Profiles+™ Forecaster

Mapping Your Financial Future

Date ______________________________

What Concerns You The Most?

There are a number of different areas to consider when planning for your future financial security. Most financial experts recommend planning for your needs in the event of death or disability first. In any case, it is important to prioritize your needs and implement a plan of action to meet your financial goals.

Which areas are important to you?

- ☐ **Needs in the Event of Death** - Examine the financial impact of a death, including immediate cash needs and continuing income needs.
- ☐ **College Funding** - Examine the cost of college and alternative methods of funding.
- ☐ **Retirement** - Examine how your current retirement plans will meet your objectives.
- ☐ **Asset Allocation** - Examine your current asset allocation in relation to your risk tolerance.
- ☐ **Disability Income** - Examine the financial impact of a disability on your income.
- ☐ **Long-Term Care** - Examine 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	______ / ______ / ______	______ / ______ / ______

Are you married? ☐ Yes ☐ No

Street Address ____

City ______________________ State ______ Zip ______________

Phone (______) ______________________ E-mail ______________________

	Client A	**Client B**
Employer	______________________	______________________
Occupation	______________________	______________________
Work Phone	(______) ______________	(______) ______________

Dependent Information

Child's Name	Date of Birth
______________________	______ / ______ / ______
______________________	______ / ______ / ______
______________________	______ / ______ / ______
______________________	______ / ______ / ______
______________________	______ / ______ / ______

Needs in the Event of Death

The death of a wage earner can have a significant impact on household income. Financial experts recommend that every financial plan include an analysis of needs in the event of a death. Financial experts generally recommend 70% of current income be available for a family's continuing income needs while there are children at home, and 50% thereafter.

In the event of a death, what percentage of income should be provided for your family's continuing income needs?
*(In addition, complete the **Financial Information** section on page 3.)*

With children at home ________ % No children at home ________ % Provide income for how long? ________ years or ☐ Lifetime

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

Current Life Insurance

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

*Insurance types include: Group, Term, Whole Life, Universal Life, and Other.

College Funding

With the ever-increasing cost of college, it's important to begin planning as soon as possible.

Child's Name	School	Annual Cost (in today's dollars)*	Years to Attend	Percent You Want to Provide
________	________	$________	________	________%
________	________	$________	________	________%
________	________	$________	________	________%
________	________	$________	________	________%

*Includes tuition and fees, room and board, and books and supplies.

Education Savings

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

Total Saved to Date $________

Monthly Savings Amount $________

Average Rate of Return ________%

2002-2003
Average Annual College Costs

Source: The College Board, Trends in College Pricing.

Current Annual Costs

Public College $10,449
Private College $25,838

Average Annual Increases

Last ten years Private Colleges 5.3%
Last ten years Public Colleges 4.9%

Retirement

Many people underestimate the amount of money they will need to enjoy a comfortable retirement. Today's average retiree has a life expectancy of 20 or more years. In order to have enough money to maintain a comfortable lifestyle during retirement, planning should begin as soon as possible.
*(In addition, complete the **Financial Information** section on page 3.)*

	Client A	Client B
At what age do you plan to retire?	________	________

What percentage of your pre-retirement income should be provided during retirement? ________ %*
**Financial experts generally recommend 70% to 80% of pre-retirement income.*

	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

Financial Information

Complete this section if you also completed either the **Needs in the Event of Death** or **Retirement** section.

	Client A	Client B
Annual Employment Income	$ ______________	$ ______________

(For other sources of income, enter the details in the ***Other Sources of Income*** *section on page 4.)*

	Client A	Client B
Do you contribute to Social Security?	☐ Yes ☐ No	☐ Yes ☐ No

Assets

Enter either the totals for your assets in the shaded area or list the details of the individual accounts below. Include savings, checking, CDs, money market accounts, stocks, bonds, mutual funds, real estate (other than your residence), etc. **Do not include assets earmarked for education needs or retirement plans such as 401(k)s and IRAs.**

Asset Owner	Account Name	Asset Name	Ticker	Amount	Monthly Savings	Rate of Return
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
______	______	______	______	$______	$______	______%
			Totals	**$**______	**$**______	______**%**

Retirement Plans

Enter either the totals for your retirement plans including IRAs, 401(k)s, variable annuities, etc., in the shaded area, or list the details of the individual accounts below. List defined benefit pension plans in the **Other Sources of Income** section on page 4.

Account Owner	Account Name	Amount	Monthly Savings	Company Match	Rate of Return
______	______	$______	$______	$______	______%
______	______	$______	$______	$______	______%
______	______	$______	$______	$______	______%
______	______	$______	$______	$______	______%
	Totals	**$**______	**$**______	**$**______	______**%**

Liabilities

Enter your current liabilities.

	Amount	Monthly Payment	Final Payment Due	Interest Rate
☐ Mortgage Balance or ☐ Monthly Rent	$______	$______	______	______%
Other Liabilities				
______	$______	$______	______	______%
______	$______	$______	______	______%
______	$______	$______	______	______%
______	$______	$______	______	______%

Other Sources of Income

Enter other sources of income received today or expected in the future. Include alimony, child support, net rental income, defined benefit pension plans, fixed annuities, part-time income during retirement, etc. For a lump sum like an inheritance, enter a total amount.

Name	Description	Amount	Monthly Amount		Lump Sum	Today's Value		Future Value	Begins at Age	Ends at Age	Annual Increase	Is income available to survivors? Yes	No
______	______	$______	❑	or	❑	❑	or	❑	____	____	____%	❑	❑
______	______	$______	❑	or	❑	❑	or	❑	____	____	____%	❑	❑
______	______	$______	❑	or	❑	❑	or	❑	____	____	____%	❑	❑
______	______	$______	❑	or	❑	❑	or	❑	____	____	____%	❑	❑

Disability Income

A disability can have a devastating impact on the family's financial plans. Enter the information regarding your family's needs in the event of a disability.

	Client A	Client B
Annual Employment Income	$______	$______
Income Replacement Objective *(Financial experts generally recommend 60% to 70%.)*	______ % of above	______ % of above

Existing Long-Term Disability Insurance

Enter your Total Monthly Benefit for Long-Term Disability coverage or enter the details below.

	Client A	Client B
Total Monthly Benefit	$______	$______

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

Long-Term Care

Long-term care expenses can have a devastating impact on a financial situation. Having sufficient insurance coverage can help assure there is enough money for adequate care.

Enter your estimated monthly long-term care costs (in today's dollars) $ ______ *(The U.S. average is $3,000 to $6,500.)*

Existing Long-Term Care Coverage

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

One Final Question

Are there any special circumstances that should be considered in analyzing your situation? For example, children with special needs, dependent parents, etc.

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.

Printed Name	*Signature*	*Date*

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