

***Profiles+™ Professional
PrimeTime***



***Financial Needs
Analysis***

A Financial Needs Analysis...

Distribution

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

Youth

By Age 65*:

- *62% have income under \$25,000*
- *17% have income between \$25,000 & \$40,000*
- *12% have income between \$40,000 & \$70,000*

Accumulation

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

Foundation

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

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

*Social Security Administration, The Office of Policy, Income of the Population 55 or older 2002, table 3.1; released March 2005

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 analysis, 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 _____

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

Client B Job Title _____ Employer _____

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

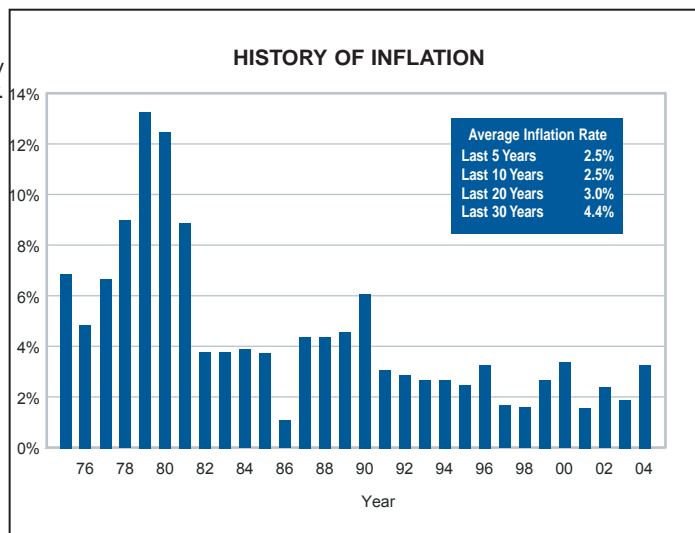
Tax Advantage Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you?
1 2 3 4 5 6 7 8 9

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? _____%

Dependents and Education Goals

First Name	Date of Birth	Social Security Until Age ^(a)	School	Amount Per Year ^(b)	Years Until Needed	# Years Needed
E1 _____	____/____/____	_____	_____	\$ _____	_____	_____
E2 _____	____/____/____	_____	_____	\$ _____	_____	_____
E3 _____	____/____/____	_____	_____	\$ _____	_____	_____
E4 _____	____/____/____	_____	_____	\$ _____	_____	_____
E5 _____	____/____/____	_____	_____	\$ _____	_____	_____
E6 _____	____/____/____	_____	_____	\$ _____	_____	_____

Refer to Assets (Section 7) to enter corresponding assets to fund each education goal. Education goal numbers (i.e., E1) must 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 Needs and/or Financial Independence analysis. (Percentage of Asset Available at – Section 7).

(a) See the Education Cost Database reference tool in Profiles+ for current cost estimates.

(b) Social Security Until Age - Expected age when Social Security benefits would stop for dependents.

Interview Questions

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? _____

Income and Income Tax

Input details or totals for sections 5 and 6. 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			5	Client B		
	Monthly	Annual			Monthly	Annual
Salary	\$ _____	\$ _____		Salary	\$ _____	\$ _____
Self-Employment	\$ _____	\$ _____		Self-Employment	\$ _____	\$ _____
Other	\$ _____	\$ _____		Other	\$ _____	\$ _____
Income Taxes*				Withholdings and Estimated Payments		
				Monthly	Annual	
TOTAL For Client A & B				\$ _____	\$ _____	

* Income Taxes: Federal, State, OASDI (Social Security) and Medicare.

Interview Question

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

Notes

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 and Dividends*	\$ _____		\$ _____
Other: _____	\$ _____		\$ _____
Other: _____	\$ _____		\$ _____
Other: _____	\$ _____		\$ _____
TOTAL EXPENSES	\$ _____		\$ _____

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

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?

Notes

Assets & Liabilities

You can provide information for 8 assets in this fact finder. For additional assets and liabilities, attach the *Assets and Liabilities data collection forms*.

Complete Section 7 for each asset. Items with a blue background have default values that are described below.

Section 7 – 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) Assign to: If this asset will be used to fund an Education or Accumulation goal, write the goal number from Section 4 (Education) or Section 15 (Accumulation).
- (c) 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.
- (d) 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.
- (e) Annual Increase to Savings: Enter the percentage rate by which monthly savings and company contributions will increase.
- (f) 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.
- (g) 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.
- (h) 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 Ibbotson Asset Classifier database.

Asset 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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

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
 Ed. Plan Beneficiary(a) Client A Client B Dependent Other
 Beneficiary Name _____
 Assign to(b) Education Goal# _____ or Accumulation Goal# _____
 Market Value \$ _____ Rate of Return(c) _____ %
 Current Liability \$ _____

Pay off Current Liability at Death of(d)
 Client A Yes No Client B Yes No

Monthly Savings
 Amount \$ _____
 Monthly Company Contribution \$ _____
 Annual Increase to Savings(e) _____ %
 Begin Age(f) _____ End Age(f) _____

Percentage of Asset Available at(g)
 Premature Death of Client A _____ % Client B _____ %
 Financial Independence _____ %
 Risk Reward Rating Low Medium High Exclude
 Asset Allocation Class(h) _____

Direct Income Sources

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

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

IMPORTANT CONSIDERATION (SECTION 9)

If Financial Independence analysis 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 Financial Independence analysis.

CODES LEGEND (SECTIONS 9,10, AND 11)

- (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 9, 10, and 11, see Codes Legend, above.

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 Financial 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 Financial 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 7). (See Important Planning Consideration, Section 9, above.)

(b) Net Death Benefit at Mortality: For surviving client, include projected death benefits at insured's mortality age to be included in the Financial 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 automatically assign the Asset Allocation Class(es) that apply.

Disability

Client A				Client B			
Insurance Policy Name	Insured (1)	Type (4)	Monthly Benefit	Annual Premium	Elimination Period(a)	Benefit Period(b)	COLA
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %
_____	_____	_____	\$ _____	\$ _____	_____	_____	_____ %

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

Interview Question

If disabled, how long would you be able to live from savings? _____

Long-Term Care

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

General Insurance

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

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 the policy?

Are all family members covered by health insurance?

Do you use tobacco products?

Client A [Y/N] _____

Client B [Y/N] _____

Do you have any special interests or health conditions that could affect your insurance analysis?

Client A _____

Client B _____

Will you be caring for elderly parents?

Financial Independence Needs

Interview Question

Describe your retirement lifestyle.

	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)	_____	_____
Present Value of Monthly Needs	\$ _____	_____
Financial Independence Rate of Return ^(b)	_____ %	_____ %

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(a) Profiles+ 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) Financial Independence Rate of Return: Assets will grow at their respective rates of return until the first income shortfall, then all available assets will be converted to this new rate of return.

Survivor Needs

Client A's Death Today			Client B's Death Today		
Client B's Age^(a)	Monthly Need	Client B's Monthly Earnings	Client A's Age	Monthly Need	Client A's Monthly Earnings
1. Today	\$ _____	\$ _____	1. Today	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	3. _____	\$ _____	\$ _____
Survivor Rate of Return ^(b) _____ %			Survivor Rate of Return ^(b) _____ %		

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Immediate Cash Needs

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

(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) Survivor Needs Rate of Return: Assets will grow at their respective rates of return until the first income shortfall, then all available assets will be converted to this new rate of return.

Accumulation Goals

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

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(a) Refer to Assets (Section 7) 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 Needs and/or Financial Independence analysis (% Asset Available - Section 7).

Action Items

	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

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 _____

Notes

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