

FINANCIAL FOUNDATION[®] REPORT

PROFILE QUESTIONNAIRE

Welcome to Merrill Lynch's Financial Foundation[®] report. This Profile Questionnaire is the first step—and a key one—in developing a long-range plan to help you achieve your financial goals.

Before you begin filling in the blanks, read through the entire questionnaire. Then, collect the source documents—e.g., pay stubs, income tax returns, wills, retirement plan reports, and bank, brokerage and benefit statements—that you will need to complete it.

Please print clearly or type all information, and take care to answer each question fully. Write only on the lines provided; do not write in the margin or on the front cover.

*If you are unsure of a certain dollar amount, do not leave the question blank, but respond with a close estimate. As indicated throughout the Profile Questionnaire, we will use assumptions for filling in certain blanks. Because no one else is just like you, the information you give us, even estimated data, is preferred. **Note that if you do not provide an answer to a particular question, we will assume the question does not pertain to you.***

If you need assistance in completing the Profile Questionnaire, contact your Financial Advisor.

We look forward to presenting you with your Financial Foundation report.



Merrill Lynch

PERSONAL INFORMATION

CLIENT 1

CLIENT 2

| | | |
|-----------------------------------|---|---|
| 1. First Name | _____ | _____ |
| Middle Initial | _____ | _____ |
| Last Name | _____ | _____ |
| Suffix | _____ | _____ |
| Nickname | _____ | _____ |
| 2. Date of Birth | __ __ / __ __ / __ __ __ __ | __ __ / __ __ / __ __ __ __ |
| 3. Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 4A. Social Security Number | __ __ __ - __ __ - __ __ __ __ | __ __ __ - __ __ - __ __ __ __ |
| 4B. U.S. Citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5A. E-mail Address | _____ | _____ |
| 5B. Street Address | _____ | Apartment Number _____ |
| City, State | _____ | ZIP Code _____ |
| 6. Marital Status | <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Domestic Partner | |

WIDOW OR WIDOWER

6A. If you have been widowed, include the following information about your **deceased spouse**.

| | |
|------------------------------------|--|
| First Name | _____ |
| Date of Birth | __ __ / __ __ / __ __ __ __ |
| Date of Death | __ __ / __ __ / __ __ __ __ |
| Social Security Eligible? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security Benefit | \$ _____ Per Month at Age 65 |
| or Annual Earnings at Death | \$ _____ |

CHILDREN/GRANDCHILDREN

7A. Children/Grandchildren. List the first name, gender and date of birth for all of your children, including adult children. Include any planned children and expected years of birth. Also list this information for your grandchildren for whom you want a college analysis and indicate "Grandchild" in the Child/Grandchild column.

| First Name | Gender | Date of Birth | Child/Grandchild |
|-------------------|-------------------|-----------------------------|-------------------------|
| A. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| B. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| C. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| D. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| E. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| F. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| G. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| H. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| I. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| J. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| K. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |
| L. _____ | __ Male __ Female | __ __ / __ __ / __ __ __ __ | __ Child __ Grandchild |

EDUCATION INFORMATION

7B. If you wish a college analysis for a child (or grandchild), indicate College Start Year and/or Funds Set Aside. **Note:** (a) Match the line used for each child with the corresponding line from Question 7A. If you do not wish an analysis for a child listed in Question 7A, leave the corresponding line below blank. (b) In the Funds Set Aside column, enter current market values only. Example: If a zero-coupon bond will mature to full face value at a child's/grandchild's college start year, enter the bond's value today, not face value. (c) The assets listed here **should not be included** under Investment Assets (Questions 14–18). (d) If you wish to have an analysis for a child based on a specific school, list the school in the column provided. If you do not list a specific school, **average national private university costs** will be used. You also will receive an analysis assuming average public university costs in your state.

| Name | College Start Year | Funds Set Aside | School Choice |
|-------------|---------------------------|------------------------|----------------------|
| A. _____ | __ __ __ __ | \$ _____ | _____ |
| B. _____ | __ __ __ __ | \$ _____ | _____ |
| C. _____ | __ __ __ __ | \$ _____ | _____ |
| D. _____ | __ __ __ __ | \$ _____ | _____ |
| E. _____ | __ __ __ __ | \$ _____ | _____ |
| F. _____ | __ __ __ __ | \$ _____ | _____ |
| G. _____ | __ __ __ __ | \$ _____ | _____ |
| H. _____ | __ __ __ __ | \$ _____ | _____ |
| I. _____ | __ __ __ __ | \$ _____ | _____ |
| J. _____ | __ __ __ __ | \$ _____ | _____ |
| K. _____ | __ __ __ __ | \$ _____ | _____ |
| L. _____ | __ __ __ __ | \$ _____ | _____ |

EMPLOYMENT INFORMATION

| | CLIENT 1 | CLIENT 2 |
|---------------------|-----------------------|-----------------------|
| 8. Profession/Title | _____ | _____ |
| Employer | _____ | _____ |
| Years of Service | __ Years | __ Years |
| 9. Business Phone | __-__-__-__-__ x ____ | __-__-__-__-__ x ____ |
| Home Phone | __-__-__-__-__ | __-__-__-__-__ |

PERSONAL ASSETS INFORMATION

| | CURRENT VALUE Primary Residence | CURRENT VALUE Secondary Residence (not rental property) |
|----------------------------|---|--|
| 10. Market value | \$ _____ | \$ _____ |
| Mortgage Balance | \$ (_____) | \$ (_____) |
| Type of Mortgage | __ Fixed __ Adjustable __ Fixed to Adjustable Adjustable period begins __ __ / __ __ - __ __ | __ Fixed __ Adjustable __ Fixed to Adjustable Adjustable period begins __ __ / __ __ - __ __ |
| Current Mortgage Int. Rate | _____ % (rate used to calculate your next payment) | _____ % |
| Monthly Payments Remaining | __ Months | __ Months |
| Holding Period | __ Years (i.e., how many more years you plan to live in your home) | __ Years |
| Home Equity Loan | \$ (_____) (total outstanding balance) | |
| Automobile(s) | \$ _____ (market value: do not include leased vehicles) | |
| Auto Loan Balance | \$ (_____) | |
| Other Personal Property | \$ _____ (e.g., jewelry, furniture, appliances, clothing) | |
| Unsecured Personal Debt | \$ (_____) (e.g., credit card debt) | |
| Securities-Based Debt | \$ (_____) (i.e., loans secured by investment holdings used to purchase something other than securities) | |

11. Personal Asset Ownership
 Estimate the percentage ownership of personal assets (and liabilities) listed above. Only clients who are married and live in (or have lived in) a Community Property state should include a value on the Community Property line. **Note:** Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. (If you are married and live in a non-Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets jointly. If you are married and live in a Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets as **Community Property**.)

Client 1 ____% + Client 2 ____% + Joint ____% + Community Property ____% = 100%

RETIREMENT ASSETS INFORMATION

12. Indicate the value of your retirement plan assets. If you do not own a particular type of account, indicate a zero (0) balance. Defined-benefit plans (e.g., annual pension plans that will pay a specific amount in retirement typically based on your salary and years of service) should be included in **Question 24A**.

| | CLIENT 1 | | CLIENT 2 | |
|---|------------------------|--|------------------------|--|
| EMPLOYER ACCOUNTS | CURRENT BALANCE | ANNUAL CONTRIBUTION | CURRENT BALANCE | ANNUAL CONTRIBUTION |
| Profit Sharing (e.g., 401(k) and other defined-contribution plans) | \$ _____ | \$ _____ PER YR (your contribution) | \$ _____ | \$ _____ PER YR (your contribution) |
| | | \$ _____ PER YR (employer contribution) | | \$ _____ PER YR (employer contribution) |
| Company SEP Accounts (e.g., salary-deferred SEP or SIMPLE IRA accounts) | \$ _____ | \$ _____ PER YR (your contribution) | \$ _____ | \$ _____ PER YR (your contribution) |
| | | \$ _____ PER YR (employer contribution) | | \$ _____ PER YR (employer contribution) |
| Deferred Compensation | \$ _____ | \$ _____ PER YR | \$ _____ | \$ _____ PER YR |
| Employer-Sponsored Annuities (e.g., TIAA-CREF annuity or 403(b)) | \$ _____ | \$ _____ PER YR (your contribution) | \$ _____ | \$ _____ PER YR (your contribution) |
| | | \$ _____ PER YR (employer contribution) | | \$ _____ PER YR (employer contribution) |
| Keogh-Type Accounts (e.g., self-employed plans, profit sharing or money purchase) | \$ _____ | \$ _____ PER YR | \$ _____ | \$ _____ PER YR |
| Self-Employed SEP Accounts | \$ _____ | \$ _____ PER YR | \$ _____ | \$ _____ PER YR |
| OTHER RETIREMENT ACCOUNTS | | | | |
| Traditional IRA Accounts | \$ _____ | \$ _____ PER YR | \$ _____ | \$ _____ PER YR |
| Roth IRA Accounts | \$ _____ | \$ _____ PER YR | \$ _____ | \$ _____ PER YR |
| Personally Owned Annuities | \$ _____ | \$ _____ PER YR (current contribution) | \$ _____ | \$ _____ PER YR (current contribution) |
| | | \$ _____ PER YR (accumulated contributions) | | \$ _____ PER YR (accumulated contributions) |

13A. Current Retirement Asset Allocation

Estimate these percentages to have your retirement assets included in the recommended asset allocation.

| | CLIENT 1 | CLIENT 2 |
|--------------|----------|----------|
| Equities | _____ % | _____ % |
| Fixed Income | _____ % | _____ % |
| Cash | _____ % | _____ % |

13B. International Equity Allocation

If you provided your Current Retirement Asset Allocation in Question 13A, indicate the portion of your retirement equities that represent companies incorporated outside the United States.

| | CLIENT 1 | CLIENT 2 |
|---|----------|----------|
| % of Retirement Equities Invested in International Equities | _____ % | _____ % |

INVESTMENT ASSETS INFORMATION

Indicate the current market value of your investment assets. If you do not own a particular type of asset, indicate a zero (0) balance. **Exclude retirement assets, UGMA/UTMA assets and irrevocable trust assets.** Any non-excluded professionally managed accounts and living trust assets should be divided into appropriate asset classes.

14. CASH AND CASH EQUIVALENTS

| | | | |
|------------------------------|----------|---|----------|
| Checking Accounts | \$ _____ | Near Cash | \$ _____ |
| | | (e.g., CDs, Treasuries or other bonds maturing in one year or less) | |
| Savings Accounts | \$ _____ | Other Cash | \$ _____ |
| | | (e.g., credit union accounts) | |
| Money Market Accounts | \$ _____ | | |

15A. Equities

| | | | |
|-------------------------------|----------|---------------------------|----------|
| Common Stock | \$ _____ | Stock Mutual Funds | \$ _____ |
| Convertible Securities | \$ _____ | Other Equities | \$ _____ |

15B. International Equities

If you indicated your own equities above, indicate the portion of your equities that represent companies incorporated outside the U.S.

_____ % of equity investments invested in international equities

16. Fixed Income

| | | | |
|------------------------------------|----------|--|----------|
| Municipal Bonds/Funds/UITs | \$ _____ | Long-Term CDs | \$ _____ |
| | | (e.g., CDs maturing in more than one year) | |
| Corporate Bonds/Funds/UITs | \$ _____ | Preferred Stock | \$ _____ |
| U.S. Government Issues/UITs | \$ _____ | Other Fixed Income | \$ _____ |

17. Margin Loan Balance \$ (_____)

Indicate the current value of securities-based debt used to purchase securities. **Note:** Your retirement and survivor analysis will net the margin loan balance from the current value of your portfolio asset base.

18. Other Investments

Note: (a) Indicate the current market values only. (b) We will assume that the assets listed below are available to support your desired retirement and, if applicable, survivor lifestyle needs. If you do not wish an asset value to be used for these needs (i.e., you wish to leave it to your heirs), indicate No. (c) If you expect a specific amount of income from any of these assets to be available to support your desired lifestyle needs, indicate No and use **Question 33B**. (d) Enter, in **Question 27**, income generated from any of these assets that you are currently receiving.

| | | | | | | | |
|--|----------|-----------|-------|---------------------------------------|----------|-----------|-------|
| Receivables | \$ _____ | No | _____ | Hard Assets | \$ _____ | No | _____ |
| (Notes/Mortgages owed to you) | | | | (e.g., precious metals) | | | |
| Net Income-Producing Real Estate | \$ _____ | No | _____ | Net Business Interests You Own | \$ _____ | No | _____ |
| (Market value minus mortgage loan balance) | | | | (Business value minus debt) | | | |
| Other Net Investment Real Estate | \$ _____ | No | _____ | Other Investment Assets | \$ _____ | No | _____ |
| (e.g., raw land; market value minus debt) | | | | (e.g., not listed above) | | | |
| Direct Investments | \$ _____ | No | _____ | | | | |
| (e.g., Limited Partnerships) | | | | | | | |

19. Investment Asset Ownership

Estimate the percentage ownership of investment assets and margin listed in Questions 14–18. Only clients who are married and live in (or have lived in) a Community Property state should include the value on the Community Property line. **Note:** Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. (If you are married and live in a non-Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets jointly. If you are married and live in a Community Property state and leave all four lines blank, we will assume Client 1 and Client 2 own 100% of all assets as **Community Property.**)

Client 1 ____% + Client 2 ____% + Joint ____% + Community Property ____% = 100%

20. Incentive Compensation Awards

Employee Stock Option Bargain Element: Number of shares multiplied by current market price minus exercise price (i.e., number of shares x [current market price–exercise price])

| | CLIENT 1 | | CLIENT 2 | |
|-----------------------------------|--------------------|------------|--------------------|------------|
| | VESTED | NON-VESTED | VESTED | NON-VESTED |
| Non-Qualified Stock Option | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Incentive Stock Option | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Current Market Price/Share | \$ _____ PER SHARE | | \$ _____ PER SHARE | |

20A. Incentive Compensation Awards

If you have incentive compensation awards, enter the bargain element for each award on the appropriate line. The bargain element is the number of shares multiplied by current market price minus exercise price (i.e., number of shares x [current market price–exercise price]). Any shares that are not “in the money” (i.e., the bargain element is less than zero) should not be included.

| | CLIENT 1 Bargain Element | | CLIENT 2 Bargain Element | |
|-------------------------------|-----------------------------|------------|-----------------------------|------------|
| Type of Award | VESTED | NON-VESTED | VESTED | NON-VESTED |
| Shadow Stock | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| SAR Supplemental | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Options | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Restricted Stock | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Company Name | _____ | | _____ | |
| International Employer | __ Yes __ No | | __ Yes __ No | |

If you would like a detailed analysis of the financial impact of exercise-and-hold and exercise-and-sell strategies, contact your Financial Advisor about the Employee Stock Option Analysis, which can be added to the Financial Foundation report for an additional fee.

ESTATE INFORMATION

The following Information affects your estate.

| | CLIENT 1 | CLIENT 2 |
|--|--------------|--------------|
| 21A. Do you have a will? | __ Yes __ No | __ Yes __ No |
| Do you have a living trust? (A legal document established during your lifetime containing assets that will pass outside your will. This is NOT a living will.) | __ Yes __ No | __ Yes __ No |
| Do your will/living trust have a Unified Credit Provision? (Sometimes referred to as a Bypass or A/B Trust) | __ Yes __ No | __ Yes __ No |

21B. Attorney’s Name (optional) _____

21C. Prior Taxable Gifts \$ _____ \$ _____

(Only for individuals who filed gift-tax returns in any prior tax year.) Indicate the total amount of taxable gifts (i.e., gifts over \$11,000 in a single year) made to individuals other than your spouse.

Prior Gift Tax Paid \$ _____ \$ _____

(Only for individuals who filed gift-tax returns in any prior tax year.) Indicate the total amount of the tax paid in all prior tax years.

21D. Bequests to Others \$ _____ \$ _____

(Only for married individuals.) Indicate the value or percentage of property that, if you were to predecease your spouse, would pass to individuals other than your spouse under the conditions of your will/trust/other agreements.

Personal Assets to Others \$ _____ \$ _____

(e.g., home, automobile, jewelry, collectibles)

Portfolio Assets to Others \$ _____ \$ _____

(e.g., cash, securities)

Other Investment Assets to Others \$ _____ \$ _____

(e.g., rental property, business interests)

Life Insurance to Others \$ _____ \$ _____

Qualified Retirement Plan and Traditional IRA Assets _____ % _____ %

(e.g., profit sharing, SEP, Keogh)

Roth IRA Assets _____ % _____ %

21E. We assume that estate taxes on your bequests are paid out of the remainder of your estate. If you would like the taxes to be paid by the heirs receiving the above property, check here.

___ Paid by heirs

___ Paid by heirs

22. Life Insurance (face amounts)

Indicate the face amount of policies on which you are the insured. Exclude accidental death, key-person and buy-sell insurance.

Amount Provided by Employer \$ _____ \$ _____

Amount You Personally Own \$ _____ \$ _____

Cash Value \$ _____ \$ _____

Amount of equity built up in your whole or universal life policy listed above

Amount Your Spouse Owns on You \$ _____ \$ _____

Cash Value \$ _____ \$ _____

Amount of equity built up in your spouse-owned whole or universal life policy listed above

Amount Owned by Others \$ _____ \$ _____

(i.e., trust)

23. Survivorship (second-to-die) Insurance (face amount) \$ _____

This insurance covers a married couple and pays out upon the death of the second spouse. We will assume this insurance is owned by someone other than the insured (i.e., a trust).

RETIREMENT BENEFITS INFORMATION

CLIENT 1

CLIENT 2

24A. Employer-Sponsored Pension \$ _____ PER MO @ AGE ____
(today's dollars)

\$ _____ PER MO @ AGE ____
(today's dollars)

(i.e., defined-benefits plan from current employer [monthly amount at age 65 or their projected retirement age].
This is the benefit amount in today's dollars based on your current salary.)

Is this pension subject to a Cost-of-Living Adjustment (COLA)? __ Yes __ No

__ Yes __ No

Pension II. If you are eligible for a pension from a past employer or a discontinued pension from your present employer, indicate the monthly amount.

Employer-Sponsored Pension II \$ _____ PER MO @ AGE ____
(today's dollars)

\$ _____ PER MO @ AGE ____
(today's dollars)

Eligible for Cost-of-Living Adjustment (COLA)? __ Yes __ No

__ Yes __ No

24B. Monthly Survivor Benefit I \$ _____ PER MO @ AGE ____
(today's dollars)

\$ _____ PER MO @ AGE ____
(today's dollars)

If, today, your employer pension in Question 24A would provide a survivor benefit for your family, enter the family benefit amount and start year. Amount should not exceed Employer-Sponsored Pension. If the survivor benefit is a one-time payout, enter payment amount under "Amount Provided by Employer."

Monthly Survivor Benefit II _____ PER MO @ AGE ____
(today's dollars)

\$ _____ PER MO @ AGE ____
(today's dollars)

25A. Are you eligible to receive Social Security in retirement? __ Yes __ No

__ Yes __ No

If Yes, we will estimate Social Security based on annual earnings in Question 27 and your desired retirement age.

25B. Optional:

If you have an estimate of your monthly Social Security benefit, enter amount here and indicate the age at which the benefit begins.

\$ _____ PER MO @ AGE ____

\$ _____ PER MO @ AGE ____

25C. Railroad Retirement

Are you covered by Railroad Retirement? __ Yes __ No

__ Yes __ No

Tier I Monthly Amount \$ _____ PER MO @ AGE ____

\$ _____ PER MO @ AGE ____

Tier II Monthly Amount \$ _____ PER MO @ AGE ____

\$ _____ PER MO @ AGE ____

DISABILITY BENEFITS INFORMATION

26. Long-Term Disability Income Coverage

Do not include Social Security or any benefits that last less than two years.

| | CLIENT 1 | CLIENT 2 |
|---|--|--|
| Employer-Provided Coverage | | |
| Benefit amount paid for you by employer | \$ _____ PER MO | \$ _____ PER MO |
| Benefit amount paid by you | \$ _____ PER MO | \$ _____ PER MO |
| Personally Owned Coverage | \$ _____ PER MO | \$ _____ PER MO |
| Disability/Health Care Benefits | | |
| 26A. Long-Term Care Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of Purchase (MM/YYYY) | ___/___/___ | ___/___/___ |
| 26B. Do you currently have Health Care Coverage? | <input type="checkbox"/> Personally Owned <input type="checkbox"/> Employer Provided <input type="checkbox"/> None | <input type="checkbox"/> Personally Owned <input type="checkbox"/> Employer Provided <input type="checkbox"/> None |
| 26C. Do you currently have Medigap Insurance? (only applicable if age 65 or over) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

INCOME INFORMATION

27. Sources of Income

List **annual** amounts you are **currently receiving**. "Gross salary and bonus" means total compensation prior to pre-tax contributions to retirement plans, flexible-benefit plans and deferred compensation. If you leave the Dividends, Taxable Interest and Tax-Free Income lines blank, not zero, we will assume certain returns on your assets.

| | CLIENT 1 | CLIENT 2 |
|--|-----------------|-----------------|
| Gross Salary and Bonus | \$ _____ PER YR | \$ _____ PER YR |
| Net Self-Employment (i.e., after business expenses) | \$ _____ PER YR | \$ _____ PER YR |
| Pension | \$ _____ PER YR | \$ _____ PER YR |
| Social Security | \$ _____ PER YR | \$ _____ PER YR |
| Alimony Income | \$ _____ PER YR | \$ _____ PER YR |
| Roth IRA Conversion Income (i.e., amount reportable this year) | \$ _____ PER YR | \$ _____ PER YR |
| Other Taxable Income | \$ _____ PER YR | \$ _____ PER YR |
| Dividends | \$ _____ PER YR | \$ _____ PER YR |
| Taxable Interest | \$ _____ PER YR | \$ _____ PER YR |
| Tax-Free Interest Income | \$ _____ PER YR | \$ _____ PER YR |
| Other Tax-Free Income | \$ _____ PER YR | \$ _____ PER YR |

INCOME TAX INFORMATION

| | CLIENT 1 | CLIENT 2 |
|--|-----------------|-----------------|
| 28. Flexible-Benefit Contributions | \$ _____ PER YR | \$ _____ PER YR |
| (Pre-tax contributions to a plan that reimburses you for certain out-of-pocket medical or child-care expenses) | | |
| Alimony Paid | \$ _____ PER YR | \$ _____ PER YR |
| Tax Credits | \$ _____ PER YR | \$ _____ PER YR |

Indicate available tax credits (i.e., child-care credit, low-income housing credit, foreign tax credit, education credit against the federal tax liability on your income). **Do not include the child tax credit created by the Taxpayer Relief Act of 1997.**

- 28A.** If you **routinely** experience real estate income losses (reported on Schedule E) or if you **routinely** realize capital gains or losses (reported on Schedule D), indicate the typical amounts you report on your tax return. These values will be factors in determining your tax rate and used in projecting asset values in the Retirement analysis.

| | | |
|---------------------------------------|-----------------|-----------------|
| Real Estate Loss Amount | \$ _____ PER YR | \$ _____ PER YR |
| Short-Term Capital Gain (Loss) | \$ _____ PER YR | \$ _____ PER YR |
| Long-Term Capital Gain (Loss) | \$ _____ PER YR | \$ _____ PER YR |

- 29. Total Itemized Deductions Before Reduction** \$ _____ PER YR (For Domestic Partners Only)

Estimate your itemized deductions (e.g., mortgage interest, state and local income taxes, real estate taxes). See Schedule A, Form 1040. If left blank, we will use the standard deduction.

- 30. Accountant's Name** (optional) _____

GOALS INFORMATION

- 31.** If you are not retired, indicate **either** the total amount of your current income that you plan to annually **save** or **spend**. Either value that you provide will be used to estimate your current cash flow. Your cash flow estimates will be used both to apply an annual savings estimate to your retirement goal and to help you evaluate your spending behavior. If you are retired, record your current expenses in **Question 33**.

Annual Savings \$ _____ PER YR

Indicate the total amount you plan to save annually, in addition to dividends, interest income and retirement plan contributions.

Current Spending Level \$ _____ PER YR

Indicate the total amount you spend annually, excluding federal and state income taxes, but including any municipal and property taxes.

- | | CLIENT 1 | CLIENT 2 |
|-----------------------------------|----------|----------|
| 32. Desired Retirement Age | _____ | _____ |

If you are retired, please enter current age. If Client 1 leaves the question blank, we will assume retirement at age 65. If Client 2 leaves the question blank, we will assume he or she retires at the same time Client 1 retires.

- 33. Desired Retirement Lifestyle**

How much annual spendable income, **after income taxes**, would you need to support your desired retirement lifestyle as expressed in today's dollars? If you leave this blank, we will make an estimate based on your annual income in **Question 27**.

I/We would need \$ _____ PER YEAR (in today's dollars).

33A. Retirement/Survivor Expense Override

If you anticipate additional **expenses** beyond your annual lifestyle needs that you would like to include in your retirement/survivor lifestyle, describe the expense item and indicate the following: who will incur the expense (the owner), the year the expense begins, the number of years the expense will continue, whether the expense is subject to a cost-of-living adjustment (COLA) and the amount per year.

| Item Description | Owner | Start YR | No. of YRs | COLA | Amount (today's dollars) |
|------------------|---|----------|------------|--|-----------------------------|
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |

33B. Retirement/Survivor Income Override

If you anticipate **income** that would be available to support your retirement and, if applicable, survivor lifestyle needs, indicate the following: who will incur the income (the owner), the year the income begins, the number of years the income will continue, whether the income is taxable, whether the income is subject to a cost-of-living adjustment (COLA) and the amount of income per year.

| Item Description | Owner C1/C2/JT | Start YR | No. of YRs | Taxable | COLA | Amount (today's dollars) |
|---------------------------------|---|----------|------------|--|--|-----------------------------|
| Post Retirement Salary | C1 | _____ | _____ | Y | Y | \$ _____ |
| Post Retirement Salary | C2 | _____ | _____ | Y | Y | \$ _____ |
| Business Net Proceeds | C1 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Business Net Proceeds | C2 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Real Estate Net Proceeds | C1 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Real Estate Net Proceeds | C2 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Lottery Net Proceeds | C1 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Lottery Net Proceeds | C2 | _____ | _____ | N | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| _____ | <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> JT | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |

34A. Desired Survivor Lifestyle

How much annual income, after income taxes, would your survivors need to support their lifestyle in today's dollars? Exclude education costs of tuition, room and board. If you leave this question blank, we will make an estimate based on your annual income in Question 27.

CLIENT 1

CLIENT 2

**Survivors of Client 1
would need a total of:** \$ _____
(per year in today's dollars)

**Survivors of Client 2
would need a total of:** \$ _____
(per year in today's dollars)

34B. Would this income change sometime in the future?

(e.g., need reduces after mortgage is paid off)

Express this need in today's dollars. We will adjust for inflation.

CLIENT 1

CLIENT 2

**Survivors of Client 1
would need a total of:**

\$ _____

Per year in the year _____

**Survivors of Client 2
would need a total of:**

\$ _____

Per year in the year _____

35. Future Inheritance

If you anticipate a future inheritance, indicate the estimated amount. \$ _____

36. Some common financial goals are listed below. Indicate the priority you place on any of these goals by ranking them in order. You can choose those most important to you and rank all five. **1 = Most Important, 5 = Least Important**

___ Comfortable Retirement ___ Estate Planning ___ Disability Protection ___ Survivor Protection ___ Education Planning

INVESTMENT INFORMATION

37. Do you have a central asset management account? (e.g., CMA® or CBA® account). (**Note:** If you leave this blank, we will assume you do not have one.) ___ Yes ___ No

38. Investment Risk

Select the one statement that best describes your attitude toward investment risk.

- ___ **1. Conservative:** Safety of principal is the dominant concern. Risk should be kept to a minimum.
- ___ **2. Conservative to Moderate:** Safety of principal is the dominant concern, but a secondary goal is growth of capital. Some risk is acceptable in seeking to enhance returns.
- ___ **3. Moderate:** Growth of capital and safety of principal are both important. Moderate risk is acceptable to increase growth opportunities.
- ___ **4. Moderate to Aggressive:** Growth of capital is the primary concern. But a secondary goal is safety of principal. A fair amount of risk is acceptable to take advantage of potentially significant growth opportunities.
- ___ **5. Aggressive:** Growth of capital is the primary concern. High risk is acceptable in seeking superior returns.

Note: If you do not indicate an attitude toward investment risk, we will assume Moderate (choice number 3).

39. Are you currently a Merrill Lynch client? ___ Yes ___ No

ADDITIONAL QUESTIONS

40. Your Financial Foundation report is generally provided in a three-ring binder.
If you would prefer your report be presented in a bound, hard-cover book, check here. ___

41A. Attorney's Address
If you provided your attorney's name in Question 21B, include his/her address here.

Firm Name _____
Address _____
City _____ State _____ ZIP _____
Telephone (____) _____ - _____ Ext. _____

41B. Accountant's Address
If you provided your accountant's name in Question 30, include his/her address here

Firm Name _____
Address _____
City _____ State _____ ZIP _____
Telephone (____) _____ - _____ Ext. _____

41C. Other: ___ Insurance Agent ___ Banker ___ Business Partner ___ Other

Firm Name _____
Address _____
City _____ State _____ ZIP _____
Telephone (____) _____ - _____ Ext. _____

Remarks: Use this space for any additional information you wish to provide (e.g., duration of alimony or duration of survivor benefits).

The Financial Foundation report is an investment advisory service. Merrill Lynch offers a broad range of brokerage, investment advisory and other services. For more information about any of these services and their differences, including the type of advice provided and any applicable fees, see your Financial Advisor.

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MERRILL LYNCH FINANCIAL FOUNDATION® REPORT
CLIENT ACKNOWLEDGMENT

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1. **Nature of Service.** The Financial Foundation Report is an investment advisory service designed to assist you in the area of personal financial planning by analyzing various aspects of your current financial situation including net worth, income tax, asset allocation, retirement planning, cash flow, estate planning, survivor protection, education planning (where appropriate) and disability protection. The Financial Foundation Report does not make specific investment recommendations or analyze particular securities, but rather contains a proposed asset allocation model based upon your stated risk tolerance.

The Financial Foundation Report does not provide on-going financial planning advice. The financial planning advice provided as part of this service is contained in the report itself, is current as of the date of the report and is completed upon the delivery of the report. Thereafter, your Financial Advisor-acting in a brokerage capacity-is available to discuss the report. However, it is your responsibility to determine whether any further action with respect to the implementation of the report should be taken, and Merrill Lynch will only act upon your instruction.

2. **Client Information.** The principal sources of information used to prepare the Financial Foundation Report include a client questionnaire, as well as government reports and publications, tax and financial planning publications, and material prepared by Merrill Lynch. You are solely responsible for providing to Merrill Lynch information that is accurate and complete, and any failure to do so is likely to affect the analyses and recommendations contained within your Financial Foundation Report. Any change in your financial circumstances would also impact the conclusions and suggestions provided in or with the report. Merrill Lynch is not responsible for any analysis or report prepared on the basis of information provided that is incomplete or inaccurate.

3. **Client Implementation.** You are not required to implement any of the recommendations made in your Financial Foundation Report, nor are you required to transact business with Merrill Lynch if you choose to implement any aspects of the report. You have no obligation to open a securities account with Merrill Lynch, to purchase any insurance products through a Financial Advisor (some of whom are also insurance salespersons) or to utilize any of the products or services offered by Merrill Lynch or its affiliates (such as credit, mortgage, employee benefits or trust services) either before or after receiving your Financial Foundation Report. If you decide to use or purchase Merrill Lynch's products or services or those of an affiliate, Merrill Lynch, its affiliates and employees (including your Financial Advisor) will receive fees and compensation for such products or services. Such fees and compensation may include commissions, spreads, markups or mark downs and mutual fund advisory and distribution fees.

4. **Merrill Lynch's Role.** Merrill Lynch is both a broker-dealer and an investment adviser, and it offers both brokerage and investment advisory services. There are important differences between brokerage and investment advisory services, including the type of advice and assistance provided, the fees charged, and the rights and obligations of the parties. Additionally, brokerage services are regulated under different laws and rules than investment advisory services. It is important for you to understand these differences, particularly when determining which service or services you might select. You should carefully read all the applicable agreements and disclosures for the services that you are considering.

As noted above, the Financial Foundation Report is an investment advisory service. The investment advisory service is completed upon the delivery of the report. Thereafter, if you choose to implement through Merrill Lynch any or all of the recommendations made in the Financial Foundation Report, Merrill Lynch will be acting solely as a broker-dealer, not as an investment adviser (unless otherwise agreed in writing). In executing transactions upon your instruction for your account, Merrill Lynch, as a broker-dealer, may act as agent or as principal for its own account. If you desire to engage Merrill Lynch for additional services, whether brokerage, investment advisory or otherwise, you should carefully consider the differences among these types of services before using them.

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7. **Limitation of Liability.** You agree to release and hold Merrill Lynch, its employees, officers, directors, affiliates and agents harmless for any loss, liability, damage, claim, cost or expense (“losses”) arising out of or incurred in connection with any breach of this Acknowledgment by Merrill Lynch except to the extent such losses were caused directly by the negligence or willful misconduct of Merrill Lynch. You further agree that Merrill Lynch will not have any liability for any consequential, incidental, or any similar damages and you waive any right to such claim. Notwithstanding the above, nothing stated in this section will in any way constitute a waiver or limitation of any rights accorded to you under state or federal securities laws for the advisory services described in this Acknowledgment.

8. **Miscellaneous.**

(a) *Assignment.* Merrill Lynch's obligations may not be assigned (as that term is interpreted under the Advisers Act) without your consent.

(b) *Governing Law.* To the extent that state law is not preempted by the provisions of any law of the United States, the terms hereof shall be administered, construed and enforced according to the laws of the State of New York.

By signing below, you acknowledge receiving a copy of this Acknowledgment.

X _____
(Signature)

X _____
(Signature)

(Typed or Printed Name)

(Typed or Printed Name)

Date: _____



L-12-05

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