

***Profiles+™ Professional
Comprehensive***



***Mapping Your
Financial Future***

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

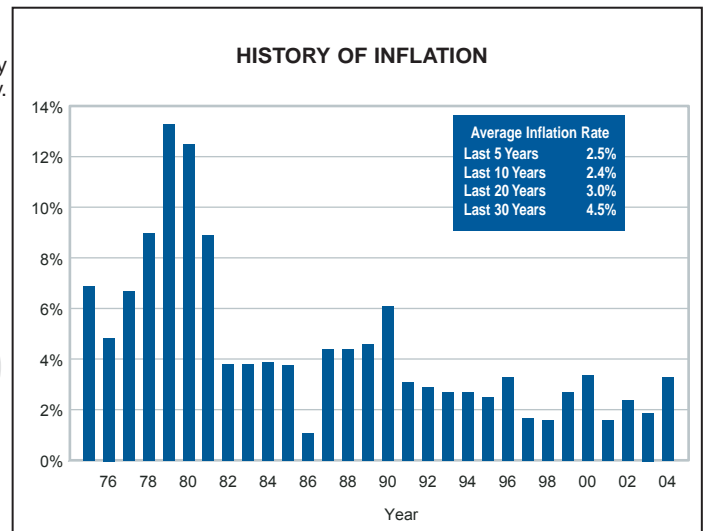
Tax Advantage Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you?
1 2 3 4 5 6 7 8 9

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, December 31, 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

Type ^(a)	Name of Income	Recipient Client A or Client B	Amount	Monthly or Annual	PV or FV	Annual Increase Percentage	% Taxable Portion of Income	Begin ^(b) Year	End ^(c) Year	Pre/Post Financial Independ.	% Available at Premature Death of Client A	% Available at Premature Death of Client B
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %
_____	_____	A/B	\$ _____	M/A	PV/FV	_____ %	_____ %	CY/AR/_____	AR/AM/_____	_____ %	_____ %	_____ %

- (a) Type: 1-Salary, 2-Self-Employment, 3-Pension, 4-Social Security, 5-Alimony, 6-Rental Property, 7-Defined Benefit, 8-Annuity, 9-Other Income
- (b) Begin Year: CY-Current Year, AR-At Retirement, or indicate specific year.
- (c) End Year: AR-At Retirement, AM-At Mortality, or indicate specific year.

Interview Question

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

Expenses

Type ^(a)	Name of Expense	Amount	Monthly or Annual	PV or FV	Annual Increase Percentage	Begin ^(b) Year	End ^(c) Year	Percentage Available at					
								Pre/Post Financial Independ.	Req. or Des. ^(d)	Premature Death of Client A	Req. or Des. ^(d)	Premature Death of Client B	Req. or Des. ^(d)
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D
_____	_____	\$ _____	M/A	PV/FV	_____ %	CY/AR/_____	AR/AM/_____	_____ %	R/D	_____ %	R/D	_____ %	R/D

- (a) Type: 1-Housing, 2-Child Care, 3-Transportation, 4-Food and Beverage, 5-Clothing, 6-Furnishings, 7-Personal Care and Cash, 8-Medical/Dental/Rx, 9-Education and Self-improvement, 10-Debt and Installment Payments, 11-Entertainment, 12-Vacation and Holidays, 13-Charitable Contributions, 14-Other Expenses.
- (b) Begin Year: CY-Current Year, AR-At Retirement, or indicate specific year.
- (c) End Year: AR-At Retirement, AM-At Mortality, or indicate specific year.
- (d) Req. or Des.: Indicate if the expense is Required or Desired. Profiles+ Professional will analyze your ability to cover expenses at two distinct levels, the first level is required expenses, the second level is total desired expenses (which is the total of required and desired expenses).

Interview Questions

Do you save and invest systematically?

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

What percentage of your income should be saved?

Income Tax Detail

	Client A	Client B*
Filing Status		
1–Single		2–Married/Joint
3–Married/Sep.		4–Head of Household
Number of Exemptions	_____	_____

Federal Taxes	Client A (Annual)	Client B (Annual)*
Depreciation	\$ _____	\$ _____
(a) Other Adjustments to Income	\$ _____	\$ _____
(Calculate totals on Tax Detail Worksheet located to the right.)		
(b) Total Itemized Deductions	\$ _____	\$ _____
(Calculate totals on Tax Detail Worksheet located to the right.)		
Short-Term Capital Gain(+)/Loss(-)	\$ _____	\$ _____
Net Long-Term Gain(+)/Loss(-)	\$ _____	\$ _____
28% Rate Capital Gain(+)/Loss(-)	\$ _____	\$ _____
Capital Gain Included in Invest. Income	\$ _____	\$ _____
Unrecaptured Capital Gain	\$ _____	\$ _____
Qualified 5-year Gain	\$ _____	\$ _____
Taxable Social Security	\$ _____	\$ _____
Total Federal Tax Credits	\$ _____	\$ _____
Other Taxes	\$ _____	\$ _____

Alternative Minimum Tax**	Client A	Client B*
Plus or Minus Adjustments	\$ _____	\$ _____
Plus AMT Preferences	\$ _____	\$ _____
Foreign Tax Credits	\$ _____	\$ _____

State and Local Taxes	Client A	Client B
Estimated Dollar Amount	\$ _____	\$ _____
and/or % of Federal Taxable Income	_____%	_____%

	Client A	Client B
Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>
Current Participant in a Qualified Retirement Plan	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to OASDI◆	<input type="checkbox"/>	<input type="checkbox"/>
Contributes to Medicare◆	<input type="checkbox"/>	<input type="checkbox"/>

*Client B Income Tax Detail information only necessary if unmarried or married/separate filing status.
 **For AMT worksheet, refer to text page output in the Profiles+ Professional Income Tax module.

Tax Detail Worksheet

(a) Other Adjustments to Income	Client A Annual	Client B Annual
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

(b) Itemized Deductions (Schedule A Form 1040)	Client A Annual	Client B Annual
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total	\$ _____	\$ _____

Transfer totals to corresponding items under Income Tax Detail, located on the left column of this page.

Tax Rates^(a)

Federal◆	Ordinary Income Rate	Capital Gains Rate
Client A's Premature Death/Disability	_____%	_____%
Client B's Premature Death/Disability	_____%	_____%
Pre-retirement	_____%	_____%
Post-retirement	_____%	_____%
Education Plan Beneficiary ^(b)	_____%	_____%
State◆	Ordinary Income Rate	Capital Gains Rate
Client A Death/Disability	_____%	_____%
Client B Death/Disability	_____%	_____%
Pre-retirement	_____%	_____%
Post-retirement	_____%	_____%
Education Plan Beneficiary ^(b)	_____%	_____%

(a) Record the average tax rates. Death tax rates apply to all assets available for the Survivor and Disability analysis; Pre-retirement tax rates apply to all assets available for goals before Independence; Post-retirement tax rates apply to all assets available for the Independence analysis, and all individual goals occurring during Independence.

(b) Education Plan Beneficiary tax rates apply to education plan assets available to fund education goals.

Notes

Assets & Liabilities

You can provide information for 10 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 11 should only be completed for a Tax-Sensitive Analysis (tax rates are entered in Section 9). Bolded items have a significant impact to a financial plan and should be answered.

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. For Tax-Sensitive plans, each qualified retirement asset should have a unique liquidation order number. Unless otherwise specified, assets will have a default liquidation order number of "1". Liquidation Order numbers are entered on the Liquidation Order input screen, not on the Assets and Liabilities or Vesting Schedule input screens.

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 %

Tax Details

- (t1) **Rate of Return Detail:** Enter the breakdown of the total return into the appropriate tax categories. For example, a 10% total rate of return can be broken down into 5% for ordinary income, 3% for capital gain realized, and 2% for capital gain unrealized. (Note: These must sum up to the total Rate of Return.) If nothing is entered, the Rate of Return will default to all ordinary income.
- (t2) **Taxes are Paid from Cash Flow:** Check if taxes on ordinary income and realized capital gains proceeds will be paid from sources other than this asset. Do not check the box if the taxes will be paid by proceeds from the asset, which results in after-tax rates of return.
- (t3) **Current Cost Basis:** Enter the current cost basis that will be used to determine capital gains taxation of assets when it is sold.
- (t4) **Cost Basis at Liquidation:** Only applicable for depreciable asset types of Real Estate, #6; Business, #7; and Limited Partnerships, #8.
- (t5) **Nonmarried Ownership Proportion:** If Client A and Client B are unmarried, enter each client's share of jointly held property between them at the time of purchase. Default is 50%/50% split.

Notes

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.)

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(j) _____

Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Tax Details

Rate of Return Detail(t1)

Ordinary Income Portion _____ %

Qualified Dividend Portion _____ %

Realized Capital Gain Portion _____ %

Unrealized Capital Gain Portion _____ %

Taxes are Paid from Cash Flow(t2)

Current Cost Basis(t3) \$ _____

Cost Basis at Liquidation(t4) \$ _____

Tax Status Tax-Free Tax-Deferred Deductible

Federal and State Taxable Federal Taxable Only

Tax-Deferred Nondeductible State Taxable Only

Nonmarried Ownership Proportion(t5) Client A _____ % Client B _____ %

Notes

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(j) _____

Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Tax Details

Rate of Return Detail(t1)

Ordinary Income Portion _____ %

Qualified Dividend Portion _____ %

Realized Capital Gain Portion _____ %

Unrealized Capital Gain Portion _____ %

Taxes are Paid from Cash Flow(t2)

Current Cost Basis(t3) \$ _____

Cost Basis at Liquidation(t4) \$ _____

Tax Status Tax-Free Tax-Deferred Deductible

Federal and State Taxable Federal Taxable Only

Tax-Deferred Nondeductible State Taxable Only

Nonmarried Ownership Proportion(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow^(t2)
Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow^(t2)
Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %

Taxes are Paid from Cash Flow^(t2)

Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____

Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only

Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %

Taxes are Paid from Cash Flow^(t2)

Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____

Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only

Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow^(t2)
Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail^(t1)
 Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow^(t2)
Current Cost Basis^(t3) \$ _____
 Cost Basis at Liquidation^(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion^(t5) Client A _____ % Client B _____ %

Notes

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(j) _____
 Liquidation Order(k) (circle one) 1 2 3 4 5 6 7 8 9 10 other _____

Tax Details

Rate of Return Detail(t1)

Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow(t2)
Current Cost Basis(t3) \$ _____
 Cost Basis at Liquidation(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion(t5) Client A _____ % Client B _____ %

Notes

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 _____

Tax Details

Rate of Return Detail(t1)

Ordinary Income Portion _____ %
 Qualified Dividend Portion _____ %
 Realized Capital Gain Portion _____ %
 Unrealized Capital Gain Portion _____ %
 Taxes are Paid from Cash Flow(t2)
Current Cost Basis(t3) \$ _____
 Cost Basis at Liquidation(t4) \$ _____
 Tax Status Tax-Free Tax-Deferred Deductible
 Federal and State Taxable Federal Taxable Only
 Tax-Deferred Nondeductible State Taxable Only
 Nonmarried Ownership Proportion(t5) Client A _____ % Client B _____ %

Notes

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 plan?

Disability

Insurance Policy	Insured (1)◆	Type (4)◆	Monthly Benefit	Benefit is Taxable	Annual Premium◆	Elimination Period ^(a)	Benefit Period ^(b)	COLA
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	<input type="checkbox"/>	\$ _____	_____	_____	_____ %

- (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 Values \$ _____	_____	\$ _____	\$ _____

Interview Questions

Are all family members covered by health insurance?

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.

Notes

Financial Independence Needs Retirement income needs (expenses) are entered in Section 8.

	Client A	Client B
Financial Independence Begins at Age	_____	_____
Include Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Age to Begin Social Security Income ^(a)	_____	_____
Life Expectancy	_____	_____
Grouped Asset Rate of Return (Beginning at Independence) ^(b)	_____ %	_____ %
<input type="checkbox"/> Retain Beginning Capital Balance ^(c) or \$ _____		

- (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 Survivor 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 Survivor income needs (expenses) are entered in Section 8.

Client A's Death Today	Client B's Death Today
Grouped Asset Rate of Return ^(a) _____ %	Grouped Asset Rate of Return ^(a) _____ %
<input type="checkbox"/> Retain Beginning Capital Balance ^(b) or \$ _____	<input type="checkbox"/> Retain Beginning Capital Balance ^(b) or \$ _____
Age to receive Social Security benefits during retirement ^(c) Client B _____	Age to receive Social Security benefits during retirement ^(c) Client A _____

- (a) 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.
- (b) Capital Balance Retained: Check the box to retain the beginning capital balance in the Survivor analysis, or enter the desired amount to be retained.
- (c) 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 (in year of death)	\$ _____	\$ _____

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"/>
State Freeze Year	_____
User-entered Amount ⁷	<input type="checkbox"/>
State Death Tax at First Death	\$ _____
State Death Tax at Second Death	\$ _____

Estate Tax Assumption Descriptions

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

Notes

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 trusts

Who could benefit from a Financial Profile?

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

 Comments _____

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

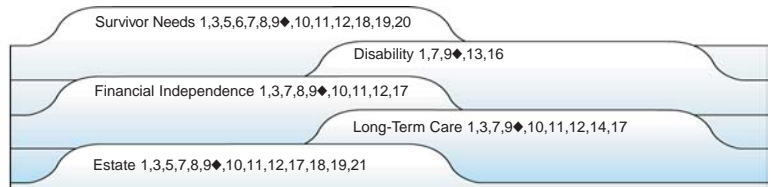
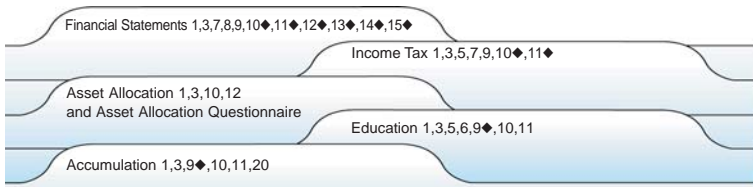
 Comments _____

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