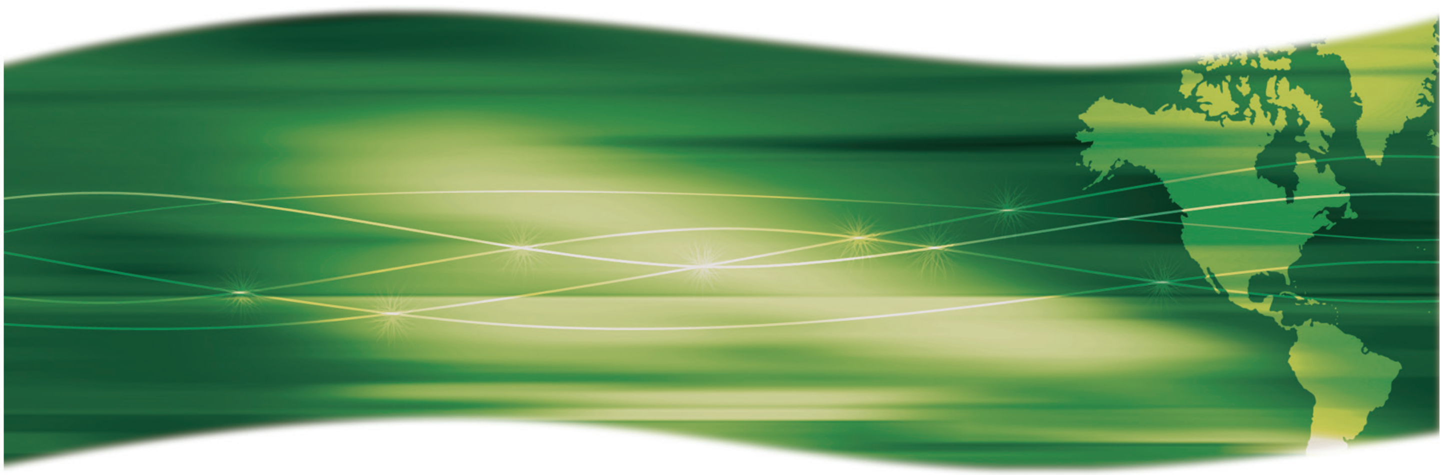
Profiles

Mapping Your *Financial Future*



Profiles Forecaster

Fact Finder

Client A Name (please print)

Client B Name (please print)

Analysis Date

Mapping Your Financial Future

The best way to achieve financial security and peace of mind is to follow a disciplined process that involves identifying your goals and exploring financial strategies.

These six steps will help you map your financial future:

1. Define Goals	Identify your financial goals and prioritize them
2. Gather Information	Collect facts and figures based on your current situation
3. Assess Options	Explore various strategies to achieve goals
4. Design a Solution	Choose financial strategies that work for you and your family
5. Implement	Start immediately so that savings have time to accumulate
6. Review	Regularly review progress and adjust

What concerns you the most?

There are a number of different areas to consider when preparing for your future financial security. Start now by identifying your financial goals.

Which of the following areas are important to you?

❒ **Needs in the Event of Death**	Examine the financial impact of death, including immediate cash needs and continuing income needs.
❒ **College Funding**	Find out the cost of education and various methods of funding.
❒ **Retirement**	Assess how your current retirement strategy will meet your objective.
❒ **Asset Allocation**	Examine your current asset allocation strategy in relation to your risk tolerance.
❒ **Disability Income**	Assess the financial effect of a disability on your income.
❒ **Long-Term Care**	Evaluate the impact that long-term care costs can have on your financial situation.

Personal Information

	CLIENT A	CLIENT B
First Name	________________	________________
Middle Name	________________	________________
Last Name	________________	________________
Date of Birth	______/______/______	______/______/______
Social Security Number	______ - ______ - ________	______ - ______ - ________
Marital Status	❒ Single ❒ Married ❒ Domestic Partner	❒ Single ❒ Married ❒ Domestic Partner

Address

City ______________________ State ______________________ Zip ______________

Phone ______________________ E-mail ______________________

For Discussion

Describe your current job?

How long have you been working there?

What are your career plans?

Employment Information

	CLIENT A	CLIENT B
Employer	________________	________________
Occupation	________________	________________
Phone	________________	________________
E-mail	________________	________________

Dependent Information

Child's Name	Date of Birth	Social Security Number
________________	_____/_____ / ________	______ - _____ - ________
________________	_____/_____ / ________	______ - _____ - ________
________________	_____/_____ / ________	______ - _____ - ________
________________	_____/_____ / ________	______ - _____ - ________
________________	_____/_____ / ________	______ - _____ - ________

For Discussion

Do any of your dependents have special needs?

Do you plan on having additional children?

Are there others that financially depend on you (e.g., parents, grandchildren)?

Do any of your family members live in this area?

Survivor Needs

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every strategy include an analysis of needs in the event of a death.

Survivor Income Needs

In the event of death, what percentage of income should be provided for your family's continuing income needs? (In addition, complete the *Earnings and Assets* section.)

With children at home ______ %

No children at home ______ %

Provide income for how long? ______ years or ❒ Lifetime

In the event of death, should your children's education be funded? (If yes, also complete *College Funding* section.) ❒ Yes ❒ No

Current Life Insurance

Complete the information below, or have your policies available.

Name of Insured	Insurance Benefit	Insurance Company	Annual Premium	Type*
	$		$	
	$		$	
	$		$	
	$		$	

*Insurance types include: **G**roup, **T**erm, **W**hole **L**ife, **U**niversal **L**ife, and **O**ther

For Discussion

What do you want your life insurance to do for you?

When did you buy your last policy? For whom?

Does your family have any special interests or health conditions that could affect your insurance planning?

College Funding

Many people want to help fund education costs for their children. The sooner you begin to develop a strategy for education savings, the more time your money will have to accumulate. Please enter information about any education expenses you would like to help fund.

2008-2009

Average Annual College Cost

Source: The College Board, Trends in College Pricing

Public College $14,333

Private College $34,132

College Funding Needs

Child's Name	School	Annual Amount in Today's Dollars	Years to Attend	Percent you want to Provide
		$		%
		$		%
		$		%

Current Savings

Enter any savings already accumulated for your children's education.

Total saved to date	Monthly savings	Average Rate of Return
$	$	%

For Discussion

How important is it for you to help your children with education costs?

Would you like them to go the college of their choice?

How do you feel about your college funding program?

Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Begin saving as soon as possible to ensure you will have enough to maintain a comfortable lifestyle during retirement. (In addition, complete the *Earnings and Assets* section.)

	CLIENT A	CLIENT B
At what age do you plan to retire?	______	______

Retirement Need

❒ Percentage of current income ________ %

or ❒ Annual need (in today's dollars) $ ________

	CLIENT A	CLIENT B
Does your employer offer any retirement plans into which contributions can be made, such as 401(k)s or SIMPLE IRAs?	❒ Yes ❒ No	❒ Yes ❒ No
If yes, are you contributing the maximum allowable amount?	❒ Yes ❒ No	❒ Yes ❒ No

For Discussion

How do you envision your retirement?

Earnings and Assets

Enter your annual employment income in this section. Include income received from employers as well as self-employment income. All other sources of income should be entered in the Other Income Sources section.

For assets and liabilities, include you residence, personal property, real estate, and business. Do not include any retirement or investment assets that will be used to meet your retirement or survivor needs.

Earnings	CLIENT A	CLIENT B
Annual Employment Income	$ ________	$ ________
Do you contribute to Social Security?	❒ Yes ❒ No	❒ Yes ❒ No

For Discussion

Do you expect any change in your income during the next two years?

Do you have a cash flow strategy?

What changes could be made to your current budget?

What percentage of your income should be saved?

Assets and Liabilities

Personal Residence

❒ Rent Monthly Rent $ ________

❒ Own Mortgage Amount $ ________

Mortgage Details

Name	Market Value	Current Liability	Monthly Payment	Interest Rate
________	$ ________	$ ________	$ ________	________ %

Credit Card and Personal Loans $ ________

Other Liabilities Details

Name	Amount	Monthly Payment	Final Payment Date	Interest Rate
________	$ ________	$ ________	________	________ %
________	$ ________	$ ________	________	________ %
________	$ ________	$ ________	________	________ %

continued...

Additional Asset and Liabilities Details

Type*	Name	Market Value	Current Liability	Interest Rate
		$		%
		$		%
		$		%
		$		%

*Types include: **P**ersonal Property, **R**eal Estate and **B**usiness

For Discussion

What is the best investment you've made?

What is the worst investment you've made?

How do you feel about your investments?

Retirement Savings and Investments

Please provide information regarding retire¬ment plans you may have. Include IRAs, Roth IRAs, SEP IRAs, SIMPLE IRAs, 401(k)s (including any employer match), 403(b)s, Profit Sharing Plans, 457 plans, variable annuities, etc.

Retirement Funds

For this section, enter either total amounts or fund details.

Total Amount $ ____________

Total Monthly Savings $ ____________

Average Rate of Return ____________ %

Retirement Fund Details

Owner	Account Name	Asset Name	Amount	Rate of Return	Monthly Savings	Company Match	Savings Increase
			$	%	$	$	%
			$	%	$	$	%
			$	%	$	$	%
			$	%	$	$	%
			$	%	$	$	%

Bank Accounts and Investments

For this section, enter either total amounts or asset details.

Total Amount $ ____________

Total Monthly Savings $ ____________

Average Rate of Return ____________ %

Asset Details

Owner	Account Name	Asset Name	Amount	Rate of Return	Monthly Savings	Savings Increase
			$	%	$	%
			$	%	$	%
			$	%	$	%
			$	%	$	%
			$	%	$	%

Other Income Sources

Enter other income sources that you currently receive or expect to receive in the future. Be sure to include alimony, child support, defined benefit pension plans, fixed annuities, part-time income during retirement, expected inheritance, etc.

Other Income Sources Details

Name	Description	Amount	Monthly Amount		Lump Sum	Today's Value		Future Value	Begin Age	End Age	Annual Increase	Income Available to Survivors Yes		No
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐
______	______	$______	❐	or	❐	❐	or	❐	______ /	______	______ %	❐	or	❐

Disability Income

Disability Income Needs

	CLIENT A	CLIENT B
Annual Employment Income	$ ______________	$ ______________
Income Replacement Objective	______________ % of above	______________ % of above

Current Long-Term Disability Insurance

	CLIENT A	CLIENT B
Monthly Benefit	$ ______________	$ ______________

Name of Insured	Insurance Company	Monthly Benefit	Group or Personal	Annual Premium	Waiting Period	Benefit Period
______	______	$ ______	______	$ ______	______	______
______	______	$ ______	______	$ ______	______	______
______	______	$ ______	______	$ ______	______	______
______	______	$ ______	______	$ ______	______	______
______	______	$ ______	______	$ ______	______	______
______	______	$ ______	______	$ ______	______	______

For Discussion

What does your current disability plan provide?

How do you feel about your current plan?

Long-Term Care

Long-term care expenses can have a tremendous impact on a family's financial security. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Estimated monthly long-term care costs (in today's dollars): $ ________________________

Estimated Long-Term Care Coverage

Name of Insured	Insurence Company	Daily Benefit	Annual Premium	Elimination Period (Days)	Benefit Period (Years)
		$	$		
		$	$		
		$	$		
		$	$		
		$	$		

For Discussion

Has anyone in your family experienced a long-term care need?

Do you need to replace your income if you are unable to work?

Will you be caring for elderly parents in the future?

Notes

I declare that I have reviewed the information collected in this data sheet and that it is correct to the best of my knowledge.

Printed Name	Signature	Date
Printed Name	Signature	Date