Ameriprise Financial

Plan for today, tomorrow and the future

My Financial Profile

Today's date ____________

*Required for publishing preliminary goal status

Client name* ______________________ Birth date* __________ Pronouns __________

Co-client name* ______________________ Birth date* __________ Pronouns __________

Children's names ______________________ Birth date __________

______________________ Birth date __________

______________________ Birth date __________

What are your goals?

My retirement goal*	By when (mo/yr)?	Goal amount (today's $)
______________________		$

My other goals (e.g., education, home improvements, vacation home, travel)

	By when (mo/yr)?	Goal amount (today's $)
Goal 1 ______________________		$
Goal 2 ______________________		$
Goal 3 ______________________		$

What are your assets and liabilities?

My assets	Current value	Annual contributions/savings
401(k)(s), 403(b)(s)*	$	$
Traditional IRAs, SEPs and SIMPLE IRAs*	$	$
Annuities	$	$
Brokerage/investment accounts*	$	$
Cash/bank accounts*	$	$
Roth IRAs, Roth 401(k)(s)*	$	$
Cash-value life insurance	$	$
Education savings accounts (e.g., 529 plan)	$	$
Other assets* (e.g., house, personal property)	$	$
TOTAL	$	

Employer contributions

$ ________ or ___ % of salary (client)

$ ________ or ___ % of salary (co-client)

My liabilities	Balance	Monthly payment
Mortgage(s)	$	$
Credit card(s)	$	$
Other loans (e.g., car, boat)	$	$
Other liabilities	$	$
	$	$

Estimated net worth $

What are your estimated income and expenses?

My annual income today

	Client	Co-client
Salary/bonuses/self-employment* (Income is required if employed)	$	$
Social Security** (Consult your annual Social Security Estimate or visit www.ssa.gov/estimator)	$	$
Pension income*	$	$
Other (e.g., rental, part-time work)	$	$

**If you are retired, include your retirement income from these sources.

My annual expenses today

Essential expenses $ ______
(e.g., mortgage, rent, food, utilities, medical, liability payments)

Lifestyle expenses $ ______
(e.g., hobbies, entertainment, travel)

Do you anticipate your future expenses to: ☐ increase ☐ decrease ☐ stay the same ☐ unsure

How are you insured today?

Client

Life insurance death benefit $ ______

Long-term care daily benefit $ ______

Disability insurance benefit $ ______

or ___ % of salary (if group coverage)

Co-client

Life insurance death benefit $ ______

Long-term care daily benefit $ ______

Disability insurance benefit $ ______

or ___ % of salary (if group coverage)

What to bring to your conversation with your advisor

- ☐ **Financial statements:** Retirement plans, 401(k)(s), 403(b)(s), brokerage, IRAs, Social Security statements
- ☐ **Insurance policies:** Life, disability, long-term care, auto & home, umbrella
- ☐ **Recent tax return**
- ☐ **Recent pay stub** (if applicable)
- ☐ **Basic estate documents:** Will, healthcare directive/living will, power of attorney, trust(s)
- ☐ **Employer benefits information:** Enrollment confirmation and/or benefits summary/handbook

For Ameriprise clients: You can send this form and supporting information securely online. Log in to the secure site on ameriprise.com, upload this and other files in the Documents section and share with your advisor. Not registered? Visit ameriprise.com/register.

If you are not an Ameriprise client: You can either print your completed form and bring it to your next advisor meeting or ask an advisor to invite you to securely share documents on the Ameriprise guest secure site.

Data gathering is one part of the financial planning process. The financial advisor may provide retirement planning analysis and/or recommendations.

Ameriprise Financial Planning Service is optional, offered separately and priced according to the complexity of your case and your financial advisor's practice fee schedule. Your fees and financial advisor may change over time.

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