

FINANCIAL PROFILE

| PERSONAL DATA | | | | Plan Date | Recall Date | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|---------------------|---|-----------|-------------------------------------------------------------------------|---|---|---|
| Client A (First Middle Last) _____ | | | | | Married? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| 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 _____ | | | | | | |
| 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 | |
|------|--------|------------------|--------------|--------------------|--------------|-----------------------------------|-----------|----------|----------------|---------------------|------------------|
| | | | | | | | Premature | Death of | | | |
| | | | | | | | A | B | Tuition | \$ _____ | \$ _____ |
| | | | | | | | | | Out of State | \$ _____ | \$ _____ |
| | | | | | | | | | Room & Board | \$ _____ | \$ _____ |
| | | | | | | | | | Books | \$ _____ | \$ _____ |
| | | | | | | | | | Other | \$ _____ | \$ _____ |
| | | | | | | | | | Scholar/Work | \$ (_____) _____ | \$ (_____) _____ |
| | | | | | | | | | Total | \$ _____ | \$ _____ |

FINANCIAL PROFILE

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

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

Emergency Reserves: What is the desired amount of funds to be available for an emergency? _____

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

[illegible]

| Retirement Plans | Market Value | Rate of Return | Current Liability | Monthly Savings | Mo. Co. Contrib. | Annual ↑ To Savings |
|------------------|--------------|----------------|-------------------|-----------------|------------------|---------------------|
| | \$ _____ | _____% | \$ _____ | \$ _____ | \$ _____ | _____% |
| | \$ _____ | _____% | \$ _____ | \$ _____ | \$ _____ | _____% |
| | \$ _____ | _____% | \$ _____ | \$ _____ | \$ _____ | _____% |
| | \$ _____ | _____% | \$ _____ | \$ _____ | \$ _____ | _____% |

*Source: 1=Defined Benefit; 2=Soc. Security Direct Input; 3=Earned Income; 4=Other Income; 5=Lump Sum; 6=Annuity

[illegible]

| 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 | \$ _____ | \$ _____ |