

Profiles+™ Professional Preview

Date _____

Personal Data

Client A (First/Middle/Last) _____ Date of Birth ____ / ____ / ____ Married

Salary/Self Employment Income \$ _____ Social Security Benefits* None Earnings-Based Maximum Benefit

Client B (First/Middle/Last) _____ Date of Birth ____ / ____ / ____

Salary/Self Employment Income \$ _____ Social Security Benefits* None Earnings-Based Maximum Benefit

* 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.

Direct Income Sources

In the future, do you expect to receive income from a defined benefit pension plan, an annuity, an inheritance, or some other source? In addition, do you plan to work during retirement?

| Source | Client A or Client B | Monthly Amount (Except for Lump Sums) | Annual Increase | Present Value or Future Value* | Begin at Age | End at Age | Available at Death of | |
|--------|-------------------------|--|--------------------|-----------------------------------|-----------------|---------------|--------------------------|--------------------------|
| | | | | | | | Client A | Client B |
| _____ | A/B | \$ _____ | _____ % | PV / FV | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | A/B | \$ _____ | _____ % | PV / FV | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| _____ | A/B | \$ _____ | _____ % | PV / FV | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Defined Benefits, Social Security, Earned Income, Other Income, Lump Sum, and Annuity.

*Present Value - Assumes this income grows at the annual increase rate between now and the End at Age.

*Future Value - Assumes this income will not grow between now and the Begin at Age. The annual increase rate will only apply once the income starts.

Education Needs

| Child's Name | Date of Birth | Dependent of | | Money Saved to Date | Monthly Savings |
|--------------|--------------------|--------------------------|--------------------------|------------------------|--------------------|
| | | Client A | Client B | | |
| _____ | ____ / ____ / ____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | ____ / ____ / ____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | ____ / ____ / ____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |
| _____ | ____ / ____ / ____ | <input type="checkbox"/> | <input type="checkbox"/> | \$ _____ | \$ _____ |

Survivor Needs

| | At Client A's Death | At Client B's Death |
|------------------------------|---------------------|---------------------|
| Assets Available | \$ _____ | \$ _____ |
| Liabilities to be Paid | \$ _____ | \$ _____ |
| Life Insurance Death Benefit | \$ _____ | \$ _____ |

Financial Independence

Current Assets Available \$ _____

Current Monthly Savings \$ _____

