

FINANCIAL PROFILE

PERSONAL DATA	Plan Date	Recall Date
Client A (First Middle Last) _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Social Security # _____ Date of Birth _____ Client B (First Middle Last) _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Social Security # _____ Date of Birth _____		Married? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name to Appear on Reports _____ Address _____ City _____ State _____ Zip _____ Home Phone _____ Fax _____ Personal E-mail _____		
How long have you lived at this address? _____ Do you own your residence or rent? _____ Do you have a current Social Security benefit estimate statement? _____ What is your academic background? Client A _____ Client B _____		
OCCUPATION		
Client A's Job Title _____ Employer _____ Address _____ City _____ State _____ Zip _____ Phone _____ Ext. _____ Fax _____ E-mail _____		
Client B's Job Title _____ Employer _____ Address _____ City _____ State _____ Zip _____ Phone _____ Ext. _____ Fax _____ E-mail _____		
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. We are concerned primarily with "surplus" money that you have saved or invested, or will save or invest in the future, and of course inherited money. It is the growth, protection, and eventual use of this capital that we are asking you to think about as each of the six key financial concerns is ranked. <i>How Concerned Are You About:</i> LOW ----- HIGH		
<u>Inflation Hedge</u> Having your savings and investments keep pace with inflation? 1 2 3 4 5 6 7 8 9		
<u>Tax Advantage</u> 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		
<u>Safety</u> Being sure you do not lose your original investment? (High rank indicates desire for safe investments) 1 2 3 4 5 6 7 8 9		
<u>Liquidity</u> Being able to quickly convert your investments to cash at current market value? 1 2 3 4 5 6 7 8 9		
<u>Current Income</u> Withdrawing maximum income from your savings and investments this year? 1 2 3 4 5 6 7 8 9		
<u>Family Benefit</u> 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		
What is your estimate of the "long-term" inflation rate? _____%		

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YOUR ADVISORS (attach separate sheets if more than 2)

*Advisor Types: 1=Accountant; 2=Attorney; 3=Financial Advisor; 4=Insurance Agent; 5=Stockbroker; 6=Banker; 7=Other; 8=Financial Services Representative

Advisor Type* _____ Advisor's Name _____

Firm Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Advisor Type* _____ Advisor's Name _____

Firm Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

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

Are you obligated to do business with anyone else? _____

Who prepares your tax forms? _____

DEPENDENTS

First Name	Date of Birth	Dependent		Social Security Number	Social Security Until Age ¹
		Client A	Client B		
_____	_____	Y / N	Y / N	_____	_____
_____	_____	Y / N	Y / N	_____	_____
_____	_____	Y / N	Y / N	_____	_____
_____	_____	Y / N	Y / N	_____	_____
_____	_____	Y / N	Y / N	_____	_____
_____	_____	Y / N	Y / N	_____	_____

¹Soc Sec Until Age – Expected age when Social Security benefits would stop for dependents. Except in case of disability, dependents Social Security benefits end at age 18.

Do you plan on having additional children? _____ Do any of these dependents have special needs? _____

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

Are there any immediate or long-term financial obligations for supporting dependents or parents? _____

EDUCATION GOALS

Refer to Assets to enter corresponding assets to fund each education goal. Any asset amount remaining after the education goal is reached can be designated to fund the survivor and/or independence analysis.

Name	School	Amount per year*	Inflate Need %	Years Until Needed	Years Needed	Complete Funding by Start of Goal	Fund at		Name of School	Education Worksheet	
							A	B		Tuition	Out of State
_____	_____	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N	Room & Board	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N	Books	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N	Other	\$ _____	\$ _____
_____	_____	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N	Scholar/Work	\$ (_____)	\$ (_____)
_____	_____	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N	Total	\$ _____	\$ _____

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INCOME			Client B		
Client A			Client B		
	Monthly	Annual		Monthly	Annual
◆ Salary	\$ _____	\$ _____	◆ Salary	\$ _____	\$ _____
◆ Self-Employment	\$ _____	\$ _____	◆ Self-Employment	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____	Interest & Dividends	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____	Pensions & Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	Social Security	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	Alimony	\$ _____	\$ _____
Rental Property (net)	\$ _____	\$ _____	Rental Property (net)	\$ _____	\$ _____
Other	\$ _____	\$ _____	Other	\$ _____	\$ _____
TOTAL INCOME	\$ _____	\$ _____	TOTAL INCOME	\$ _____	\$ _____

EXPENSES			TAXES WITHHELD		
	Monthly	Annual	Income Taxes Withholdings & Estimated Payments		
			Client A		
	Monthly	Annual		Monthly	Annual
Housing Total	\$ _____	\$ _____	Federal	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	State & Local	\$ _____	\$ _____
Transportation Total	\$ _____	\$ _____	Self-Employment	\$ _____	\$ _____
Food & Beverage	\$ _____	\$ _____	OASDI*	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	Medicare	\$ _____	\$ _____
Furnishings	\$ _____	\$ _____	TOTAL TAXES	\$ _____	\$ _____
Personal Care & Cash	\$ _____	\$ _____			
Medical/Dental/Rx	\$ _____	\$ _____			
Education/Self-Improv.	\$ _____	\$ _____			
Debt/Install. Pymts.	\$ _____	\$ _____			
Entertainment	\$ _____	\$ _____			
Vacations & Holidays	\$ _____	\$ _____			
Charitable Contributions	\$ _____	\$ _____			
Reinvested Interest & Dividends*	\$ _____	\$ _____			
Other _____	\$ _____	\$ _____			
Other _____	\$ _____	\$ _____			
TOTAL EXPENSES	\$ _____	\$ _____			

EXPENSES			TAXES WITHHELD		
	Monthly	Annual	Income Taxes Withholdings & Estimated Payments		
			Client B		
	Monthly	Annual		Monthly	Annual
Housing Total	\$ _____	\$ _____	Federal	\$ _____	\$ _____
Child Care	\$ _____	\$ _____	State & Local	\$ _____	\$ _____
Transportation Total	\$ _____	\$ _____	Self-Employment	\$ _____	\$ _____
Food & Beverage	\$ _____	\$ _____	OASDI*	\$ _____	\$ _____
Clothing	\$ _____	\$ _____	Medicare	\$ _____	\$ _____
Furnishings	\$ _____	\$ _____	TOTAL TAXES	\$ _____	\$ _____
Personal Care & Cash	\$ _____	\$ _____			
Medical/Dental/Rx	\$ _____	\$ _____			
Education/Self-Improv.	\$ _____	\$ _____			
Debt/Install. Pymts.	\$ _____	\$ _____			
Entertainment	\$ _____	\$ _____			
Vacations & Holidays	\$ _____	\$ _____			
Charitable Contributions	\$ _____	\$ _____			
Reinvested Interest & Dividends*	\$ _____	\$ _____			
Other _____	\$ _____	\$ _____			
Other _____	\$ _____	\$ _____			
TOTAL EXPENSES	\$ _____	\$ _____			

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

<p>Emergency Reserves: What is the desired amount of funds to be available for an emergency? _____</p>	<p>*OASDI – Old Age, Survivor & Disability Insurance. Other terms include Social Security and FICA.</p>
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FINANCIAL PROFILE

LIFE INSURANCE						
Insurance Policy	Insured	Owner	Beneficiary	Current Net Death Benefit	Annual Premium	Current Net Cash Value
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____

DISABILITY						
Insurance Policy	Insured	Type of Policy Group / Personal	Monthly Benefit	Annual Premium	Elimination Period ^(a)	Benefit Period ^(b)
_____	_____	Group / Personal	\$ _____	\$ _____	_____	_____
_____	_____	Group / Personal	\$ _____	\$ _____	_____	_____
_____	_____	Group / Personal	\$ _____	\$ _____	_____	_____
_____	_____	Group / Personal	\$ _____	\$ _____	_____	_____

(a) Elimination Period: Indicate the waiting period until benefits will be paid (e.g., 30 days, 60 days, 90 days, 180 days, 1 year, etc.)
 (b) Benefit Period: Indicate the maximum time period for benefits to be paid (e.g., 90 days, 180 days, 2 years, 5 years, to age 65, lifetime, etc.)

LONG-TERM CARE						
Insurance Policy	Insured	Owner	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period (Years)
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____
_____	_____	_____	\$ _____	\$ _____	_____	_____

IMMEDIATE CASH NEEDS		
	Client A's Death	Client B's Death
Dependent Care Lump Sum	\$ _____	\$ _____
Charitable Bequests	\$ _____	\$ _____
Other Bequests	\$ _____	\$ _____