

Name: _____ Plan Date: _____

Address: _____ Street _____ City _____ State _____ Zip _____

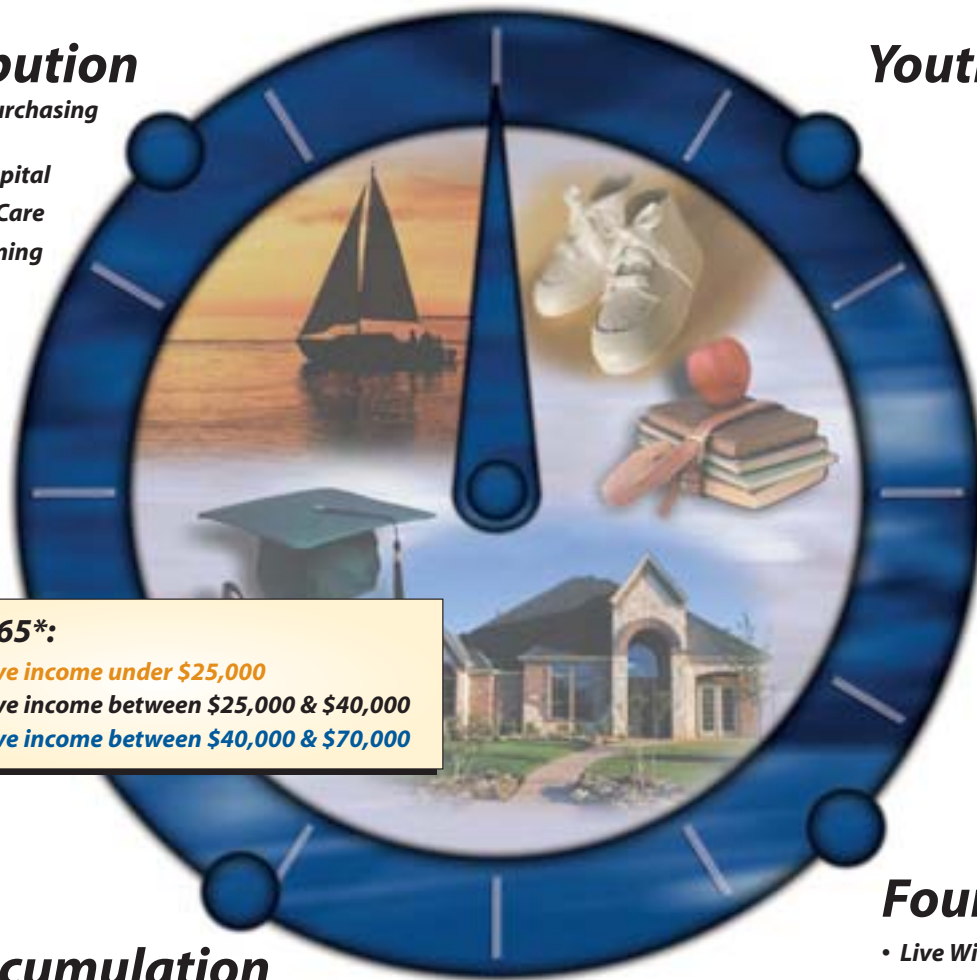
Client Data

A Sound Financial Plan...

Distribution

- *Maintain Purchasing Power*
- *Preserve Capital*
- *Long-Term Care*
- *Estate Planning*

Youth



By Age 65*:

- **62% have income under \$25,000**
- **17% have income between \$25,000 & \$40,000**
- **12% have income between \$40,000 & \$70,000**

Accumulation

- *Increase Savings*
- *Minimize Taxes*
- *Update Insurance Needs*

Foundation

- *Live Within Your Means*
- *Emergency Reserves*
- *Insurance Plan*
- *Systematic Savings*

...can add more to your net worth
than a lifetime of work.

*Social Security Administration, The Office of Policy, Income of the Population 55 or older 2002, table 3.1; released May 2004

1 PERSONAL DATA

Profiler Name _____

Plan Date _____ Recall Date _____

Client A's Name (First/Middle/Last) _____ **Married**

Sex _____ Driver License # _____

Date of Birth _____ / _____ / _____ Phone (_____) _____

Cell (_____) _____ Fax (_____) _____

E-mail Address _____

Client B's Name (First/Middle/Last) _____

Sex _____ Social Security Number _____ Driver License # _____ / _____

Date of Birth _____ / _____ / _____ Phone (_____) _____

Cell (_____) _____ Fax (_____) _____

E-mail Address _____

Name to Appear on Reports _____

• How long have you lived at this address? _____

Citizenship: _____ U.S. Citizen; _____ Resident Alien; _____ Non-Resident Alien

QUESTIONS

• *What would you like to accomplish from our visit today?* _____

• *What is your most important personal or family goal?* _____

When is your wedding anniversary date? _____

• *Do you have a current Social Security benefit estimate statement?* _____

• *What is your academic background?* Client A _____ Client B _____

• *Are there any family medical problems that could affect your plans?* _____

• *Does anyone use tobacco products?* _____

• *If you were going to modify, change, or add to your investment, retirement, or life insurance program what would it be?* _____

2 OCCUPATION

Client A's Job Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____ Fax (_____) _____

Email _____

Client B's Job Title _____

Employer _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ Ext. _____ Fax (_____) _____

Email _____

QUESTIONS

• *What are your career plans?* _____

• *How long have you been with your current employer?* _____

• *Do you see a career path with your current employer?* _____

• *Who handles fringe benefits at your company?*

Name _____ Phone _____

• *Do you have an employee booklet summarizing your company's benefits? _____ Are you satisfied with your company's benefits package?* _____

• *Do you feel that people who employ others have obligations to their employees other than paying their salaries?*

3 ADVISORS *continued*

QUESTIONS

- With whom do you consult before making important financial decisions? _____

- Who prepares your tax returns? _____

- What do you look for in a trusted advisor? _____

- When was the last time you updated your will/trust? _____

- Have you discussed with your attorney the impact the estate tax reform act could have on your current plan? _____

4 ECONOMIC CONCERNS

Rank the following Concerns from 1 (very low) to 9 (very high). Avoid duplicating the same ranking for any of the six concerns. Be concerned principally with “surplus” money that you have saved or invested, or will save or invest in the future, and any expected inheritance. It is the growth, protection, and eventual use of this capital that you should think about as each of the six key financial concerns is ranked.

(1–9) 1 = Lowest 9 = Highest

_____ **Inflation Hedge** Having your savings and investments keep pace with inflation.

_____ **Tax Advantage** Obtaining all of the tax benefits to which you are legally entitled and which are suitable for you.

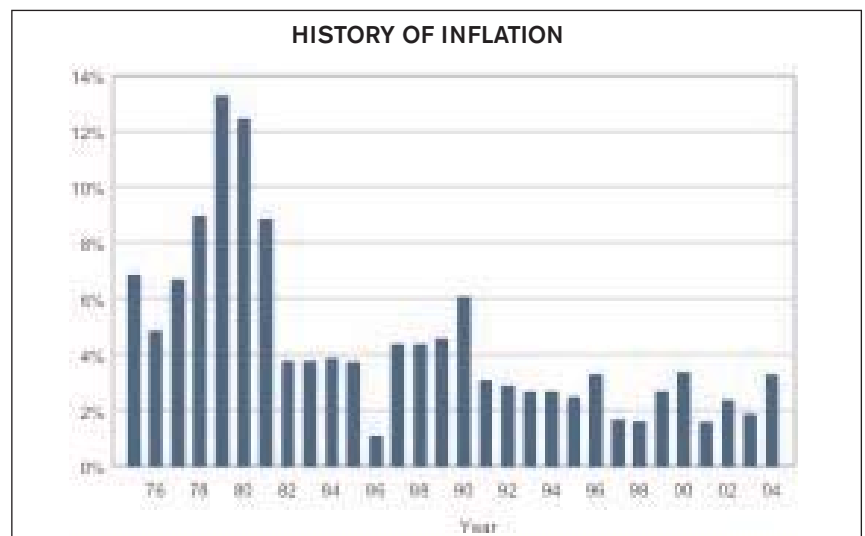
_____ **Safety** Being sure you do not lose your original investment. (High score indicates a desire for safe investments.)

_____ **Liquidity** Being able to quickly convert your investments to cash at current market value.

_____ **Current Income** Withdrawing maximum income from your savings and investments this year.

_____ **Family Benefit** Keeping your investment program from not being overly complex or difficult for your family to manage in the event of your death.

- What is your estimate of the long-term inflation rate? _____%



Source Bureau of Labor Statistics – Consumer Price Index, All Urban Consumers, January 2004

5 DEPENDENTS

6 EDUCATION GOALS

QUESTIONS

• If something should happen to both of you, who would be your heirs? _____

• How do you feel about saving for your children's /grandchildren's education? _____

• What is your level of participation? _____

• Who have you named as guardian for your children? Name _____

City _____ State _____ Zip _____

Phone (_____) _____ Address _____

• Do any of your dependents have special needs? _____

• Do you plan on having additional children? _____

Annual Amount required in today's dollars for this Educational Goal.

First Name	Dependent of		Date of Birth	School or Type	Amount Per Year	Years Until Needed	# Years Needed	Social Security Until Age
	A	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"/>	__/__/__	_____	\$ _____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	__/__/__	_____	\$ _____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	__/__/__	_____	\$ _____	_____	_____	_____

Complete funding by start of goal Funds at Client A's Death Funds at Client B's Death

7 INCOME

Generally enter either Monthly Amounts, or the Annual Amounts for calculations. If you enter both, the Monthly Amount will be multiplied by 12 and then added to the Annual Amount to arrive at a total.

Client A

Client B

	Monthly	Annual		Monthly	Annual
Salary	\$_____	\$_____	Salary	\$_____	\$_____
Self-Employment	\$_____	\$_____	Self-Employment	\$_____	\$_____
Interest and non- Qualified Dividends	\$_____	\$_____	Interest and non- Qualified Dividends	\$_____	\$_____
Qualified Dividends	\$_____	\$_____	Qualified Dividends	\$_____	\$_____
Personal Annuities	\$_____	\$_____	Personal Annuities	\$_____	\$_____
Social Security	\$_____	\$_____	Social Security	\$_____	\$_____
Alimony	\$_____	\$_____	Alimony	\$_____	\$_____
Rental Property (net)	\$_____	\$_____	Rental Property (net)	\$_____	\$_____
Other	\$_____	\$_____	Other	\$_____	\$_____
	\$_____	\$_____		\$_____	\$_____
Total Income for Client A & B		\$_____	\$_____		
Withholdings and Estimated Payments		\$_____	\$_____		

QUESTIONS

- Do you foresee a substantial change in your income during the next two years? _____

- What is your short-term and long-term spending strategy? _____

- Do you save and invest systematically? _____

- What percentage of your income should be saved? _____
- Did you receive a tax refund for last year's filing? _____

8 EXPENSES

	Monthly	Annual
Housing Total	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Transportation Total	\$ _____	\$ _____
Food and Beverage	\$ _____	\$ _____
Clothing	\$ _____	\$ _____
Furnishings	\$ _____	\$ _____
Personal Care and Cash	\$ _____	\$ _____
Medical/Dental/Rx	\$ _____	\$ _____
Education/Self Improvement	\$ _____	\$ _____
Debt/Installment Payments	\$ _____	\$ _____
Entertainment	\$ _____	\$ _____
Vacations and Holidays	\$ _____	\$ _____
Charitable Contributions	\$ _____	\$ _____
Reinvested Interest and Dividends*	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total Expenses	\$ _____	\$ _____

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

9 ASSETS AND LIABILITIES

Enter detailed asset information or... Enter **TOTALS** Only (at the bottom of the following page)

- 1 The expected Rate of Return for each Asset Type. This % represents the Total Rate of Return. For example, a mutual fund generating a 3% yield (reinvested) and capital growth of 6% will have a 9% Rate of Return.
- 2 Enter any additional Monthly Savings, followed by the expected percentage of Annual Increase to this Monthly Savings amount.
- 3 For Retirement Plans, "Company Match \$" refers to the dollars the company contributes each month to your Retirement Account.

Asset Type: *Examples* – Cash, Savings, T-Bills, Tax Free Bond/Funds Bonds/Income Funds, Stocks/Equity Funds, Real Estate, Business, Limited Partnerships, Annuities, Residence, Personal Property.

(A) Retirement Plan Code: 1 = 401(k) 2 = Keogh 3 = TSA 4 = IRA 5 = Other

(B) Owner Code: C = Client S = Spouse J = Joint M = Community

Type	Name	Owner	Assign to Goal	Market Value	Rate of Return ¹	Current Liability	Liability at Independence	Monthly Savings Amount % Increase ²
1.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
2.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
3.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
4.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
5.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
6.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
7.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
8.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
9.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
10.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
11.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
12.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
13.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
14.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
15.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
16.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %
17.	_____	_____	_____	\$ _____	_____ %	\$ _____	\$ _____	\$ _____ _____ %

9 ASSETS AND LIABILITIES *continued*

Code (A)	Retirement Plan Owner (B)	Current Value	Rate of Return	Current Liability Amount	Monthly Savings	Company Match ^a	Annual Increase
_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____	_____ %
_____	_____	\$ _____	_____ %	\$ _____	\$ _____	_____	_____ %
		Current Value	Rate of Return	Current Liability Amount	Monthly Savings	Annual Increase	
	Totals	\$ _____	_____ %	\$ _____	\$ _____	_____ %	

10 ASSET ALLOCATION QUESTIONNAIRE (Answers)

10. Asset Allocation Answers (you must provide of the asset allocation questionnaire to the client. It is available from the utilities menu of Profiles under printable forms.)

Question #1 _____

Question #2 _____

Question #3 _____

Question #4 _____

Question #5 _____

Question #6 _____

Question #7 _____

Question #8 _____

11 INSURANCE

Codes Legend for Life, Disability, and Long-Term Care Insurance

- (1) **Insured** A = Client A B = Client B 1 = 1st to Die 2 = 2nd to Die O = Other
 (2) **Owner** A = Client A B = Client B J = Joint C = Community G = Group Ins. T = Trust (Ins.) O = Other
 (3) **Beneficiary** S = Surviving Client D = Dependents O = Other
 (4) **Policy Types** G = Group P = Personal

LIFE INSURANCE

Policy Information & Company	Insured (1)	Owner (2)	Beneficiary (3)	Net Death Benefit	Annual Premium	Current Net Cash Value	*Cash Value	Insured's Age
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____
_____	_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	_____

*If the cash value is a source of income for retirement, enter the projected cash value at retirement and insured's age (assumption is age 65).

QUESTIONS

- What do you want your life insurance to do for you? _____
- To what extent are you concerned about Client B's well-being throughout life? _____
- How did you arrive at the amount of life insurance you have? _____
- When did you buy your last policy? _____ From whom did you buy it? _____
- Do you know what happens to your income if you get sick or hurt? _____

DISABILITY INSURANCE

Bold sections are default.

Disability Policy	Insured	Type	Monthly Benefit	Annual Premium	Elimination Months	**Benefit Years	COLA
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N
_____	_____	_____	\$ _____	\$ _____	_____	_____	Y / N

**If disability enter number of years benefits would be paid or if benefits are payable to age 65; if payable for life, input 99.

QUESTIONS

• How long could you survive without income? _____

• Income: How much do you want to guarantee? _____

LONG-TERM CARE INSURANCE

Long Term Care Policy	Insured (1)	Owner (2)	Daily Benefit	Annual Premium	Elimination Months	**Benefit Years	COLA
_____			\$ _____	\$ _____	_____	_____	Y / N
_____			\$ _____	\$ _____	_____	_____	Y / N

***If Long-Term Care benefits are payable to age 65; if payable for life, input 99.*

QUESTIONS

• Are there any immediate or long-term financial obligations for supporting dependents or parents? _____

• What did your parents/children say when you discussed your plan in the event that either you/they needed long-term care?

GENERAL INSURANCE

Policy Type	Policy Name/Company	Policy Benefit	Annual Premium
Liability	_____	\$ _____	\$ _____
Homeowner's	_____	\$ _____	\$ _____
Medical	_____	\$ _____	\$ _____

• Are all family members covered by health insurance? _____

12 DIRECT INCOME SOURCES

Enter Direct Income Sources to be used to meet Financial Independence and Survivor Needs; exclude items already listed as assets. Source: 1 = Defined Benefit; 2 = Social Security Direct Input; 3 = Earned Income; 4 = Other Income; 5 = Lump Sum; 6 = Annuity

Enter the data for each Income Source in the following manner:

1 Enter all amounts as monthly, except Lump Sum.

2 Record the Present Value (**PV**) or Future Value (**FV**) of the amount to be received from this Income Source.

3 Will this income be available at Client A's Death, Client B's Death, and Financial Independence?

Bold selections are default.

Name of Source	Source (1-6)	Recipient Client A or Client B	1 Amount	2 PV or FV	Annual Increase	Begin at Age	End at Age	3 Available at Death of:		
								Client A	Client B	Independ.
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %
_____	# _____	A / B	\$ _____	PV / FV	_____ %	_____	_____	_____ %	_____ %	_____ %

DETAILS FOR SECTION 13 FINANCIAL PRIORITIES

- (a) Profiles + Professional will default the age to begin Social Security benefits based on the year of your birth. People born in 1943 or earlier are calculated to receive benefits at age 65. People born between 1943 and 1959 are calculated to receive benefits at age 66, and those born in and after 1960 are calculated to receive benefits at age 67. This would be the age in which the client would be eligible for full Social Security benefits, or Normal Retirement Age (NRA). Social Security retirement benefits can begin as early as age 62, but there will be a permanent reduction in benefits for any age prior to NRA.
- (b) Independence/Survivor Rate of Return: Assets will grow at their respective rates of return until the first income shortfall, then all available assets will be converted to the Grouped Rate of Return.
- (c) In the case of a single client, enter the number of years from today, rather than Client B's age, to indicate when lifestyle needs will change.
- (d) Refer to Assets & Liabilities (Section 9) to enter corresponding assets. Accumulation goal numbers (i.e., A1) are assigned to individual assets in the Assets section.
- (e) Consumable Goal: By checking the box, assets earmarked for the accumulation goal are reduced by the amount used towards the goal. Any asset amount remaining after the accumulation goal is reached can be designated to fund the survivor and/or independence analysis (% Asset Available – Section 9)

13 FINANCIAL PRIORITIES

FINANCIAL INDEPENDENCE NEEDS

	Client A	Client B	Client A's Age
Financial Independence Begins at Age	_____	_____	1. _____
Include Social Security Benefits	<input type="checkbox"/>	<input type="checkbox"/>	2. _____
Age to Begin Social Security Income ^(a)	_____	_____	3. _____
Life Expectancy	\$ _____	\$ _____	4. _____
Grouped Asset Rate of Return (Beginning at Independence) ^(b)	_____ %	_____ %	5. _____
<input type="checkbox"/> Retain Beginning Capital Balance or \$ _____			
	Monthly Need 1	Monthly Need 2	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
	\$ _____	\$ _____	
Increase need annually by	_____ %	_____ %	

- (b) Grouped Asset Rate of Return: If more than one asset is given the same liquidation order, then those assets are grouped together upon liquidation during the independence analysis and assigned this rate of return.
- (c) Capital Balance Retained: Check the box to retain the beginning capital balance in the independence analysis, or enter the desired amount to be retained.

QUESTIONS

- Tell me about the lifestyle you desire in retirement? _____

- What percentage of your income do you want to guarantee when you retire? _____

- At what age do you wish to become financially independent? _____
- How much income do you think you'll need on a monthly basis? _____
- Have you considered the economic impact of a potential period of long-term care? _____

- Do you anticipate any substantial inheritances \$ _____

SURVIVOR NEEDS

Client A's Death Today

Client B's Age	Monthly Need	Client B's Monthly Earnings
1. Today	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

Survivor Rate of Return _____ %

Client B's Death Today

Client A's Age	Monthly Need	Client A's Monthly Earnings
1. Today	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____

Survivor Rate of Return _____ %

IMMEDIATE CASH NEEDS

	Client A's Death	Client B's Death
Dependent Care	\$ _____	\$ _____
Charitable Bequests	\$ _____	\$ _____
Other Bequests	\$ _____	\$ _____

ACCUMULATION GOALS

Accumulation Goals	Consumable Goal	Amount Needed Per Year	Inflate Need by	Yrs. Until Needed	# Yrs. Needed	Complete Funding by Start of Goal	Fund at Death of Client A	Fund at Death of Client B
A1. _____	<input type="checkbox"/>	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N
A2. _____	<input type="checkbox"/>	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N
A3. _____	<input type="checkbox"/>	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N
A4. _____	<input type="checkbox"/>	\$ _____	_____ %	_____	_____	<input type="checkbox"/>	Y/N	Y/N

NOTES

- *Of everything we've discussed, what are the two most important areas where you feel we can be of help to you?* _____
 - *If it becomes necessary to set aside additional money to provide for these goals, how much more can you save per month?* _____
 - *When would you like to schedule your financial review?* _____
- Date: _____
- Place: _____
- Time: _____

ACTION PLAN

	Item	Who	When
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

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.

_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>Printed Name</i>	<i>Signature</i>	<i>Date</i>

Document Checklist

<u>From your</u>	<u>Records</u>
Bank	<input type="checkbox"/> Checking and savings account statements, CD or credit card statements
Broker or Mutual Fund Company	<input type="checkbox"/> Latest monthly statement current value of investments
Insurance Company or Agent	<input type="checkbox"/> Latest premium notice or annual statement, life insurance policy description, in-force illustrations for cash value life insurance, annuity contract descriptions
Employer	<input type="checkbox"/> Payroll or other income statements, pension plan documents, descriptions of 401(k) or other retirement savings plans, employee benefits booklets
Personal Files	<input type="checkbox"/> Current tax returns, <input type="checkbox"/> Monthly budgets, details on the purchases of major assets, loan documents, wills, and trust agreements

Who could benefit from a Financial Profile?

Name _____
 Phone (H) _____ (W) _____
 Address _____

 Occupation _____
 What would be the best way for me to meet them? _____

Name _____
 Phone (H) _____ (W) _____
 Address _____

 Occupation _____
 What would be the best way for me to meet them? _____

Name _____
 Phone (H) _____ (W) _____
 Address _____

 Occupation _____
 What would be the best way for me to meet them? _____

The personal information you provide in this data collection form may be protected from disclosure under Federal and State law. This data collection form has been designed for use by you and your financial consultant. Financial Profiles, Inc. does not receive, and is not responsible for safeguarding the personal information you provide to your financial consultant in this form. You should speak with your financial consultant or the financial institution that provided you with this form about their privacy policies concerning your personal information.

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