Plan for today, tomorrow and the future

My Financial Profile

*Required for publishing preliminary goal status

Today's date ____________

Client name* ______________________ Birth date* ________ Pronouns _ None

Co-client name* ______________________ Birth date* ________ Pronouns _ None

Children's names ______________________ Birth date ________

______________________ Birth date ________

______________________ Birth date ________

What are your goals?

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

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

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	Co-client
Life insurance death benefit	$	$
Long-term care daily benefit	$	$
Disability insurance benefit	$	$
	or ___ % of salary (if group coverage)	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.

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

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