

***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

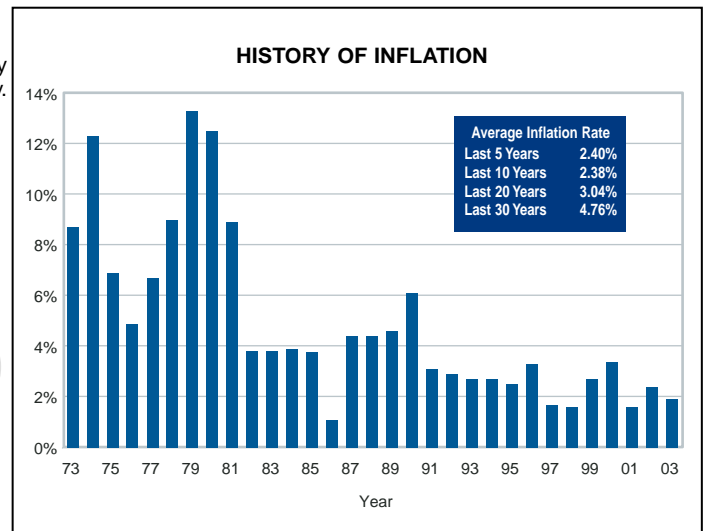
**Tax Advantage** Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you?  
1 2 3 4 5 6 7 8 9

**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  | \$ _____ |   | \$ _____ |
| <b>TOTAL INCOME</b>                            | \$ _____ |   | \$ _____ |
| Future Earnings Increase <sup>(a)</sup> _____% |          |   |          |

**Client B**

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

(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: _____                     | \$ _____ |   | \$ _____ |
| <b>TOTAL EXPENSES</b>            | \$ _____ |   | \$ _____ |

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

**Taxes Withheld**

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

\* 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 & Liabilities**

You can provide information for 18 assets in this fact finder. For additional assets and liabilities, attach the *Assets and Liabilities data collection forms*.

Complete Section 10 for each asset. Items with a blue background have default values that are described below.

**Section 10 – Detailed Instructions**

**Asset Types**

|                          |                       |                              |
|--------------------------|-----------------------|------------------------------|
| 1. Cash, Checking        | 10. Residence         | 19. Traditional IRA          |
| 2. Savings, CDs, T-Bills | 11. Personal Property | 20. Roth IRA                 |
| 3. Tax-Free Bond Funds   | 12. Speculative       | 21. Other Retirement         |
| 4. Bonds/Income Funds    | 13. Collectibles      | 22. SIMPLE IRA               |
| 5. Stocks/Growth Funds   | 14. Other Assets      | 23. SEP IRA                  |
| 6. Real Estate           | 15. Other Liabilities | 24. UTMA/UGMA                |
| 7. Business              | 16. 401(k)            | 25. Coverdell ESA            |
| 8. Limited Partnerships  | 17. Keogh             | 26. 529 College Savings Plan |
| 9. Annuities             | 18. TSA/403(b)        |                              |

- (a) **Education Plan Beneficiary:** The beneficiary of an asset used to fund education goals. These assets include UTMA/UGMA accounts, Coverdell education savings accounts, and Section 529 college savings plans.
- (b) **Living Trust:** If yes, assets will be removed from probate.
- (c) **Assign to:** If this asset will be used to fund an Education or Accumulation goal, write the goal number from Section 6 (Education) or Section 20 (Accumulation).
- (d) **Rate of Return:** Enter the rate of return to be used to grow this asset for the future. The rate will be used from today until the asset is either grouped or spent.
- (e) **Liability at Independence:** Enter expected liability balance at Independence age. The default is the current liability amount.
- (f) **Pay off Current Liability at Death:** The default to pay off liabilities is based on Asset Type. For instance, debt on the residence will be paid off, but personal property debt will not. Check applicable box to correctly determine Survivor Needs.
- (g) **Annual Increase to Savings:** Enter the percentage rate by which monthly savings and company contributions will increase.
- (h) **Begin Age/End Age:** This value will default to the asset owner's current age and Financial Independence age. Client A's age will be used for joint and community property assets.
- (i) **Percentage of Asset Available:** The default is 100%. Asset types of Residence, Personal Property, Collectibles, and assets owned by "Other" will default to 0%. Available at Death refers specifically to the Survivor Needs analysis where death occurs today.
- (j) **Asset Allocation Class:** Indicate the asset class or use the Classify Asset feature to automatically assign the Asset Allocation Class(es). The asset name or ticker symbol is used to look up the asset in the Asset Classifier database.
- (k) **Liquidation Order:** Select the number that represents the order in which this asset should be liquidated (spent) in relation to other assets for use towards needs and goals. Number "1" will be the first asset to be liquidated. Selecting the same liquidation order number for more than one asset will create a group which will allow multiple assets to be spent simultaneously. Liquidation Order numbers are entered on the Liquidation Order input screen, not on the Assets and Liabilities or Vesting Schedule input screens.

**Assets and Liabilities**

**Surplus/Lump Sum Income**

Asset Number \_\_\_\_\_ is designated to receive any surplus of income over lifestyle need and lump sum income. *(Only one asset can be designated.)*

**Life Insurance**

Asset Number \_\_\_\_\_ is designated to receive any life insurance death benefits and/or life insurance cash values. *(Only one asset can be designated.)*

**Interview Questions**

*What is the best investment you ever made?*

*What is the worst investment you ever made?*

**Residence**

*At retirement, do you expect to make part of your home equity available for income?*

**Mortgage #1**

*Years Remaining*

*Interest Rate %*

*Original Loan Amount*

**Mortgage #2**

*Years Remaining*

*Interest Rate %*

*Original Loan Amount*

*Do you own a business?*

*What type of business?*

*Your ownership %*

**Notes**

**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 \_\_\_\_\_

### Assets and Liabilities

Asset Number **17** 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 **18** 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 \_\_\_\_\_

### Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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<br>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 <sup>(a)</sup> |              | Insured's Age | Net Death Benefit at Mortality <sup>(b)</sup> | R R <sup>(c)</sup> | Asset Alloc. Class <sup>(d)</sup> |
|-------------------|--------------|------------|-------------|-------------------|-----------------|------------------------------|-------------------------|--------------------------------|--------------|---------------|---|--------------------|-----------------------------------|
|                   |              |            |             |                   |                 |                              |                         | 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 <sup>(a)</sup> | Benefit Period <sup>(b)</sup> | 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 <sup>(a)</sup>                      | _____                    | _____                    | 3. _____       | \$ _____       | \$ _____       |
| Life Expectancy   | _____                    | _____                    | 4. _____       | \$ _____       | \$ _____       |
| Grouped Asset Rate of Return (Beginning at Independence) <sup>(b)</sup> | _____ %                  | _____ %                  | 5. _____       | \$ _____       | \$ _____       |

Retain Beginning Capital Balance<sup>(c)</sup> 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 <sup>(a)</sup> | 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<sup>(b)</sup> \_\_\_\_\_%

Retain Beginning Capital Balance<sup>(c)</sup> or \$ \_\_\_\_\_

Age to receive Social Security benefits during retirement<sup>(d)</sup> Client B \_\_\_\_\_

**Client B's** Death Today

| Client A's Age <sup>(a)</sup> | 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<sup>(b)</sup> \_\_\_\_\_%

Retain Beginning Capital Balance<sup>(c)</sup> or \$ \_\_\_\_\_

Age to receive Social Security benefits during retirement<sup>(d)</sup> 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**

|                |                         |                         |
|----------------|-------------------------|-------------------------|
|                | <b>Client A's Death</b> | <b>Client B's Death</b> |
| 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 <sup>(a)</sup> | Consumable Goal <sup>(b)</sup> | 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**

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

**Estate Tax Assumptions**

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

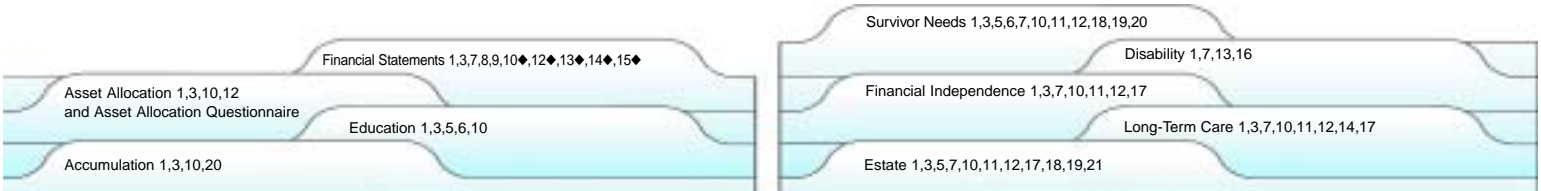
Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Comments \_\_\_\_\_  
 \_\_\_\_\_

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  |

This form may be printed by licensed users of Financial Profiles software for personal and client use. Reproduction for redistribution purposes is not permitted without the prior approval of Financial Profiles, Inc.