept occasional years with negative investment returns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Holding Period. I am willing to maintain investment positions over a reasonably long period of time (generally considered 10 years or more).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Liquidity. I do not need to be able to readily convert my investments into cash. Aside from my portfolio, I have adequate liquid net worth to meet major near-term expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ease of Management. I want to be very actively involved in the monitoring and decision making required to manage my investments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Dependents. There are none or only a few dependents that rely on my income and my investment portfolio for support.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Income Source. My major source of income is adequate, predictable and steadily growing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Insurance Coverage. I have an adequate degree of insurance coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Investment Experience. I have prior investment experience with stocks, bonds, and international investments. I understand the concept of investment risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Debt/Credit. My debt level is low and my credit history is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	\$ _____	\$ _____
When did you last review your will? (circle one)	No Will <3 Years 3-7 Years >7 Years	No Will <3 Years 3-7 Years >7 Years
How important is it for you to provide financial resources for your spouse, dependents, or others if you die? <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Unimportant <input type="checkbox"/> 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? <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Unimportant <input type="checkbox"/> Unimportant		
Do you have a parent who may become your financial dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long could you live on your current assets in the event you become disabled or suffer a prolonged illness? (circle one)	<u>Client</u> <8 Weeks 2-6 Months 6-12 Months >1 Year	<u>Spouse</u> <8 Weeks 2-6 Months 6-12 Months >1 Year
Do you have a plan, at work or individually, which provides continuing income if you are unable to work due to accident or illness?	<u>Client</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Spouse</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
How important is it to you to replace your earned income in the event you become disabled or suffer a prolonged illness? <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Unimportant <input type="checkbox"/> 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? <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Unimportant <input type="checkbox"/> 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? <input type="checkbox"/> Major <input type="checkbox"/> Some <input type="checkbox"/> Minimal <input type="checkbox"/> Not Sure		
Do you contribute to a voluntary or supplemental retirement plan (including 401(k), 403(b), IRA, Keogh)?	<u>Client</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Spouse</u> <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?

Very Important Somewhat Important Neutral Somewhat Unimportant Unimportant

What percentage of these needs do you want to fund?

Greater than 66% Between 33%-66% Less than 33%

Do you feel you are adequately funding these educational needs? Yes No Don't Know

Life Events

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

Change of employment Yes No Dependent entering college Yes No

Start a new business Yes No Retirement Yes No

Marriage Yes No Home purchase Yes No

Birth of a child or grandchild Yes No

NOTES SECTION: _____

To return this completed form please contact your Personal Banker:

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