

**Confidential**

# **Client Financial Profile for Personal Financial Planning**

**Client Name:** Jane Wilson

**Date:** April 1<sup>st</sup> 2017

## Your Retirement Account Statement

Jane Wilson  
123 Main Street  
Anytown, MA 01234

### Account Snapshot

(as of 12/31/12)

Your Balance: **\$300,000**

Your Quarterly Return: **2.72%**

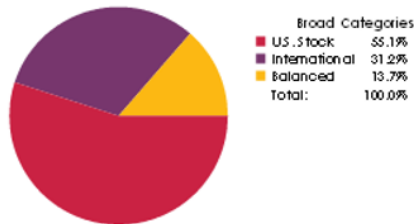
Your YTD Return: **8.31%**

### Message Center

### Your Account Summary

Beginning Balance	\$295,000
Additions	\$3,000
Withdrawals	\$0
Net Earnings	\$2,000
Ending Balance	\$300,000
Vested Balance	\$300,000

### Your Investment Allocation Summary



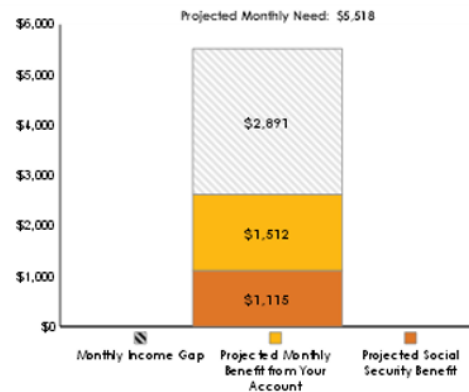
#### Diversification is Important.

Over the long term, a mix of investments can outperform an investment in a single asset. Having a diverse mix of investments can help smooth out the effect of the financial market's ups and downs on your investment portfolio. This is because gains in some investments can help offset losses in others.

Your asset allocation can, and should, change over time to match the level of risk that makes sense for your individual situation.

### Your Projected Income at Retirement

If you retire at the age of 67, your projected retirement account value will be 2 mil in today's dollars (net of inflation). This balance, along with your projected Social Security benefit will provide an estimated \$2,627 each month, representing 48% of your monthly income target.



#### Need Help?

To maintain a similar lifestyle post-retirement, financial professionals suggest you will need 80% of your pre-retirement income. If you would like more information on how to achieve your goals, contact your Plan's Advisor, visit

Statement for Account #  
XXX-XXXXXX

Account Positions									
Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income Yield
<b>Short Options-</b>									
FAHRINGDEL.COM FAHN Jan 21 12 80.0 C	-	15	\$ 0.08	\$ (120.00)		\$ -	\$ -	\$	
<b>Total Short Options</b>				<b>\$(120.00)</b>		<b>\$0.00</b>		<b>\$0.00</b>	<b>0.0%</b>
<b>Total Margin Account</b>				<b>\$35,540.95</b>		<b>\$0.00</b>		<b>\$0.00</b>	<b>\$87.27 2.5%</b>

Cash Management Transaction Detail			
Category	Transaction Date	Description	Amount
<b>DEBITS</b>			
Electronic Transfer	04/13/2011	ACH OUT - 04/12/2011 12:00AM	\$ (6,000.00)
	04/13/2011	ACH OUT - 04/12/2011 12:00AM	(25,000.00)
<b>Subtotal</b>			<b>(31,000.00)</b>
<b>TOTAL</b>			<b>(\$31,000.00)</b>

Account Activity									
Trade Date	Settle Date	Acct Type	Transaction/ Cash Activity*	Description	Symbol/ CUSIP	Quantity	Price	Amount	Balance
<b>Opening Balance</b>									
04/01/11	04/01/11	Margin	Journal - Other	PURCHASE FDIC INSURED DEPOSIT ACCOUNT	-		\$ 0.00	\$ (0.02)	<b>\$0.02</b> 0.00
04/12/11	04/13/11	Margin	- Funds Disbursed	ACH OUT - 04/12/2011 12:00AM	-		0.00	(6,000.00)	(6,000.00)
04/12/11	04/13/11	Margin	- Funds Disbursed	ACH OUT - 04/12/2011 12:00AM	-		0.00	(25,000.00)	(31,000.00)
04/13/11	04/13/11	Margin	Journal - Other	REDEMPTION FDIC INSURED DEPOSIT ACCOUNT	-		0.00	10,439.71	(20,560.29)
04/13/11	04/13/11	Margin	Div/Int - Other	FDIC INSURED DEPOSIT ACCOUNT IDA10 NOT COVERED BY SIPC Interest: Insured Deposit Account Payable: 04/30/2011 Insured Deposit Account 0.17	MMDA10		0.00	0.17	(20,560.12)

Statement for Account #  
XXX-XXXXXX

Cash Management Summary		
Description	Current	Year To Date
<b>CREDITS</b>		
Electronic Transfer	\$ -	\$ 5,000.00
<b>Subtotal</b>	<b>0.00</b>	<b>5,000.00</b>
<b>DEBITS</b>		
Electronic Transfer	\$ (31,000.00)	\$ (57,567.34)
<b>Subtotal</b>	<b>(31,000.00)</b>	<b>(57,567.34)</b>
<b>TOTAL</b>	<b>(\$31,000.00)</b>	<b>(\$52,567.34)</b>

Income Summary Detail		
Description	Current	Year to Date
Interest Income Credit Balance	\$ 0.00	\$ 0.02
Qualified Dividends	0.00	162.00
IDA Interest	0.17	0.94

\*This section displays current and year to date taxation values for this account. The current totals may not equate to the total payments listed on this statement as corrections to tax reporting may also be included. These corrections can include changes made to previous payments and removal of payments reportable in a previous tax year (spillover dividends). The year to date totals will accurately reflect your cumulative amount for the year.

Account Positions									
Investment Description	Symbol/ CUSIP	Quantity	Current Price	Market Value	Purchase Date	Cost Basis	Average Cost	Unrealized Gain(Loss)	Estimated Income Yield
<b>Stocks - Margin</b>									
JEPPINGS HOUSE COM	JPHW	300	\$ 24.04	\$ 7,212.00		\$ -	\$ -	\$	
FAHRINGDEL.COM	FAHN	400	64.39	25,756.00		-	-	864.00	3.4%
THE MITRAM SERIES FUND	YHVGW	15	179.53	2,692.95		-	-	23.27	0.9%
<b>Total Stocks</b>				<b>\$35,660.95</b>		<b>\$0.00</b>		<b>\$0.00</b>	<b>\$87.27 2.5%</b>

Investment Information: (please fill out unless statements are included)

Investment & Retirement Accounts

1.Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Jane Wilson

Name on Account (Owner):	Custodian/Broker:	Market Value:	Cost Basis:
Monthly or Annual contributions:	Employer match:		

2.Account Type: Brokerage / IRA / Annuity / 401k / 403b / College 529 / other (please circle one)

Name on Account (Owner):	Custodian/Broker:	Market Value:	Cost Basis:
Monthly or Annual contributions:	Employer match:		

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Monthly or Annual contributions:	Employer match:		

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Name on Account (Owner):	Custodian/Broker:	Market Value:	Cost Basis:
Monthly or Annual contributions:	Employer match:		

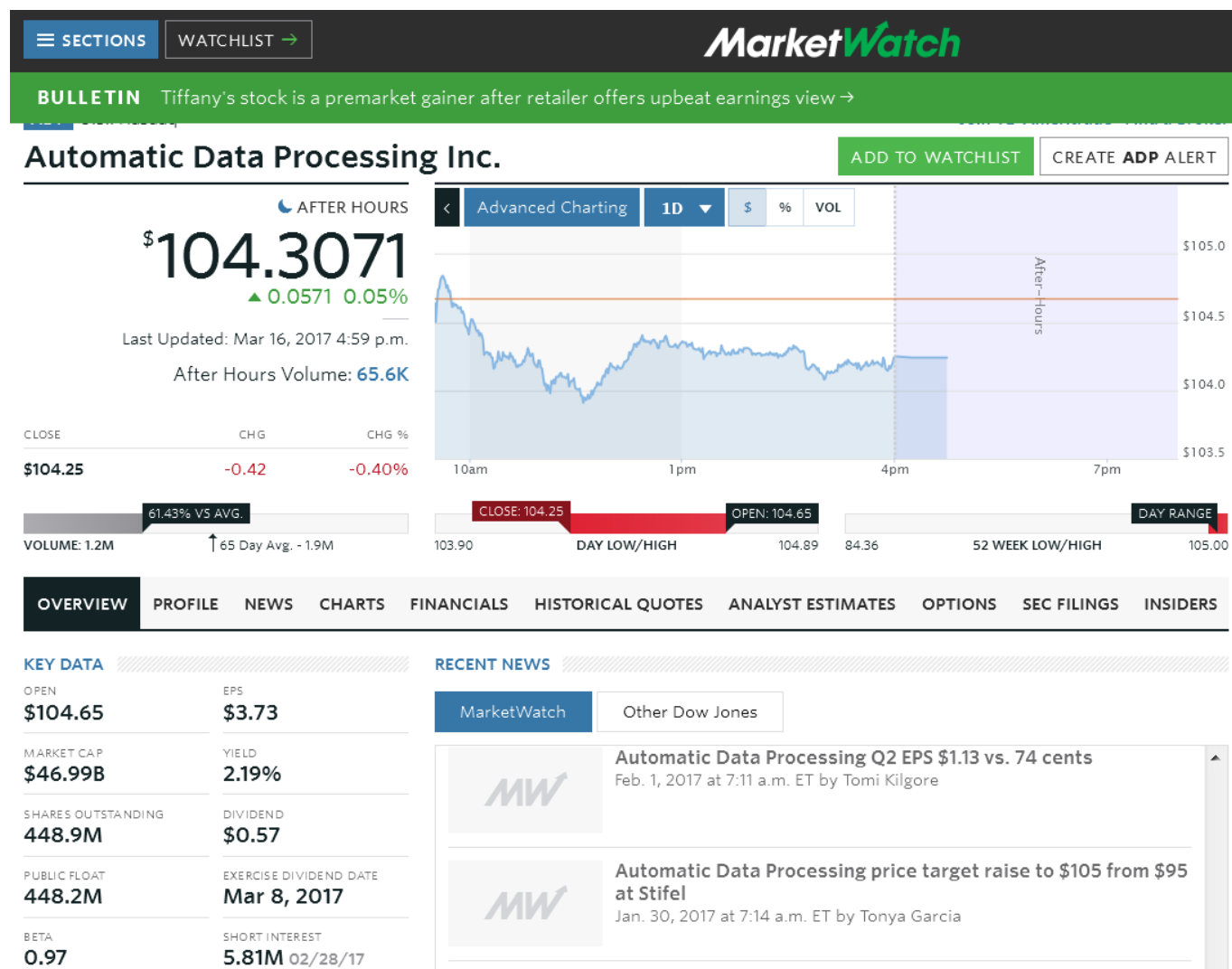
Protection / Risk Management

Life Insurance Policies (individual or employer provided coverage)

1. Client #1 Life Insurance Policies

Jane Wilson	\$200	Annual	Kevin Wilson
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:
Individual or Employer provided:	Monthly Cost:	Term Period?:	Death Benefit:

# Portfolio Market News



# ADP lowers 2017 outlook as bookings decline

Published: Feb 1, 2017 10:21 a.m. ET



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By  
**IMANI  
MOISE**

Automatic Data Processing Inc.'s earnings rose in the most recent quarter despite a slowdown in new bookings.

The payroll company lowered its 2017 outlook, forecasting revenue growth of about 6% compared with prior guidance of 7% to 8% growth.

Additionally, the company expects new bookings to be about flat compared with its previous forecast of 4% to 6% growth.

New business bookings declined 5% year over year amid customer uncertainty over U.S. elections, the company said. Chief Financial Officer Jan Siegmund said the booking pressure should subside as the year progresses.

Employer services revenue increased 4% and the number of employees on client's payrolls increased 2.3% on a comparable basis.

In all for the fiscal second quarter, ADP reported a profit of \$510.9 million, or \$1.13 a share, up from \$341.4 million, or 74 cents, a year earlier. Excluding certain items, earnings rose to 87 cents a share from 72 cents a share.

Revenue grew 6.4% to \$2.99 billion.

Analysts polled by Thomson Reuters had forecast earnings of 81 cents on \$3.02 billion in revenue.

Last month, ADP completed the acquisition of human relations company The Marcus Buckingham Co. for approximately \$70 million.

# Automatic Data Processing (ADP) Receives \$101.73 Average Price Target from Analysts

Posted by [Joanna Charbonneau](#) on Feb 23rd, 2017 // [No Comments](#)

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Automatic Data Processing (NYSE:ADP) has earned a consensus recommendation of "Hold" from the fourteen research firms that are covering the company. One equities research analyst has rated the stock with a sell rating, eight have issued a hold rating and five have assigned a buy rating to the company. The average twelve-month price target

among analysts that have issued ratings on the stock in the last year is \$101.73.

Several brokerages have recently commented on ADP. William Blair restated an "outperform" rating on shares of Automatic Data Processing in a research note on Tuesday, February 7th. Argus restated a "buy" rating and set a \$118.00 price target on shares of Automatic Data Processing in a research note on Sunday, February 5th. Zacks Investment Research lowered shares of Automatic Data Processing from a "buy" rating to a "hold" rating in a research note on Thursday, February 2nd. BMO Capital Markets restated a "hold" rating on shares of Automatic Data Processing in a research note on Thursday, February 2nd. Finally, Stifel Nicolaus increased their price target on shares of Automatic Data Processing from \$95.00 to \$105.00 and gave the stock a "hold" rating in a research note on Monday, January 30th.

Shares of Automatic Data Processing (NYSE:ADP) opened at 100.42 on Monday. Automatic Data Processing has a 1-year low of \$84.36 and a 1-year high of \$104.09. The firm has a market cap of \$45.08 billion and a price-to-earnings ratio of 26.98. The company's 50-day moving average is \$100.66 and its 200 day moving average is \$93.98.

# INSURANCE QUESTIONNAIRE

There are many variables that need to be addressed when contemplating the purchase of life insurance. There are a variety of different types of insurance to consider. We have found that most people are looking to insure for the occurrence of two major events:

- Allowing the non-primary earner to continue to lead the life they planned together along with their children, after the primary earner passes away.
- Replacing all or a portion of the estate and income taxes due upon the death of BOTH you and your spouse (there is no estate or income taxes due after the 1st death, as it passes to the 2nd tax free)

Below are several questions for you to consider. After answering these questions, we will contact you to discuss our conclusion from your answers and then prepare several insurance quotations to meet your needs.

## Personal Information

Name of person completing this questionnaire: Jane Wilson

Birthdate: \_\_\_\_\_

Check if you are the primary earner in the family: ☒

How much is your net paycheck: \_\_\_\_\_. How often do you get paid?

Check if smoker: ☒

Spouse's name, if any:

Birthdate: \_\_\_\_\_

Check if you are the primary earner in the family: ☒

How much is your net paycheck: \_\_\_\_\_. How often do you get paid?

Check if smoker: ☒

Current age(s) of dependent children: \_\_\_\_\_

What do you think is the annual amount of money your family spends, excluding income taxes?

*Our brokerage firm can prepare a detailed Financial Life Planner to help you with this. Please inquire.*

## Death Benefits

1. In today's dollars, what is the amount of money you would like the non-primary earner to receive, should the primary earner pass away first: \_\_\_\_\_

2. Check the boxes below for the methods you used to calculate the amount above: (choose only one)

☐ I/we determined it ourselves.

☐ I/we guessed.

☐ My/our financial advisor told me/us so.

☐ My/our insurance agent told me/us so.

☐ I/we would like to have your brokerage firm help determine the proper amount.

3. Many people feel that at some point in their life they will not need the insurance anymore because either they don't feel they will then need to leave money to heirs or because they think their assets (net of



estate taxes) will be enough to leave. How long would you expect to need the carry insurance:? (choose only one)

- ☐ No more than 5 years
- ☐ 5-20 years
- ☐ 20-30 years
- ☐ Forever

4. Some people wish to leave their heirs a certain amount of money after their death (or after the death of their spouse, assuming the spouse dies later). If you have no desire for a certain amount, enter "N/A" in the space to follow. Otherwise, in today's dollars, what is the amount of money you would like your heirs to receive upon the death of both you (and your spouse, if applicable), **THAT YOU WOULD BE WILLING TO ALTER YOUR CURRENT LIFESTYLE TO FUND:** \_\_\_\_\_. This is not necessarily the same amount as the answer in question #1.

5. Please check the boxes below for the methods you used to calculate the amount above: (choose only one)

- ☐ It is just an amount I/we are comfortable with.
  - ☐ I/we don't wish to alter my/our current lifestyle to fund any amount beyond what could already be remaining.
  - ☐ I/we feel we have financial obligations that we want to fund for our heirs.
  - ☐ Other:
- 

6. If you purchase insurance you will be taking money out of your current cash flow to fund a benefit for others, that you will not financially participate in. Check as many items below that you feel applies to your situation:

- ☐ I/we are willing to decrease our current spending throughout our lifetime in order to purchase this insurance.
- ☐ I/we would not be willing to alter our spending in order to purchase this insurance.
- ☐ I/we would consider allocating a certain amount each year in order to reach this goal, provided it could be proven that this amount would not alter our ability to achieve ALL of our other financial goals
- ☐ I/we are not interested in leaving a specific amount to heirs/charity. Any assets remaining upon my/our death will be sufficient.

#### Premium Choices

7. Term insurance can be obtained for a finite period of time. How many years would you like to pay the premiums? (choose only one)

- ☐ No more than 5 years.
- ☐ 5-10 years.
- ☐ 10-20 years.
- ☐ More than 20 years.
- ☐ Whatever it takes to fit into my/our budget.
- ☐ Not applicable.

8. Permanent insurance can be paid over a finite period of time. How many years would you like to pay the premiums? (choose only one)

- ☐ No more than 5 years.
- ☐ 5-10 years.
- ☐ 10-20 years.
- ☐ More than 20 years.
- ☐ Whatever it takes to fit into my/our budget.
- ☐ Not applicable.

9. Permanent insurance has many options available. Check as many items below that you would want in your policy:

- ☒ Ability to alter the premiums up or down or skip a premium in a given year.
- ☒ Have the flexibility to increase or decrease the policy's death benefit, if healthy.
- ☒ Premiums to be paid by the insurance company in the event of a disability.
- ☒ If this is a 2nd to die policy, premiums should stop at the death of the first insured.
- ☒ I/we need to discuss these with your brokerage firm before making these decisions.

10. Permanent policies have an underlying investment that supports the cash value to keep the insurance in force

throughout your lifetime. Check as many items below that you would want in your investments:

- ☒ Ability to take cash out of the policy, while the insured is alive.
- ☒ Ability to control and change the underlying investments.
- ☒ Using mutual funds to support the underlying value/growth of the policy.
- ☒ Using fixed income instruments to support the underlying value/growth of the policy.
- ☒ I/we need to discuss these with your brokerage firm before making these decisions.

11. Term insurance has many options available. Check as many items below that you would want in your policy:

- ☒ Ability to renew the term without having to undergo new medical exams.
- ☒ Ability to convert to a cash value policy later on.
- ☒ I/we need to discuss these with your brokerage firm before making these decisions.

12. If you feel there is a maximum annual premium you could afford, without our brokerage firm first mathematically computing the actual number, please state that amount: \_\_\_\_\_

13. Many people do not realize that the premium for a permanent policy can vary tremendously, even for the same death benefit, due to the following components: a) mortality cost; b) investment performance; c) when the cash value will run out; and d) when the face value will no longer be 100% of what you intended. In order to neutralize one of the most important variables, when we create an illustration, would you like us to guarantee that the face value will never drop below your intended death benefit? ☒ Yes

☒ No

14. Rank the following areas of concern from 1 (strongest) to 4:

- \_\_\_ Strong guarantees of return by the insurance company
- \_\_\_ Paying a lower initial premium
- \_\_\_ Best potential for a higher investment return that will ultimately increase the face value or amount I/we can withdraw.
- \_\_\_ Ability for the insurance company to meet its commitment to pay out on the policy.

15. Please let us know if you have any other comments or concerns about insurance:

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Existing Policies, if any

16. If you have any existing term or permanent insurance policies, please complete as much as possible for EACH policy. A permanent policy might be universal, whole life, variable, etc. If you have the policy summary page and can fax/email it to us, please do so.

	TERM POLICY	PERMANENT POLICY
Name of Insured		

Owner of Policy (not always the beneficiary)		
Beneficiary		
Date policy started		
Death benefit	\$	\$
Year premiums expected to stop		
Check if any portion is paid for by an employer	X	X
Annual premiums paid by you	\$	\$
Premiums paid by an employer, if any	\$	\$
Net cash surrender value, if any		\$

## Rollover Contribution Application

### Your Information

Name: Jane Wilson Home Phone: (123) 456-7890  
Social Security #: 123-45-6789 Work Phone: (123) 456-7891  
Email Address: jwilson@abc.net Salary (optional): \_\_\_\_\_  
Date of Birth: 01/23/1950 Marital Status (optional): \_\_\_\_\_  
Retirement Plan Name: \_\_\_\_\_ Current Employer: ABC Company

### Distributing Plan or IRA Information (where the rollover is coming from)

Administrator or Custodian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Retirement Plan or IRA: \_\_\_\_\_

### Rollover Type

This retirement plan only accepts rollovers from the following types of retirement accounts. If your savings is from another type of account, it is not eligible to roll into your current employer's plan. If you are not certain of the account type, please contact your prior plan administrator or custodian for verification.

My rollover contribution is from:

- ☐ a 401(k) or 401(a)
- ☐ a 403(b)(7)
- ☐ a 457 government savings plan
- ☐ an IRA described in Code Section 408(a), as long as the IRA qualifies as a "conduit" IRA; provided, however, that such account does not include amounts designated as a Roth individual retirement account described in Code Section 408A

☐ Check if this is the return of a Qualified Disaster Relief Distribution (may not exceed \$100,000). Provide name of disaster here and please attach an explanation

Please also provide the total after-tax ROTH contributions (if any) or the amount of ROTH savings you added to your employer-sponsored plan along with the earnings on that money. I certify that my enclosed rollover includes the following ROTH savings:

\_\_\_\_\_ ROTH Start Date (if any)  
\$ \_\_\_\_\_ ROTH Contributions (if any)  
\$ \_\_\_\_\_ ROTH Earnings (if any)  
\$ \_\_\_\_\_ Total (if any)

### **Your Certification and Signature**

By signing this application, I certify that the information in this application is complete and correct.

- This rollover contribution is of amounts I received as an "eligible rollover distribution"
- I did not receive the funds as a non-spouse beneficiary of a death benefit.
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.
- If an indirect rollover, (the distribution was originally paid directly to you by the prior plan administrator or custodian), I am rolling over these funds within 60 days of the date I received them from an eligible employer plan or IRA.
- If from an IRA, these funds would be included in my gross income if not rolled over (no after-tax funds).
- These funds do not include any required minimum distributions (age 70½).

*If you are not certain on any of these items, please contact your prior plan administrator or custodian for verification. Also, if there are no investment instructions on file, these funds will be invested according to our default instructions.*

Signature: \_\_\_\_\_

Date: April 1, 2017

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Check if smoker: ☐

Spouse's name, if any: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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\$ \_\_\_\_\_

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☐ Yes ☐ No

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15. Please let us know if you have any other comments or concerns about insurance:

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Existing Policies, if any

16. If you have any existing term or permanent insurance policies, please complete as much as possible for EACH policy. A permanent policy might be universal, whole life, variable, etc. If you have the policy summary page and can fax/email it to us, please do so.

	TERM POLICY	PERMANENT POLICY
Name of Insured		
Owner of Policy (not always the beneficiary)		
Beneficiary		
Date policy started		
Death benefit	\$	\$
Year premiums expected to stop		
Check if any portion is paid for by an employer	<input type="checkbox"/>	<input type="checkbox"/>
Annual premiums paid by you	\$	\$
Premiums paid by an employer, if any	\$	\$
Net cash surrender value, if any		\$

## Rollover Contribution Application

### Your Information

Name: Jane Wilson Home Phone: (123) 456-7890  
Social Security #: 123-45-6789 Work Phone: (123) 456-7891  
Email Address: jwilson@abc.net Salary (optional): \_\_\_\_\_  
Date of Birth: 01/23/1950 Marital Status (optional): \_\_\_\_\_  
Retirement Plan Name: \_\_\_\_\_ Current Employer: ABC Company

### Distributing Plan or IRA Information (where the rollover is coming from)

Administrator or Custodian: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Retirement Plan or IRA: \_\_\_\_\_

### Rollover Type

This retirement plan only accepts rollovers from the following types of retirement accounts. If your savings is from another type of account, it is not eligible to roll into your current employer's plan. If you are not certain of the account type, please contact your prior plan administrator or custodian for verification.

My rollover contribution is from:

- ☐ a 401(k) or 401(a)
- ☐ a 403(b)(7)
- ☐ a 457 government savings plan
- ☐ an IRA described in Code Section 408(a), as long as the IRA qualifies as a "conduit" IRA; provided, however, that such account does not include amounts designated as a Roth individual retirement account described in Code Section 408A

☐ Check if this is the return of a Qualified Disaster Relief Distribution (may not exceed \$100,000). Provide name of disaster here and please attach an explanation

Please also provide the total after-tax ROTH contributions (if any) or the amount of ROTH savings you added to your employer-sponsored plan along with the earnings on that money. I certify that my enclosed rollover includes the following ROTH savings:

\_\_\_\_\_ ROTH Start Date (if any)  
\$ \_\_\_\_\_ ROTH Contributions (if any)  
\$ \_\_\_\_\_ ROTH Earnings (if any)  
\$ \_\_\_\_\_ Total (if any)

## Your Certification and Signature

By signing this application, I certify that the information in this application is complete and correct.

- This rollover contribution is of amounts I received as an "eligible rollover distribution"
- I did not receive the funds as a non-spouse beneficiary of a death benefit.
- I did not receive the funds as one of a series of periodic payments.
- I did not receive the funds as a hardship distribution.
- If an indirect rollover, (the distribution was originally paid directly to you by the prior plan administrator or custodian), I am rolling over these funds within 60 days of the date I received them from an eligible employer plan or IRA.
- If from an IRA, these funds would be included in my gross income if not rolled over (no after-tax funds).
- These funds do not include any required minimum distributions (age 70½).

*If you are not certain on any of these items, please contact your prior plan administrator or custodian for verification. Also, if there are no investment instructions on file, these funds will be invested according to our default instructions.*

Signature: \_\_\_\_\_

Date: April 1, 2017