

***Profiles+™ Professional
Personal***



***Mapping Your
Financial Future***

A Sound Plan...

Distribution

- *Maintain Purchasing Power*
- *Preserve Capital*
- *Long-Term Care*
- *Estate Planning*

Youth

100 People Age 25

By Age 65*:

- *16 Dead*
- *66 Dependent*
- *18 Financially Independent*

Accumulation

- *Increase Savings*
- *Minimize Taxes*
- *Update Insurance Needs*

Foundation

- *Live Within Your Means*
- *Emergency Reserves*
- *Insurance Plan*
- *Systematic Savings*

...can add more to your net worth than a lifetime of work.

*Social Security Administration, Office of Research and Statistics, April 2000. Financially independent is income more than \$30,000.

Personal Data

Profiler Name _____ Plan Date _____ Recall Date _____

Client A (First/Middle/Last) _____ Date of Birth ____ / ____ / ____

Sex ____ SSN _____ Social Security Benefits* None Earnings-Based Maximum Benefit

Citizenship U.S. Citizen Resident Alien Non-Resident Alien

Client B (First/Middle/Last) _____ Date of Birth ____ / ____ / ____

Sex ____ SSN _____ Social Security Benefits* None Earnings-Based Maximum Benefit

Citizenship U.S. Citizen Resident Alien Non-Resident Alien

Married Name to Appear on Reports _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____

E-mail _____

* Social Security Benefits: If NOT eligible for Social Security or if Social Security benefits are not to be considered, check None. If Social Security is to be considered in the plan, and benefits should be calculated based on current earnings, check Earnings-Based. If eligible for maximum Social Security benefits (i.e., current or past earnings consistently above the Social Security wage base), check Maximum Benefit.

Interview Questions

Do you own your residence or rent? _____ *What is your academic background?* _____

How long have you lived at this address? _____ *Client A* _____

Do you have a current Social Security benefit estimate statement? _____ *Client B* _____

Occupation

Client A Job Title _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____ Fax (_____) _____ E-mail _____

Client B Job Title _____ Employer _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____ Fax (_____) _____ E-mail _____

Interview Question

What are your career plans? _____

Concerns

Rank the following Concerns from 1 (very low) to 9 (very high). Avoid duplicating the same ranking for any of the six concerns. Be concerned principally with "surplus" money that you have saved or invested, or will save or invest in the future, and inherited money. It is the growth, protection, and eventual use of this capital that you should think about as each of the six key financial concerns is ranked.



Inflation Hedge Having your savings and investments keep pace with inflation?
1 2 3 4 5 6 7 8 9

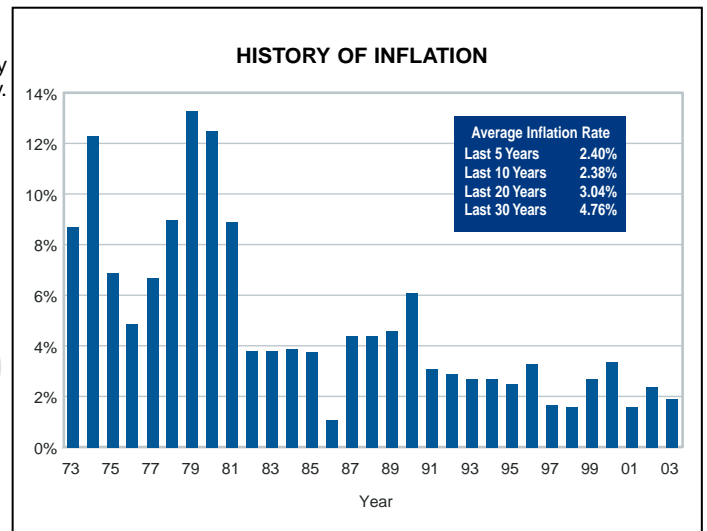
Tax Advantage Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you?
1 2 3 4 5 6 7 8 9

Safety Being sure you do not lose your original investment? (High score indicates a desire for safe investments.)
1 2 3 4 5 6 7 8 9

Liquidity Being able to quickly convert your investments to cash at current market value?
1 2 3 4 5 6 7 8 9

Current Income Withdrawing maximum income from your savings and investments this year?
1 2 3 4 5 6 7 8 9

Family Benefit Keeping your investment program from not being overly complex or difficult for your family to manage in the event of your death?
1 2 3 4 5 6 7 8 9



Source: Bureau of Labor Statistics - Consumer Price Index, All Urban Consumers, January 2004

What is your estimate of the "long-term" inflation rate? _____%

Advisors

Classification Number* _____ Advisor's Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ E-mail _____

Classification Number* _____ Advisor's Name _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Fax (_____) _____ E-mail _____

*Classification Number: 1–Accountant, 2–Attorney, 3–Financial Advisor, 4–Insurance Agent, 5–Stockbroker, 6–Banker, 7–Other, 8–Financial Services Representative

Interview Questions

With whom do you consult before making important financial decisions? _____

Who prepares your tax forms? _____

Are you obligated to do business with anyone else? _____

Dependents

First Name	Date of Birth	Dependent of		Social Security Number	Social Security Until Age*
		Client A	Client B		
1. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	____-____-____	_____
2. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	____-____-____	_____
3. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	____-____-____	_____
4. _____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	____-____-____	_____

Beneficiaries

Beneficiary Type	Beneficiary Name	Date of Birth
<input type="checkbox"/> Charity <input type="checkbox"/> Other	_____	____/____/____
<input type="checkbox"/> Charity <input type="checkbox"/> Other	_____	____/____/____
<input type="checkbox"/> Charity <input type="checkbox"/> Other	_____	____/____/____

Interview Questions

Do you plan on having additional children? Yes No

How do you feel about saving for your children's college education? _____

Do any of these dependents have special needs? Yes No

Are there any immediate or long-term financial obligations for supporting dependents or parents? Yes No

Education Goals

Refer to Assets (Section 10) to enter corresponding assets to fund each education goal. Education goal numbers (i.e., E1) may be assigned to individual assets in the Assets section. Any asset amount remaining after the education goal is reached can be designated to fund the Survivor and/or Independence analysis.

Name	School	Amount Needed Per Year*	Inflate Need	Years Until Needed	Number of Years Needed	Complete Funding By Start of Goal	Fund at Death of A B	Fund Deficit from Cash Flow**
E1. _____	_____	\$ _____	____%	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E2. _____	_____	\$ _____	____%	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E3. _____	_____	\$ _____	____%	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E4. _____	_____	\$ _____	____%	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
E5. _____	_____	\$ _____	____%	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

* See the College Cost Database on the Education screen in Profiles+ Professional for current estimates.

** Fund Deficit from Cash Flow: Check this box to assume that the entire education goal will be paid. Assets assigned to the goal will be used first, the unfunded amount (if any) would be covered first from income surplus and then from assets.

Income Input details or totals for sections 7, 8, and 9. If you enter details, the totals will be calculated. If you enter a monthly amount it will be multiplied by 12 and added to the annual amount.

Client A

	Monthly	+	Annual
◆ Salary	\$ _____		\$ _____
◆ Self-Employment	\$ _____		\$ _____
Interest & Non-qualified Dividends	\$ _____		\$ _____
Qualified Dividends	\$ _____		\$ _____
Pensions & Annuities	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Alimony	\$ _____		\$ _____
Rental Property (Net)	\$ _____		\$ _____
Other	\$ _____		\$ _____
TOTAL INCOME	\$ _____		\$ _____
Future Earnings Increase ^(a) _____%			

Client B

	Monthly	+	Annual
◆ Salary	\$ _____		\$ _____
◆ Self-Employment	\$ _____		\$ _____
Interest & Non-qualified Dividends	\$ _____		\$ _____
Qualified Dividends	\$ _____		\$ _____
Pensions & Annuities	\$ _____		\$ _____
Social Security	\$ _____		\$ _____
Alimony	\$ _____		\$ _____
Rental Property (Net)	\$ _____		\$ _____
Other	\$ _____		\$ _____
TOTAL INCOME	\$ _____		\$ _____
Future Earnings Increase ^(a) _____%			

(a) **Future Earnings Increase:** Rate is used to project future earnings in the survivor, disability, and independence analyses.

Interview Question

Do you foresee a substantial change in your income during the next two years?

Expenses

	Monthly	+	Annual
Housing Total	\$ _____		\$ _____
Child Care	\$ _____		\$ _____
Transportation Total	\$ _____		\$ _____
Food and Beverage	\$ _____		\$ _____
Clothing	\$ _____		\$ _____
Furnishings	\$ _____		\$ _____
Personal Care and Cash	\$ _____		\$ _____
Medical/Dental/Rx	\$ _____		\$ _____
Education/Self-improvement	\$ _____		\$ _____
Debt/Installment Payments	\$ _____		\$ _____
Entertainment	\$ _____		\$ _____
Vacations and Holidays	\$ _____		\$ _____
Charitable Contributions	\$ _____		\$ _____
Reinvested Interest & Dividends*	\$ _____		\$ _____
Other: _____	\$ _____		\$ _____
Other: _____	\$ _____		\$ _____
TOTAL EXPENSES	\$ _____		\$ _____

* All interest and dividends that are reinvested should be entered both as income and expense items.

Taxes Withheld

	Withholdings and Estimated Payments		
	Monthly	+	Annual
Income Taxes			
Client A			
Federal	\$ _____		\$ _____
State and Local	\$ _____		\$ _____
Self-Employment	\$ _____		\$ _____
OASDI*	\$ _____		\$ _____
Medicare	\$ _____		\$ _____
TOTAL TAXES	\$ _____		\$ _____
	Withholdings and Estimated Payments		
Income Taxes			
Client B			
Federal	\$ _____		\$ _____
State and Local	\$ _____		\$ _____
Self-Employment	\$ _____		\$ _____
OASDI*	\$ _____		\$ _____
Medicare	\$ _____		\$ _____
TOTAL TAXES	\$ _____		\$ _____

* OASDI - Old Age, Survivor, and Disability Insurance. Other terms include Social Security and FICA.

Interview Question

What is your short-term/long-term spending strategy?

Do you save and invest systematically?

What changes could be made to your current budget?

What percentage of your income should be saved?

Did you receive a tax refund for last year's filing?

Assets and Liabilities

Asset Number **1** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return^(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **2** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return^(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **3** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return^(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **4** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return^(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **5** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %
 Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **6** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %
 Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **7** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %
 Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **8** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %
 Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **9** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %

Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **10** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %

Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **11** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %

Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **12** Ticker Symbol _____ ◆Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary(a) Client A Client B Other
 Dependent _____
 Living Trust(b) Yes
 Assign to(c) Education Goal# _____ or Accumulation Goal# _____
 ◆Market Value \$ _____ Rate of Return(d) _____ %
 ◆Current Liability \$ _____

Liability at Independence(e) \$ _____
 Pay off Current Liability at Death of(f)
 Client A Yes No Client B Yes No

◆Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(g) _____ %

Begin Age(h) _____ End Age(h) _____
 Percentage of Asset Available at(i)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(i) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **13** Ticker Symbol _____ ♦Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ♦Market Value \$ _____ Rate of Return^(d) _____ %
 ♦Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

♦Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **14** Ticker Symbol _____ ♦Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ♦Market Value \$ _____ Rate of Return^(d) _____ %
 ♦Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

♦Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **15** Ticker Symbol _____ ♦Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ♦Market Value \$ _____ Rate of Return^(d) _____ %
 ♦Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

♦Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Assets and Liabilities

Asset Number **16** Ticker Symbol _____ ♦Asset Type # _____
 Account Name _____
 Asset/Liability Name _____
 Owner Client A Client B Joint Community Other
 Beneficiary Client /Spouse Dependent Charity Other
 Education Plan Beneficiary^(a) Client A Client B Other
 Dependent _____
 Living Trust^(b) Yes
 Assign to^(c) Education Goal# _____ or Accumulation Goal# _____
 ♦Market Value \$ _____ Rate of Return^(d) _____ %
 ♦Current Liability \$ _____

Liability at Independence^(e) \$ _____
 Pay off Current Liability at Death of^(f)
 Client A Yes No Client B Yes No

♦Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings^(g) _____ %
 Begin Age^(h) _____ End Age^(h) _____
 Percentage of Asset Available at⁽ⁱ⁾
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class⁽ⁱ⁾ _____
 Liquidation Order^(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Direct Income Sources

Name of Source	Source (1-6)	Recipient: Client A or Client B	Amount*	PV or FV	Annual Increase	Begin at Age	End at Age	% Available at Premature Death of:		
								Client A	Client B	Independ.
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %

Source: 1-Social Security Direct Input, 2-Defined Benefit, 3-Annuity, 4-Other Income, 5-Earned Income, 6-Lump Sum
 *All amounts are monthly amounts except a Lump Sum, which is a single payment.

CODES LEGEND (SECTIONS 12, 13, AND 14)

- (1) **Insured** A-Client A B-Client B 1-1st to Die 2-2nd to Die O-Other
- (2) **Owner** A-Client A B-Client B J-Joint C-Community G-Group Ins. O-Other
- (3) **Beneficiary** S-Surviving Spouse I-Insured Estate D-Dependents C-Charity O-Other
- (4) **Policy Types** G-Group P-Personal

Life Insurance For sections 12, 13, and 14, see Codes Legend, above.

Important Planning Consideration

If retirement planning includes the use of life insurance cash values, it is possible that income taxes may result if the cash values are drawn down to a point where the policy lapses.

Cash value projections consist of both guaranteed and nonguaranteed elements. Since current projections of value consist mainly of the nonguaranteed variety, caution should be taken in the estimation of values for the purpose of retirement planning.

Insurance Policy◆	Insured (1)◆	Owner (2)◆	Benef. (3)◆	Net Death Benefit	Annual Premium◆	Number of Premiums Remaining	Net Current Cash Value◆	At Independence ^(a)		Insured's Age	Net Death Benefit at Mortality ^(b)	R R ^(c)	Asset Alloc. Class ^(d)
								Net Cash Value	% To Be Used				
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____
_____	_____	_____	_____	\$ _____	\$ _____	_____	\$ _____	\$ _____	_____ %	_____	_____	_____	_____

- (a) **At Independence:** Enter the projected Net Cash Value as determined by a valid policy ledger, and the percentage of that cash value to be used during the Independence analysis. Enter the Insured's Age at the point when liquidation begins during the Independence analysis. If you wish to use the cash value for education or accumulation goals, enter it as an asset in Assets and Liabilities (Section 10). (See Important Planning Consideration, Section 12, above.)
- (b) **Net Death Benefit at Mortality:** For surviving client, include projected death benefits at insured's mortality age to be included in the Independence analysis.
- (c) **Risk Reward Rating:** L-Low, M-Medium, H-High, X-Exclude.
- (d) **Asset Allocation Class:** Select from the list within the software to assign the Asset Allocation Class(es) that apply.

Interview Questions

What do you want your life insurance to do for you?

 How did you arrive at the amount of life insurance you have?

When did you buy your last policy?

 From whom did you buy?

 Does your family have any special interests or health conditions that could affect your insurance planning?

Disability

Insurance Policy◆	Insured (1)◆	Type (4)◆	Monthly Benefit	Annual Premium◆	Elimination Period ^(a)	Benefit Period ^(b)	COLA
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %

(a) **Elimination Period:** Select the waiting period until benefits will be paid. Select **Today, 7 Days, 14 Days, 30 Days, 60 Days, 90 Days, 180 Days,** or **1 Year.**
 (b) **Benefit Period:** Select the time period for benefits to be paid. Select **90 Days, 180 Days,** or **1, 2, 3, 4,** or **5 Years.** If disability benefits are payable to age 65, select **65;** if payable for life, select **Lifetime.**

Long-Term Care

Insurance Policy◆	Insured (1)◆	Owner (2)◆	Daily Benefit	Annual Premium◆	Elimination Period (Days)	Benefit Period (Years)	COLA
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %

Interview Questions

Have you or anyone in your family ever experienced a long-term care need?

How would it affect you and your family if you had a Long-Term Care need tomorrow? (due to stroke, car accident, etc.)

Will you be caring for elderly parents?

General Insurance

Policy Type	Policy Name	Policy Benefit	Annual Premium◆
Liability	_____	\$ _____	\$ _____
Homeowner's	_____	\$ _____	\$ _____
Medical	_____	\$ _____	\$ _____
Auto Value \$ _____	_____	\$ _____	\$ _____

Interview Questions

Are all family members covered by health insurance?

Notes

Disability Income Needs

Client A Disability

Include Social Security Benefits

Age Non-disabled Client Receives Social Security* _____

Beginning after	Monthly Need at A's Disability	Client B's Earnings	Other Income
30 Days	\$ _____	\$ _____	\$ _____
90 Days	\$ _____	\$ _____	\$ _____
1 Year	\$ _____	\$ _____	\$ _____
2 Years	\$ _____	\$ _____	\$ _____
5 Years	\$ _____	\$ _____	\$ _____
Age 65	\$ _____	\$ _____	\$ _____

Client B Disability

Include Social Security Benefits

Age Non-disabled Client Receives Social Security* _____

Beginning after	Monthly Need at B's Disability	Client A's Earnings	Other Income
30 Days	\$ _____	\$ _____	\$ _____
90 Days	\$ _____	\$ _____	\$ _____
1 Year	\$ _____	\$ _____	\$ _____
2 Years	\$ _____	\$ _____	\$ _____
5 Years	\$ _____	\$ _____	\$ _____
Age 65	\$ _____	\$ _____	\$ _____

Increase need annually by _____%

* Enter the age (not less than 62) at which Client A/B will receive Social Security benefits if Client B/A becomes disabled. The benefit the nondisabled client receives is based on the disability Primary Insurance Amount (PIA) of the disabled client.

Financial Independence Needs

	Client A	Client B	Client A's Age	Monthly Need 1	Monthly Need 2
Financial Independence Begins at Age	_____	_____	1. _____	\$ _____	\$ _____
Include Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	\$ _____	\$ _____
Age to Begin Social Security Income ^(a)	_____	_____	3. _____	\$ _____	\$ _____
Life Expectancy	_____	_____	4. _____	\$ _____	\$ _____
Grouped Asset Rate of Return (Beginning at Independence) ^(b)	_____ %	_____ %	5. _____	\$ _____	\$ _____

Retain Beginning Capital Balance^(c) or \$ _____ Increase need annually by _____% _____%

(a) Profiles+ Professional will default the age to begin Social Security benefits based on year of birth. People born in 1943 or earlier are calculated to receive benefits at age 65. People born between 1943 and 1959 are calculated to receive benefits at age 66, and those born after 1960 are calculated to receive benefits at age 67. This would be the age in which the client would be eligible for full Social Security benefits, or Normal Retirement Age (NRA). Social Security retirement benefits can begin as early as age 62, but there will be a permanent reduction in benefits for any age prior to NRA.

(b) Grouped Asset Rate of Return: If more than one asset is given the same liquidation order (see Section 10), then those assets are grouped together upon liquidation during the Independence analysis and assigned this rate of return.

(c) Capital Balance Retained: Check the box to retain the beginning capital balance in the Independence analysis, or enter the desired amount to be retained.

Survivor Needs

Client A's Death Today

Client B's Age ^(a)	Monthly Need 1	Monthly Need 2	Client B's Monthly Earnings
1. Today	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____

Increase need annually by _____% _____%

Grouped Asset Rate of Return^(b) _____%

Retain Beginning Capital Balance^(c) or \$ _____

Age to receive Social Security benefits during retirement^(d) Client B _____

Client B's Death Today

Client A's Age ^(a)	Monthly Need 1	Monthly Need 2	Client A's Monthly Earnings
1. Today	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____

Increase need annually by _____% _____%

Grouped Asset Rate of Return^(b) _____%

Retain Beginning Capital Balance^(c) or \$ _____

Age to receive Social Security benefits during retirement^(d) Client A _____

(a) In the case of a single client, enter the number of years from today, rather than Client B's age, to indicate when lifestyle needs will change.

(b) Grouped Asset Rate of Return: If more than one asset is given the same liquidation order (see Section 10), then those assets are grouped together upon liquidation during the Survivor analysis and assigned this rate of return.

(c) Capital Balance Retained: Check the box to retain the beginning capital balance in the Survivor analysis, or enter the desired amount to be retained.

(d) Enter the age the surviving widowed client (not less than 60) will receive the retirement Social Security benefits.

Immediate Cash Needs

	Client A's Death	Client B's Death
Dependent Care	\$ _____	\$ _____
Other Bequests	\$ _____	\$ _____

Emergency Reserves (This will be included in the Survivor Needs analysis for both Client A and Client B) \$ _____

Accumulation Goals

Accumulation Goals ^(a)	Consumable Goal ^(b)	Amount Needed Per Year	Inflate Need by	Years Until Needed	Number of Years Needed	Complete Funding by Start of Goal	Fund at Death of Client A	Fund at Death of Client B	Fund Deficit from Cash Flow
A1. _____	<input type="checkbox"/>	\$ _____	_____%	_____	_____	<input type="checkbox"/>	Y / N	Y / N	Y / N
A2. _____	<input type="checkbox"/>	\$ _____	_____%	_____	_____	<input type="checkbox"/>	Y / N	Y / N	Y / N
A3. _____	<input type="checkbox"/>	\$ _____	_____%	_____	_____	<input type="checkbox"/>	Y / N	Y / N	Y / N
A4. _____	<input type="checkbox"/>	\$ _____	_____%	_____	_____	<input type="checkbox"/>	Y / N	Y / N	Y / N

- (a) Refer to Assets (Section 10) to enter corresponding assets. Accumulation goal numbers (i.e., A1) are assigned to individual assets in the Assets section.
- (b) Consumable Goal: By checking the box, assets earmarked for the accumulation goal are reduced by the amount used towards the goal. Any asset amount remaining after the accumulation goal is reached can be designated to fund the Survivor and/or Independence analysis (% Asset Available - Section 10).

Estate

	Client A	Client B
Hypothetical Age of Death	_____	_____
Family Business Deduction <i>(in year of death)</i>	\$ _____	\$ _____
Expenses		
Final	\$ _____	\$ _____
Probate	_____ %	_____ %
Administration (fixed dollar amount)	\$ _____	\$ _____
Administration (percent of estate)	_____ %	_____ %

Estate Tax Assumptions

Federal Estate Tax Law to Apply	
Sunset ¹	<input type="checkbox"/>
No Sunset ²	<input type="checkbox"/>
Old Law ³	<input type="checkbox"/>
Freeze 2009 ⁴	<input type="checkbox"/>
State Death Tax Law to Apply	
Federal Pick-up ⁵	<input type="checkbox"/>
State Freeze ⁶	<input type="checkbox"/> Year _____
User-entered ⁷	<input type="checkbox"/> 1st Death \$ _____ 2nd Death \$ _____

Estate Tax Assumption Descriptions

1. Sunset – EGTRRA'01 works as legislated (no federal estate tax in 2010, 2011 laws revert to 2001 laws).
2. No Sunset – EGTRRA'01 works as legislated, but w/out sunset provision (estate tax permanently repealed in 2010).
3. Old Law – EGTRRA'01 is ignored completely: 2001 laws still in effect (useful for comparisons).
4. Freeze 2009 – EGTRRA'01 works as legislated through 2009, but 2009 laws remain in effect for 2010 and thereafter.
5. Federal Pick-Up – State death tax amount equals the maximum federal estate tax credit for the year of death.
6. State Freeze – State death tax amount equals the maximum federal credit for a given year (year must be specified).
7. User Entered – State death tax amount equals a user-defined amount (amounts must be specified for 1st and 2nd death).

Interview Questions

If your client answers "yes" to any of these questions, please have them provide you with the proper documentation. The data sheets for Wills, Gifting, RLTs, CSTs, and ILITs can be accessed and printed from within Profiles+ Professional by clicking Utilities > Printable Forms.

- Do you have a will? Yes No
- When did you last update your will? _____
- Have any changes occurred since the last update of your will? Yes No
- Do you make gifts from your cash flow or assets? Yes No
- Approximately how many gifts do you make from your cash and assets? _____

- Do you have a Revocable Living Trust (RLT)? Yes No
- Do you have a Credit Shelter Trust (CST)? Yes No
- Do you have an Irrevocable Life Insurance Trust (ILIT)? Yes No
- How many ILIT's do you have? _____
- Have you moved from another state? Yes No
- Do you have any Charitable Bequests, Gifting and Credit details you would like to provide? Yes No

Action Plan

Item	Who	When
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Document Checklist

From your	Records
Bank	<input type="checkbox"/> Checking and savings account statements, CD or credit card statements
Broker or Mutual Fund Company	<input type="checkbox"/> Latest monthly statement, current value of investments
Insurance Company or Agent	<input type="checkbox"/> Latest premium notice or annual statement, life insurance policy description, in-force illustrations for cash value life insurance, annuity contract descriptions
Employer	<input type="checkbox"/> Payroll or other income statements, pension plan documents, descriptions of 401(k) or other retirement savings plans, employee benefits booklets
Personal Files	<input type="checkbox"/> Monthly budgets, details on the purchases of major assets, loan documents, wills, and trust agreements

Who could benefit from a Financial Profile?

Name _____
 Company _____
 Phone (H) _____ (W) _____
 Address _____

 Comments _____

Name _____
 Company _____
 Phone (H) _____ (W) _____
 Address _____

 Comments _____

Name _____
 Company _____
 Phone (H) _____ (W) _____
 Address _____

 Comments _____

Modules

The number following each module title corresponds to the sections that need to be completed for that module. Numbers followed by this symbol (◆) indicate that you need only collect (◆) items within that section.



I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

 Client A Printed Name

 Signature

 Date

 Client B Printed Name

 Signature

 Date

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