



## 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**

Address \_\_\_\_\_  
\_\_\_\_\_

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

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.

	Client	Spouse
What is your employment status? (check one)	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
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?	\$ _____	\$ _____

## Assets and Liabilities

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

### Cash Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Current balance	\$ _____	\$ _____	\$ _____

### Investment Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Tax treatment (check one)	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax Free <input type="checkbox"/> Tax Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax Free <input type="checkbox"/> Tax Deferred	<input type="checkbox"/> Taxed <input type="checkbox"/> Tax Free <input type="checkbox"/> Tax Deferred
Current balance	\$ _____	\$ _____	\$ _____

### Business Assets

	Asset 1	Asset 2	Asset 3
Description	_____	_____	_____
Current balance	\$ _____	\$ _____	\$ _____

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**Personal Assets**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Description	_____	_____	_____
Type*	_____	_____	_____
Current balance	\$_____	\$_____	\$_____
Do you own stock options in a public traded company?			<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Primary Residence, Secondary Residence, Auto, Motorcycle/OHV, Recreational Vehicle, Boat, Appliances, Art & Antiques, Books & Music, Clothing, Collectibles, Furniture, Furs, Hobby & Sports, Electronics & Computer, Jewelry, Musical Instruments, Rugs, Silverware, Tools, Other

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**Retirement Assets for Client**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Description	_____	_____	_____
Current balance	\$_____	\$_____	\$_____
Annual personal contribution	\$_____	\$_____	\$_____
Annual employer contribution	\$_____	\$_____	\$_____
Contribution increase rate	_____%	_____%	_____%
Plan type*	_____	_____	_____

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**Retirement Assets for Spouse**

	<b>Asset 1</b>	<b>Asset 2</b>	<b>Asset 3</b>
Description	_____	_____	_____
Current balance	\$_____	\$_____	\$_____
Annual personal contribution	\$_____	\$_____	\$_____
Annual employer contribution	\$_____	\$_____	\$_____
Contribution increase rate	_____%	_____%	_____%
Plan type*	_____	_____	_____

\*401(k), 457, 403(b), Traditional IRA, Roth IRA, Roth 401(k), Simple, SEP, Annuity, Profit Sharing, Money Purchase, After-Tax, Other.

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## Liability (Debt) Balances

	Liability 1	Liability 2	Liability 3
Description	_____	_____	_____
Loan type (check one)	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Home Eq/Other <input type="checkbox"/> Mortgage <input type="checkbox"/> Real Estate <input type="checkbox"/> Business <input type="checkbox"/> Invest./Margin <input type="checkbox"/> Consumer <input type="checkbox"/> Automobile <input type="checkbox"/> Other	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Home Eq/Other <input type="checkbox"/> Mortgage <input type="checkbox"/> Real Estate <input type="checkbox"/> Business <input type="checkbox"/> Invest./Margin <input type="checkbox"/> Consumer <input type="checkbox"/> Automobile <input type="checkbox"/> Other	<input type="checkbox"/> Primary Residence <input type="checkbox"/> Home Eq/Other <input type="checkbox"/> Mortgage <input type="checkbox"/> Real Estate <input type="checkbox"/> Business <input type="checkbox"/> Invest./Margin <input type="checkbox"/> Consumer <input type="checkbox"/> Automobile <input type="checkbox"/> 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

## Protection Coverage and Concerns

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

### Life Benefits for Client

	Policy 1	Policy 2	Policy 3
Type*	_____	_____	_____
Insurer name	_____	_____	_____
Owner**	_____	_____	_____
Beneficiary***	_____	_____	_____
Death benefit	\$ _____	\$ _____	\$ _____
Current cash value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

\*Group, Term, Whole Life, Universal Life, Variable Life, Other

\*\*Client, Spouse, Irrevocable Trust, Community

\*\*\* Client, Spouse, Irrevocable Trust, Third Party

## Life Benefits for Spouse

	Policy 1	Policy 2	Policy 3
Type*	_____	_____	_____
Insurer name	_____	_____	_____
Owner**	_____	_____	_____
Beneficiary***	_____	_____	_____
Death benefit	\$ _____	\$ _____	\$ _____
Current cash value	\$ _____	\$ _____	\$ _____
Annual premium	\$ _____	\$ _____	\$ _____

\*Group, Term, Whole Life, Universal Life, Variable Life, Other

\*\*Client, Spouse, Irrevocable Trust, Community

\*\*\* Client, Spouse, Irrevocable Trust, Third Party

	Client	Spouse
How important is it for you to provide financial resources for your spouse, dependents, or others if you die? (check one)	<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 plan, at work or individually, which provides continuing income if you are unable to work due to accident or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What percentage of your income will be replaced by this plan?	_____ %	_____ %
How many years of coverage does this plan provide? (check one)	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> To age 65 or 70	<input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> To age 65 or 70
How long could you live on your current assets in the event you become disabled or suffer a prolonged illness? (check one)	<input type="checkbox"/> < 8 Weeks <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> > 1 Year	<input type="checkbox"/> < 8 Weeks <input type="checkbox"/> 2 – 6 Months <input type="checkbox"/> 6 – 12 Months <input type="checkbox"/> > 1 Year
How important is it to replace your earned income in the event you become disabled or suffer a prolonged illness? (check one)	<input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Neutral <input type="checkbox"/> Somewhat Unimportant <input type="checkbox"/> Unimportant	

**(Protection Coverage and Concerns continued)**

Are you financially prepared for the high costs that may be associated with long life in retirement, such as long-term care?  Yes  No

Do you have a parent who may become your financial dependent?  Yes  No

How important is it to provide long-term care funding for you, your spouse, or your dependents? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

**Financial Concerns**

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

	<b>Client</b>	<b>Spouse</b>
When did you last review your will? (check one)	<input type="checkbox"/> No Will <input type="checkbox"/> < 3 Years <input type="checkbox"/> 3-7 Years <input type="checkbox"/> > 7 Years	<input type="checkbox"/> No Will <input type="checkbox"/> < 3 Years <input type="checkbox"/> 3-7 Years <input type="checkbox"/> > 7 Years

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

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

How important is it to consolidate your debt? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

How important is it to accumulate funds for future goals besides retirement and education goals? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

How important is it for you to have assistance in reviewing your different IRA choices (i.e. Traditional, Roth)? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

How important is it for you to have assistance in moving retirement funds from a previous employer? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

**(Financial Concerns continued)**

How important is it for you to have assistance in analyzing and understanding your stock options? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

How important is it for you to have assistance in reviewing your investments? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

**Retirement Preparation**

*Answer each of the following questions regarding your retirement preparation.*

	Client	Spouse
At what age do you plan to retire?	_____	_____
How important is it for you to have a comfortable retirement? (check one)		<ul style="list-style-type: none"><li><input type="checkbox"/> Very Important</li><li><input type="checkbox"/> Somewhat Important</li><li><input type="checkbox"/> Neutral</li><li><input type="checkbox"/> Somewhat Unimportant</li><li><input type="checkbox"/> Unimportant</li></ul>
Approximately what percentage of your combined income (after-tax) do you feel you will need at retirement?		_____%
How much impact do you feel inflation will have on your retirement? (check one)		<ul style="list-style-type: none"><li><input type="checkbox"/> Major</li><li><input type="checkbox"/> Some</li><li><input type="checkbox"/> Minimal</li><li><input type="checkbox"/> Not Sure</li></ul>
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

**Education Planning and Life Events**

*Answer each of the following questions regarding your education planning and other life events.*

**Education Planning**

How important is it to help fund the educational needs of your children, grandchildren or others? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

**(Education Planning continued)**

What percentage of these needs do you want to fund? (check one)

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

Do you feel you are adequately funding these educational needs? (check 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 |
| Birth of a child or grandchild | <input type="checkbox"/> Yes <input type="checkbox"/> No |                            |  |

**Property and Casualty Insurance**

*Answer each of the following questions regarding your property and casualty insurance needs.*

**Property and Casualty Insurance**

How important is it to you to protect your income and assets in the event of a disaster, theft or accident? (check one)

- Very Important
- Somewhat Important
- Neutral
- Somewhat Unimportant
- Unimportant

What is your personal liability umbrella coverage amount? (check one)

- Don't have umbrella insurance.
  - Unsure
  - \$500k to \$1 million
  - \$1 million to \$2 million
  - \$2 million plus
- 

**Homeowner/Renter Insurance**

Do you own or rent?  Own  Rent

If you answered "Own" to the question above, please answer the questions regarding homeowner insurance. If you answered "Rent", go to the renter insurance section below.

## Homeowner Insurance

What is the liability coverage amount of your homeowner insurance? (check one)

- State Minimum
- \$50,000
- \$100,000
- \$300,000
- \$500,000
- \$1,000,000+

Do you feel you could better understand your homeowner coverage? (check one)

- Yes
- No
- Unsure

What is the deductible on your homeowner policy? (check one)

- \$0-\$199
- \$200-\$499
- \$500-\$749
- \$750-\$999
- \$1,000+

## Renter Insurance

What is the liability coverage amount of your renter insurance? (check one)

- No Renter's Coverage
- State Minimum
- \$50,000
- \$100,000
- \$250,000
- \$500,000
- \$1,000,000+

Do you feel you could better understand your renter coverage? (check one)

- Yes
- No
- Unsure

What is the deductible on your renter policy? (check one)

- \$0-\$199
- \$200-\$499
- \$500-\$749
- \$750-\$999
- \$1,000+

Do you have coverage for high value objects you own? (check one)

- Yes
- No
- Unsure
- Not applicable

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## Auto Insurance

Do you own or lease a vehicle?

Yes  No

What is the liability coverage amount of your auto insurance? If more than one car, give lowest liability coverage amount. (check one)

- State Minimum
- \$20,000/\$40,000
- \$50,000/\$100,000
- \$100,000/\$300,000
- \$250,000/\$500,000
- \$1,000,000+

Do you feel you could better understand your auto coverage? (check one)

- Yes
- No
- Unsure

### (Auto Insurance continued)

What is your current auto collision insurance deductible (if more than one car, give lowest deductible)? (check one)

- Not applicable
- \$0-\$199
- \$200-\$499
- \$500-\$749
- \$750-\$999
- \$1,000+

## Risk Tolerance

### 1. Risk Factor

Before you make a decision on any investment, you need to consider how you feel about the prospect of potential loss of principal. This is a basic principle of investing: *the higher return you seek, the more risk you face*. Based on your feelings about risk and potential returns, your goal is to:

- A. Potentially increase my portfolio's value as quickly as possible while accepting higher levels of risk.
- B. Potentially increase my portfolio's value at a moderate pace while accepting moderate to high levels of risk.
- C. Income is of primary concern while capital appreciation is a secondary goal.
- D. Take as little risk as possible with my investment principal.

### 2. Investment Approach

Which of the following statements best describes your overall approach to investing as a means of achieving your goals?

- A. Seeking a relative level of stability in my overall investment portfolio.
- B. Attempting to moderately increase my investment value while reducing the potential for loss of principal.
- C. Pursue investment growth, accepting moderate to high levels of risk and principal fluctuation.

### (Investment Approach continued)

- D. Seek maximum long-term returns while accepting maximum risk with maximum principal fluctuation.

### 3. Volatility

The value of most investments fluctuates from year to year as well as over the short-term. How would you feel if an investment you had committed to for ten years lost 20% of its value during the first year?

- A. I would be extremely concerned and would sell my investment.  
 B. I would be concerned and may consider selling my investment.  
 C. I would be concerned, but I would not consider selling my investment.  
 D. I would not be overly concerned given my long-term investment philosophy.

### (Risk Tolerance continued)

### 4. Variation

Realizing that any market-based investments may move up or down in value over time, with which of the hypothetical portfolios and volatility of hypothetical returns below would you feel most comfortable?

	Year 1	Year 2	Year 3	Year 4	Year 5	Average Annual
<input type="checkbox"/>	3%	3%	3%	3%	3%	3%
<input type="checkbox"/>	2%	5%	6%	0%	7%	4%
<input type="checkbox"/>	-6%	7%	21%	2%	8%	6%
<input type="checkbox"/>	9%	-11%	26%	3%	18%	9%
<input type="checkbox"/>	14%	-21%	40%	-4%	31%	12%

### 5. Investment Experience

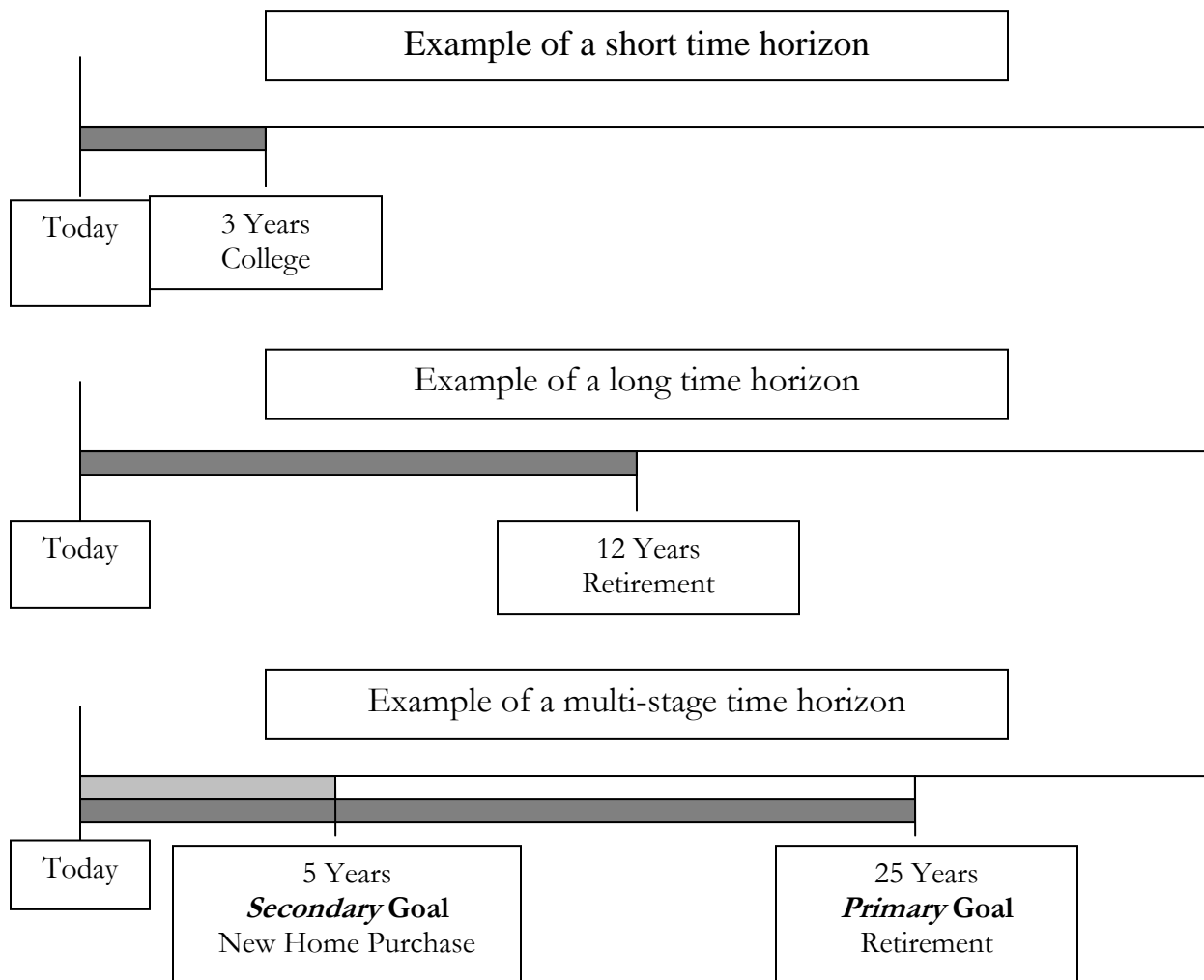
What is your overall knowledge of investments?

- A. LOW – I have very little investment experience outside of bank savings accounts, money market funds and certificates of deposit (CDs).  
 B. MEDIUM – I have some experience investing in mutual funds or individual stocks and bonds.  
 C. HIGH – I have been an active participant in the stock market and understand that all investments, including international markets, can be volatile and unpredictable.

### 6. Time Horizon

An important consideration when making investment decisions is where you are in your financial life cycle and how long you have before you will need to start withdrawing the assets. Through consultation with your Financial Advisor, please indicate your portfolio's appropriate time horizon. A multi-stage time horizon would indicate that you have several goals in the future that may require withdrawals at different times that your investment portfolio needs to address.

**(Time Horizon continued)**



- A. Short (1-4 Years)
- B. Long (5-10+ Years)
- C. Multi-stage

**7. Primary Goal**

Please indicate approximately how many years from today until you reach your primary goal.

- A. Within 1 to 4 years
- B. Within 5 to 10 years
- C. Within 11 to 20 years
- D. More than 20 years

## 8. Secondary Goal

Some investors have a multi-stage time horizon with several goals for their portfolio. Please indicate approximately how many years from today until you reach your secondary goal.

- A. Not applicable, I only have a single stage time horizon.
- B. Within 1 to 4 years
- C. Within 5 to 10 years
- D. More than 10 years

## 9. Age

What is your current age range?

- A. Under 35
- B. Between 36 to 45
- C. Between 46 to 55
- D. Between 56 to 70
- E. Over 70

## 10. Investment Earnings

Based on your current and estimated future income needs, what percentage of your investment earnings do you think you would be able to reinvest?

- A. Reinvest 100 percent of my investment earnings.
- B. Reinvest 20 to 80 percent of my investment earnings.
- C. Reinvest 0% (receive all investment earnings for cash flow).
- D. My investment earnings will not be sufficient and I will need to withdrawal principal.

## 11. Investment Value

What is the current value of your total investment portfolio? Please include the value of all your investments, including CDs, 401(k)s, 403(b)s, IRAs, annuities, etc.

- A. More than \$1,000,000\*
- B. \$500,001 to \$1,000,000
- C. \$300,001 to \$500,000
- D. \$100,000 to \$300,000
- E. Less than \$100,000

**\* Alternative investments may be recommended in your portfolio.**

## 12. Living Expense

Emergencies such as accidents, illnesses, hospitalizations, job loss, etc. can occur. In the event you faced an emergency, how many months of your total annual living expenses could be covered by your current liquid investments (such as savings/checking accounts, CDs with maturities less than six months, etc.)?

- A. More than 12 months, or not a concern
- B. Between 4 and 12 months
- C. Less than 4 months, or already withdrawing

## 13. Household Income

Total earnings, which includes earned and investment income, is a requirement when assessing your risk tolerance and determining allocation of assets. What is your total annual household income (including interest and tax deferred income)?

- A. More than \$200,000
- B. \$150,000 to \$199,999
- C. \$100,000 to \$149,999
- D. \$50,000 to \$99,999
- E. Less than \$49,999

## 14. Income Saving

The percentage of your total income that you currently save is approximately:

- A. I do not currently save any income.
- B. Between 2% - 7%
- C. Between 7% - 12%
- D. Greater than 12%

## 15. Future Earnings

In the next five years, you expect that your earned income will probably:

- A. Decrease
- B. Stay about the same
- C. Increase modestly
- D. Increase significantly

16. What portion of the investment assets that pertain to this Investment Policy Statement are located at RJ?

- A. None
- B. Some Assets
- C. All/Majority of Assets

