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## **Confidential Client Profile Supplemental Information**

**Name:**

**Date:**

## Children's College Education Plans

Child's name	1 <sup>st</sup> year of college	# of years attending	Public or Private School	Funds available now	Annual college cost (today's \$)	Monthly savings towards college	% of costs parents will pay
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%
				\$	\$	\$	%

## Monthly Social Security or TRS Retirement Benefits

*(In lieu of filling in this page you may provide a Social security and/or TRS statement)*

	Individual 1	Individual 2
Are you qualified to receive SS benefits? (Yes/No)		
Age to start retirement SS benefits (62-70)		
Percent of computed SS benefits to show on report	%	%
Actual amount of expected SS benefits (today's \$ / month)	\$	\$
Social Security benefit increase rate (SS COLA)	%	%

**Percent of benefits to show:** If your SS benefits will be less than might be expected based on your current earnings, the report will use a reduced benefit amount. Make a note here to indicate that the benefits might be reduced.

**Actual amount expected:** If you have your Social Security statement you may enter the benefit amount shown on the statement here. This amount will override any calculated estimate.

**SS benefit increase rate:** Enter the assumed rate that you think the SS benefits will increase, or leave blank and your advisor will provide a default estimate.

## Monthly Social Security Survivor Benefits

	Individual 1	Individual 2
Actual/Estimated benefit with 2 or more children at home	\$	\$
Actual/Estimated benefit with 1 child at home	\$	\$
Actual/Estimated Survivor retirement benefit	\$	\$
Age to start survivor SS benefits (60+)		

**Note:** This section is used only if you are **currently** receiving SS survivor benefits or if you believe the survivor benefit you might receive will be different than a computed amount based on the earned income for the deceased spouse. In most cases this section may be ignored.

## Monthly Pension

Pension plan	Age	Monthly benefit	Increase rate	Increase amount	
<b>Individual 1 Pension 1</b>  <b>Plan Name:</b> _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
<b>Individual 1 Pension 2</b>  <b>Plan Name:</b> _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
<b>Individual 2 Pension 1</b>  <b>Plan Name:</b> _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____
<b>Individual 2 Pension 2</b>  <b>Plan Name:</b> _____		\$	%	\$	Pension State Tax Exempt? Yes ___ No ___
					Survivor benefit % _____
					Survivor \$/mo prior to pension start _____

**Age** – enter current age in the first row. If the pension amount will change at a future age, then enter that age in the next row. If the benefit amount will change again in future years, continue to enter the new ages when the changes occur.

**Pension amount per month** – enter in the first row the current pension amount. If the pension amount will change at a future age, then enter that new pension amount in the row directly below the current pension amount. If the pension amount will have additional changes in future years, continue to enter the new pension amounts at the new ages. If the pension will continue until life expectancy (with only inflation increases) leave the additional lines blank.

**Increase rate (inflation rate)** – enter in the first row the current increase rate to be used on the pension amount. If the pension amount changes, but the increase (inflation) rate stays the same, enter the same increase rate in the first row and on the second row. If the increase will change at any age, enter the new increase rate on the appropriate row.

**Increase amount** – if the pension is going to increase a specific dollar amount, enter the dollar amount that the monthly benefit increases each year.

## Income Tax Data

### *Filing Status Options*

Tax Filing Status (Check one):      Single: \_\_\_\_\_      Married Filing Joint: \_\_\_\_\_      Married Filing Separately: \_\_\_\_\_      Head of Household: \_\_\_\_\_

Number of regular exemptions \_\_\_\_\_

Number of individuals over age 64 or blind \_\_\_\_\_

### *Itemized Deductions*

	Current amount		Percent to be used for		
	Monthly	Annual	Retirement	Disability	Survivor
Charitable contributions	\$	\$	%	%	%
Taxes					
Real estate	\$	\$	%	%	%
Personal property	\$	\$	%	%	%
Sales (large purchases)	\$	\$	%	%	%
Miscellaneous					
Safe deposit box	\$	\$	%	%	%
Tax preparation	\$	\$	%	%	%
Unreimbursed job expenses	\$	\$	%	%	%
Investment expense	\$	\$	%	%	%
Gambling losses	\$	\$	%	%	%
Union dues	\$	\$	%	%	%
Medical and dental					
Out-of-pocket doctor, dentist	\$	\$	%	%	%
Out-of-pocket vision, prescriptions	\$	\$	%	%	%
Medical, dental insurance premiums	\$	\$	%	%	%
Long-term care premiums	\$	\$	%	%	%
Casualty losses	\$	\$	%	%	%

# Life Insurance

## *Term/Group Life Insurance Policies*

Description	Insurance company name	Insured	Beneficiary	Owner	Policy number	Annual premium	Policy face amount
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$

## *Permanent Life Insurance Policies*

Description / company	Insured	Benef.	Owner	Policy number	Current loan	Period	Annual premium	Policy face value	Cash value
					\$	Now	\$	\$	\$
						Retirement	\$	\$	\$
					\$	Now	\$	\$	\$
						Retirement	\$	\$	\$
					\$	Now	\$	\$	\$
						Retirement	\$	\$	\$
					\$	Now	\$	\$	\$
						Retirement	\$	\$	\$
					\$	Now	\$	\$	\$
						Retirement	\$	\$	\$

**Description:** Enter a description of this type of policy. For example, Protection Plus.

**Policy face amount:** Current amount of insurance that will be paid upon the death of the insured.

**Cash value:** Enter the full amount of cash value here. You can generally get the amount from the policy table of values. If the value is not shown at the current age or you do not have the actual policy, then you may need to estimate the value now. Do not deduct any loans against the policy.

**Current loan amount:** Enter the dollar amount borrowed against this policy.

## Disability Income Insurance:

	Policy 1	Policy 2	Policy 3	Policy 4
Type of Policy*				
Person Insured				
Annual Premium				
Monthly Benefit				
Maximum Benefit				
Elimination Period				
Definition of Disability				
Waiver of Premium				
Non-cancellable				
Accident (Age)				
Sickness (Age)				
Partial Disability				
Residual Disability				
Par or Non-par				
Percentage of Income				
Guaranteed Renewability				
Social Security Rider				
Business Overhead Expense				
Cost of Living				

\**Type of Policy*: Specify Group short term, Group long term, Personal, or other

## Automobile and Homeowner's Insurance

	Vehicle #1	Vehicle #2	Vehicle #3
Insuring Company			
Policy Number			
Annual Premium			
Liability (\$)			
Under-insured Motorists			
Uninsured Motorist			
Medical Payments			
Personal Injury			
Collision Deductible			
Comprehensive Deductible			
Towing and Labor			
Luggage and Apparel			
Rental Reimbursement			

	Residence 1	Residence 2	Residence 3
Insuring Company			
Policy Number			
Annual Premium			
Dwelling coverage			
Other Structures			
Personal Property			
Loss of Use			
Personal Liability			
Medical Payments			
Deductible (Loss)			
Deductible (Theft)			
Guaranteed Replacement/ Personal Prop			
Guaranteed Replacement/ Dwelling)			



## Personal Expenses

	Current amount		Percent to be used for		
	Monthly	Annual	Retirement	Disability	Survivor
Rent or lease payment (not mortgage)					
Food, household incidentals					
Groceries					
Household supplies					
Restaurants, food while at work					
Dining out					
Utilities, Telephone					
Gas, electric					
Water, sewer, trash					
Phone (landline & cell)					
Cable, satellite TV, TiVo					
Vehicle operating, maintenance					
Gas, oil					
Repairs, maintenance					
Parking, tolls					
Public transportation					
Child expenses					
Lunch money					
Special events, sports, lessons					
Baby sitting					
Dependent care					
School (tuition, fees, books)					
Gifts (birthdays, holidays, weddings, etc.)					
Domestic help					
Clothing					
Personal care					
Laundry, dry cleaning					
Property improvements, upkeep					
Home furnishings					
Child support, alimony					
Professional services (legal, taxes)					
Entertainment					
Vacations					
Hobbies					
Memberships, dues (incl. Netflix, etc.)					
Pet expenses					
Books, subscriptions					
Self-employment business expenses					
Miscellaneous					

**Do NOT include insurance premiums, medical expenses, charitable contributions, taxes or debt payments. These will be entered on other pages**

**Percentage of expenses used for Retirement, Disability, and Survivor** – if the monthly expense amounts will be different in these three categories, then enter the percentage amount here. For example, if a specific expense during retirement will be 75% of the pre-retirement amount, enter 75% in the Retirement column for that expense.

# Stock Options

## *Company Information*

Company name	Current market value per share	As of date	Anticipated appreciation rate
	\$		%
	\$		%
	\$		%

## *Grant Information*

Company Name	Type*	Grant date	# of shares	Grant (strike price)	Vesting date	Exercise date	Exercise Method†	Sale date
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				

\***Type options:** 1.) ISO (Incentive Stock Option) 2.) NQSO (Non-Qualified Stock Option)

†**Exercise methods:** Upon exercise of the option, is it your intention to 1.) Hold all shares 2.) Sell part (to pay for the cost of exercise) 3.) Sell all shares