

***Profiles+™ Professional  
Preview***



***Mapping Your  
Financial Future***

*Invest a few minutes of your time...*



*...to develop a snapshot of your financial future.*

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 <i>(Except for Lump Sums)</i>	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 \$ \_\_\_\_\_

