

VALUES AND GOALS ASSESSMENT

Personal Profile

Personal Profile for:

Date:

Representative:

Representative Number:

How We Work With You

Assessment

Our needs-based approach means learning more about your financial needs, situation and goals. We gather information through face-to-face meetings, phone conversations, and written communications with you.

Collaborate and Orchestrate

Study the information, evaluate options, then together we prepare recommendations based on your financial foundation and the goals you are trying to reach.

Implement Solutions

Then, working closely with you, we activate your financial management program. Any decisions you make and any actions you take are entirely up to you.

Conduct Periodic Reviews

People, personal circumstances, and the economy change. The most important part of your financial process is periodic reviews. We monitor your financial management program with you, keeping it on course to meet your financial needs and goals.

How did the member hear about this financial management program:

- | | | | | |
|--|---|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> CU Staff | <input type="checkbox"/> Friend | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Letter | <input type="checkbox"/> Lobby Display |
| <input type="checkbox"/> Statement Stuffer | <input type="checkbox"/> Internet (MFN) | <input type="checkbox"/> Sign | <input type="checkbox"/> Flyer | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Other _____ | | | |

If referred, who referred member?

Personal Financial Management Goals

What do you expect to accomplish today? _____

What are your long term financial goals? _____

Please rank the following in order of importance to member (1-9)

Retirement	Investing	Protection	Education Funding	Estate Planning
Tax Savings	Need a Loan	Home Purchase	Vehicle Purchase	Other

Members' *interests, passions*? _____

<u>Relationship</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Gender</u>	<u>Social Security Number</u>
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Member
Spouse/Partner
Dependents

Grandchildren

Home Address Information

Address	Mailing Address (if different
City State Zip	City State Zip
Day Phone	Evening Phone
Work Phone	Home Fax
E-Mail Address	

Occupation/Income Information

Member		Spouse/Partner	
Employer		Employer	
Occupation		Occupation	
Date Hired	Phone	Date Hired	Phone
Base Pay \$	Add'l Pay \$	Base Pay \$	Add'l Pay \$
Pension Income \$		Pension Income \$	
Social Security Income \$		Social Security Income \$	
Other Sources of Income \$		Other Sources of Income \$	
Total Income All Sources \$0		Total Income All Sources \$0	
Combined Tax Bracket?	<input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 27% <input type="checkbox"/> 30% <input type="checkbox"/> 35% <input type="checkbox"/> 38.6% <input type="checkbox"/> Other %		

Financial Information

FINANCIAL INFORMATION: Checking, Savings, Share Certificates/CDs, Annuities, IRAs, TSAs, Pension Plans, Stocks, Bond, Mutual Funds, Home, Property, Education Savings Accounts, College Saving Plans, etc.

Financial Assets

<i>Assets</i>	Current Value	Financial Institution	Maturity Date	Qualified Funds	
Share/Checking	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Market	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
CDs (< 1 year)	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
CASH ASSETS	\$	0			

Income Assets

<i>Income Assets</i>	Current Value	Financial Institution	Maturity Date	Qualified Funds	
CDs (>1 year)	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixed Annuities	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Bond Funds	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
INCOME ASSETS	\$	0			

Growth Assets

<i>Growth Assets</i>	Current Value	Financial Institution	Maturity Date	Qualified Funds	
Stock	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Variable Annuities	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRAs Roth/Traditional	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pension Plan/401k	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retirement/ESOP	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$			<input type="checkbox"/> Yes	<input type="checkbox"/> No
GROWTH ASSETS	\$	0			

Physical Assets

<i>Physical Assets</i>	Current Value
Home	\$
Other Real Estate	\$
Autos	\$
Personal Property	\$
	\$
PHYSICAL ASSETS	\$ 0
TOTAL ASSETS	\$ 0

Which do you consider your primary financial institution?

- A. Credit Union B. Bank C. Brokerage Firm D. Other
 Name of Institution: _____

Liabilities

<i>Liabilities</i>	Current Balance	Financial Institution	Interest Rate	Monthly Payment	Term Remaining	Loan Insured
Mortgage (P&I)	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Auto Loans	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Cards	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$		%	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL LIABILITIES	\$ 0			\$0		
TOTAL ASSETS	\$0	- TOTAL LIABILITIES	\$0	= NET WORTH	\$0	

Notes:

Time Horizon and Attitudes Towards Risk

1. How soon will you start spending this money? SCORE
 A. Less than 5 years (100) B. 5-14 years (200) C. Over 15 years (300) _____
2. How would you describe your level of investment experience?
 A. Little Experience (1) B. Average Experience (5) C. High Experience (10) _____
3. How would you describe your tolerance for short-term fluctuations in the value of your portfolio?
 A. Low Tolerance (1) B. Average Tolerance (5) C. High Tolerance (10) _____
4. Indicate the use of current income received from your portfolio?
 A. Consumption (1) B. Consumption & Reinvestment (5) C. Reinvestment (10) _____
5. Which objective best describes your investment goals?
 A. Preserve Current Value (1) B. Generate Income (3) C. Income & Growth (5)
 D. Growth & Income (10) E. Grow Long-Term Wealth (15) _____

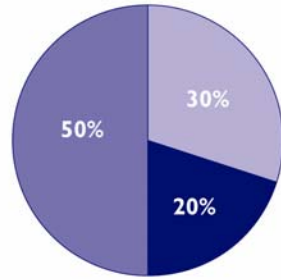
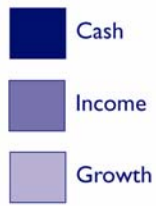
TOTAL 0

Match score to 1 of 9 model portfolios on the next page

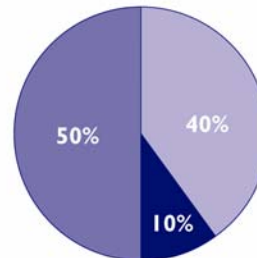
Cash <ul style="list-style-type: none"> • Checking/Share Accounts • Savings Accounts • Money Market Accounts • CDs less than 1 year to maturity • Treasury Bills 		Income <ul style="list-style-type: none"> • CDs more than 1 year to maturity • Savings Bonds • Fixed Annuities • Diversified Bond Mutual Bonds • Treasury Notes and Bonds • Government Agency Securities • Corporate Bonds 		Growth <ul style="list-style-type: none"> • Individual Stocks/Equities • Diversified Stock Mutual Funds • Variable Annuities 	
Cash		Income		Growth	
Current	%	Current	%	Current	%
\$0		\$0		\$0	
Proposed	%	Proposed	%	Proposed	%
\$		\$		\$	
Difference	%	Difference	%	Difference	%
\$		\$		\$	

RISK TOLERANCE INVESTING

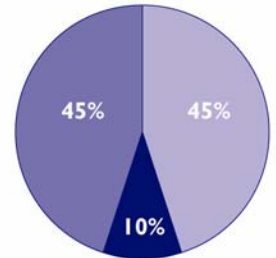
Model Portfolios



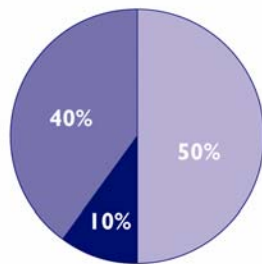
Short Term - Conservative
Score 104-111



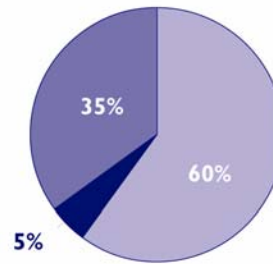
Short Term - Moderate
Score 112-132



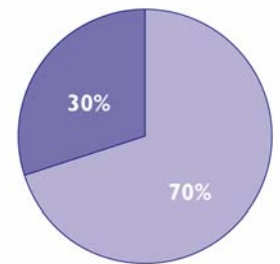
Short Term - Aggressive
Score 133-203



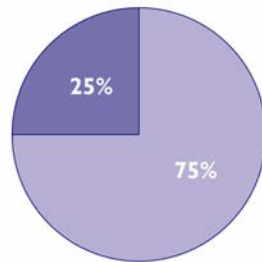
Intermediate - Conservative
Score 204-211



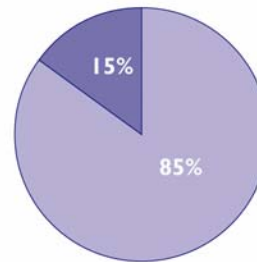
Intermediate Term - Moderate
Score 212-232



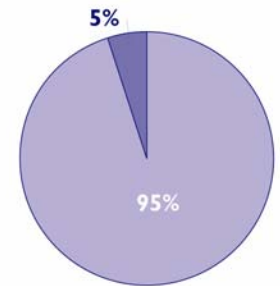
Intermediate Term - Aggressive
Score 233-303



Long Term - Conservative
Score 304-311



Long Term - Moderate
Score 312-332



Long Term - Aggressive
Score 333-345

Model portfolios are designed to provide guidance to investors based on a specific time horizon, risk tolerance and investment objective. The model portfolios presented here represent suggested allocations based on the answers provided on the previous page. Investors may, however, choose their own allocation based on personal preference and unique needs.

Life Insurance

Existing Life Insurance Coverage

M - Member/Client, S - Spouse/Partner, D - Dependent

Life	Company	Face Amount	Cash Value	Annual Premium	Employer Provided	Type of Insurance
M, S, D		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> GL
M, S, D		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> GL
M, S, D		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> GL
M, S, D		\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> UL <input type="checkbox"/> VUL <input type="checkbox"/> GL

T - Term Life, W - Whole Life, UL - Universal Life, VUL - Variable Universal Life, GL - Group Life

What do you want your life insurance to do for you and your family?

- Replace Income Burial Mortgage Protection Pay Off Loan
 Leave for Inheritance Fund Education Other _____

Has anyone reviewed your life insurance with you in the past 12 months? Yes No

Do you know whether your current life insurance is adequate to provide for your family needs? Yes No

Long Term Care

Company	Maximum Daily Benefit	Waiting Period	Maximum Benefit Period	Inflation Rider	Employer Provided	Annual Premium
Member/Client	\$	Days		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Spouse/Partner	\$	Days		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Parents/Other	\$	Days		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Has anyone discussed long-term care with you in the past 12 months? Yes No

Disability Income Protection

Insurance Company	Daily Benefits	Waiting Period	Maximum Benefit Period	Inflation Rider	Employer Provided	Annual Premium
Member/Client	\$	Days		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Spouse/Partner	\$	Days		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Has anyone discussed disability income protection with you in the past 12 months? Yes No

Auto/Home Coverage

M - Member/Client, S - Spouse/Partner, D - Dependent

Auto/Home Company	Expiration Date	Term of Insurance	Annual Premium	Type of Insurance
M, S, D		<input type="checkbox"/> 6 Mo. <input type="checkbox"/> 1 Yr.	\$	<input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> U
M, S, D		<input type="checkbox"/> 6 Mo. <input type="checkbox"/> 1 Yr.	\$	<input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> U
M, S, D		<input type="checkbox"/> 6 Mo. <input type="checkbox"/> 1 Yr.	\$	<input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> U
M, S, D		<input type="checkbox"/> 6 Mo. <input type="checkbox"/> 1 Yr.	\$	<input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> R <input type="checkbox"/> U

A - Auto, H - Home, R - Renters, U - Umbrella

Has anyone reviewed your auto and homeowners coverage in the past 12 months? Yes No

Needs Identified / Product(s) Recommended / Rationale for Recommendations:

Accepted

If no, why not?

Next Appointment: Date: _____ Time:

What is the member's preference when it comes to conducting their financial management affairs?

Working directly with a Representative By Phone Through the Mail Through the Internet

Follow-up items for next meeting:

- 1.
- 2.
- 3.
- 4.
- 5.

Notes

Representatives are registered through, and securities are sold through, CUNA Brokerage Services, Inc. (CBSI), member NASD/SIPC, 2000 Heritage Way, Waverly, Iowa 50677, toll-free (866) 512-6109. Insurance sold through licensed CUNA Mutual Life Insurance Company Representatives, and in New York, licensed insurance representatives of other companies. Nondeposit investment products are not federally insured, involve investment risk, may lose value and are not obligations of or guaranteed by the credit union.

The Representative may also be a credit union employee that accepts deposits on behalf of the credit union.