

My Planning Profile

Personal information

Name (Last, First, MI)
Street address
City, state, and ZIP code
Email
Date of birth (mm/dd/yyyy)
Total annual earned income
Filing status: ☐ Single ☐ Married ☐ Partners/Other

Spouse/Partner's name (Last, First, MI)
Street address
City, state, and ZIP code
Email
Date of birth (mm/dd/yyyy)
Total annual earned income

Retirement goals

Description	Ideal	Acceptable
Client retirement age:	_____	_____
Spouse/Partner retirement age:	_____	_____
Retirement spending goal (after tax)	\$ _____	\$ _____
Estate goal	\$ _____	\$ _____
Annual savings	\$ _____	\$ _____

Social Security

Description	Client	Spouse/Partner
Estimate my benefit for me:	☐	☐
Currently collecting:	\$ _____	\$ _____
Expect to collect:	\$ _____	\$ _____
Do not include Social Security:	☐	☐
Please choose only one Social Security option per person		

Other goals

Please indicate specific spending goals, in addition to your retirement spending goal, that you would like to include in this plan (i.e., weddings, education, travel).

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0% – 14%)
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %

Other income

Please list all other sources of income.

Description	Annual amount	Net or Gross	Whose age?	Start age?	End age?	Annual increase (0% – 14%)
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %
_____	\$ _____	_____	_____	_____	_____	_____ %

Investment and Insurance Products are:

- Not Insured by the FDIC or Any Federal Government Agency
- Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate
- Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Account summary and future savings

Please list the total value and account details of each financial account in which you hold an interest.

Account name	Account number	Cost basis	Current value	Annual contribution	Tax status		
(Name of account holder)		(Original purchase price)			Taxable	Tax-deferred	Tax-exempt
		\$	\$	\$	☐	☐	☐
		\$	\$	\$	☐	☐	☐
		\$	\$	\$	☐	☐	☐
		\$	\$	\$	☐	☐	☐
		\$	\$	\$	☐	☐	☐

Insurance policies

Please list all insurance policies (i.e., life, long-term care).

Company	Type	Insured	Owner	Beneficiary	Death benefit	Net cash value	Annual premium
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$

Other assets

Please list all additional assets (i.e., home, business assets, rental property, automobiles).

Description	Current value	Owner	Annual increase (0% – 14%)
	\$		%
	\$		%
	\$		%
	\$		%
	\$		%

Other liabilities

Please indicate debts, mortgages, loans, etc.

Description (lender, loan term)	Liability type (Mortgage, loan, other)	Current amount	Owner	Monthly payment	Interest rate
		\$		\$	%
		\$		\$	%
		\$		\$	%
		\$		\$	%
		\$		\$	%

Notes

This profile is not complete without, has not been extracted from, and does not replace, the information provided during account opening. Please notify your Financial Advisor if any updates are required. If there are any discrepancies between this document and the information we have on file, the information contained in your account opening forms will take precedence.