

Your Name(s)

Date

Financial Advisor/Team Name

Financial Advisor/Team Phone Number

Financial Advisor Email

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Are Not FDIC Insured	Are Not Bank Guaranteed	May Lose Value
Are Not Deposits	Are Not Insured by Any Federal Government Agency	Are Not a Condition to Any Banking Service or Activity

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Assets • page 11

Liabilities • page 21

Insurance • page 23

Estate • page 26





Your Goals Matter To Us

Whether you're interested in getting a better understanding of your assets and liabilities, trying to figure out what you can expect when you retire, or looking to help your children pay for college, meeting your financial goals could depend, in large part, on the success of the investment approach you adopt today. At Merrill Lynch, we are guided by a structured, five-step Goals-Based Wealth Management process designed to help you pursue your goals.

The first step of the Goals-Based Wealth Management process involves defining your attitudes toward investing and assessing your financial situation. This questionnaire will assist your Financial Advisor in gathering information about your goals and expenses, income, assets and liabilities. As you will see, it's helpful to provide copies of financial statements so that your Financial Advisor can pull current, detailed information directly from there. He or she may also ask you to complete an Investment Personality Questionnaire to better understand who you are as an investor and what is important to you.

Building on this foundation, your Financial Advisor will work with you to identify, define and prioritize your goals. This questionnaire will not only help your Financial Advisor collect information about your goals, but it's also the first step in opening a dialogue about your needs, concerns and priorities.

Once you and your Financial Advisor have developed and implemented goals-based portfolios tailored to your goals, be sure to review the approach regularly to track progress to your goals. It is important to keep your Financial Advisor informed as life events take place or there are changes in your financial situation, needs, and goals, so that you can discuss changes to the investment approach as needed.



Personal Information

Client 1 **BIOGRAPHICAL INFORMATION** Gender F Full Name First, Middle, Last, Suffix Preferred Name __ Date of Birth _____ SSN_ Domestic Partnership Marital Status Married Separated Divorced Widowed Single **CONTACT INFORMATION** Current Street Address City State ZIP Code Email Country Preferred Phone Number Work Home Mobile Other Best Time to Call Do you own or rent? Own Rent **EMPLOYMENT INFORMATION** Restricted/control person: A person, such as a director or large shareholder, **Employment Status** Employer in a relationship of control (the power to direct the Occupation/Title Start Date (mm/dd/yyyy) management and policies or the company in question) with the issuer of restricted/ Employer Street Address control securities. City ZIP Code State Politically exposed person: A person who has been entrusted with a prominent Country Industry public function, or an individual who is closely related to Are you a restricted/control person? No Yes such a person. IF YES Company Name IF YES Company Ticker Symbol Are you a senior political person or politically exposed person? Yes **CITIZENSHIP** Are you a U.S. citizen? No Yes IF NO Country of Citizenship Country of Dual Citizenship, if applicable _



Client 2

BIOGRAPHICAL INFORMATION

Preferred Name SSN		Full NameFirst, N	اiddle, Last,	Suffix				Gend	ler M F
Marital Status Single Married Domestic Partnership Separated Divorced Widow CONTACT INFORMATION Current Street Address City State ZiP Code Country Email Preferred Phone Number Work Home Mobile Other Best Time to Call Do you own or rent? Own Rent EMPLOYMENT INFORMATION Employer In a relationship of control (the power to direct the management and policies or the company in question) with the issuer of restricted/control securities. Politically exposed person: A person who has been entrusted with a prominent public function or an individual who is closely related to such a person If yers Company Name Are you a restricted/control person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship									
CONTACT INFORMATION Current Street Address City State ZIP Code Country Email Preferred Phone Number Work Home Mobile Other Best Time to Call Do you own or rent? Own Rent EMPLOYMENT INFORMATION Employer Occupation/Tide Start Date (mm/dd/yyyy) Occupation/Tide Start Date (mm/dd/yyyy) Employer Street Address City State ZIP Code Country Employer Occupation/Tide Start Date (mm/dd/yyyy) Country Industry Country Industry Country Industry Are you a restricted/control person? No Yes IF YES Company Name IF YES Company Ticker Symbol Are you a Senior politically exposed person? No Yes IF NO Country of Citizenship		Date of Birth SSN							
Current Street Address City State ZIP Code Country Email Preferred Phone Number Work Home Mobile Other Best Time to Call Do you own or rent? Own Rent EMPLOYMENT INFORMATION Employer Employer Employer Employer Countro's Start Date (mm/dd/yyyy) Countro's securities or the company in question) with the issuer of restricted/ control securities A person who has been entrained public function, or an includually who is closely related to such a person. Folitically exposed person: A person who has been entrained public function, or an includually who is closely related to such a person. If YES Company Name Are you a restricted/control person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship		Marital Status	Single	Married	Domestic P	artnership	Separated	Divorced	Widowed
City State ZIP Code Country Email Preferred Phone Number Work Home Mobile Other Best Time to Call Do you own or rent? Own Rent EMPLOYMENT INFORMATION A person, such as a director or large shareholder, in a relationship of control (the power to direct the management and policies or the company in question) with the insue of restricted/ control securities Politically exposed person: A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person. If YES Company Name IF YES Company Ticker Symbol Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship		CONTACT INFO	RMATION	N					
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Restricted/control person: A person, such as a director or large shareholder, in a relationship of control (the power to direct the management and policies or the company in question) with the issuer of restricted/ control securities. Politically exposed person: A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person. IF YES Company Name Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship		Preferred Phone Nur	mber Wor	k Home N	Mobile Other	Best Time to	Call		
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management and policies or the company in question) with the issuer of restricted/ control securities. Politically exposed person: A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person. IF YES Company Name Are you a restricted/control person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship	in a relationship of control	Employment Status				Employer			
Politically exposed person: A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person. IF YES Company Name Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship	management and policies	Occupation/Title				Start Date (n	nm/dd/yyyy)		
A person who has been entrusted with a prominent public function, or an individual who is closely related to such a person. IF YES Company Name Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship		Employer Street Add	dress						
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IF YES Company Name Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship	entrusted with a prominent	Country				Industry			
Are you a senior political person or politically exposed person? No Yes CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship	who is closely related to	Are you a restric	ted/contro	ol person?	No Yes				
CITIZENSHIP Are you a U.S. citizen? No Yes IF NO Country of Citizenship		IF YES Company Name IF YES Company Ticker Symbol							
Are you a U.S. citizen? No Yes IF NO Country of Citizenship		Are you a senior	political p	person or po	olitically expos	sed person?	No Yes		
IF NO Country of Citizenship		CITIZENSHIP							
Country of Dual Citizenship, if applicable		Are you a U.S. ci	tizen?	No Yes		IF NO Countr	ry of Citizenship		
		Country of Dual	Citizenshi	p, if applica	ble				

Personal Information (continued)

All Clients

DEPENDENT INFORMATION

Name (First and Last)		Date of Birt	h (mm/dd/yyyy)	Gender M M M M	F F F F	Relationship
OTHER ADVISORS						
First and Last Name						
Firm Name				Type (A	ttorne	y, CPA, Insurance Agent, etc.)
City			State			ZIP Code
Phone		Email				
First and Last Name						
Firm Name				Type (A	ttorne	y, CPA, Insurance Agent, etc.)
City			State			ZIP Code
Phone		Email				
First and Last Name						
Firm Name				Type (A	ttorne	y, CPA, Insurance Agent, etc.)
City			State			ZIP Code
Phone		Email				
TAX INFORMATION Project my tax rates	based on income	<u> </u>				
Income Tax		%			_%	
Capital Gains Tax	Current Rate	%	Expected Reti	rement Ra		
Capital Gallis Tax	Current Rate		Expected Reti	rement Ra	,u ate	

Enter your current and expected effective tax rates, or check here if you would like us to project them based on income.



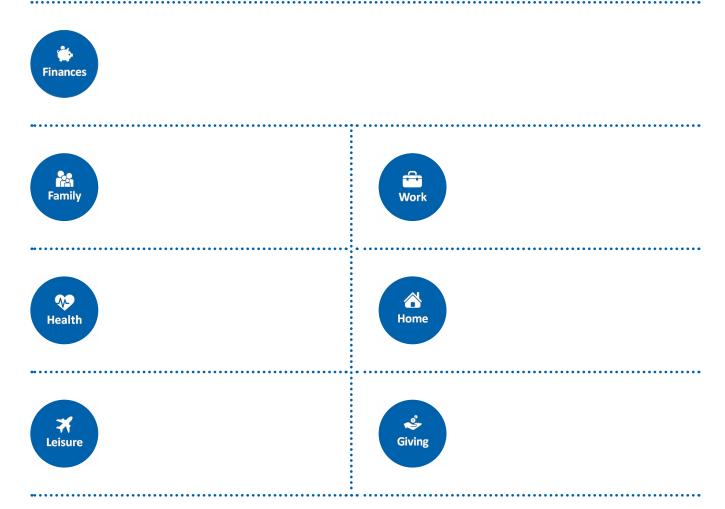
Goals & Projected Expenses

How do you feel about your financial picture?

Do you feel like you have: Not enough money Just enough money More than enough money

What's important to you?

Your financial advisor can help you make investment-related decisions tailored to your financial circumstances, needs, goals, liquidity requirements, risk tolerance, time horizon, and investment objectives. To create a starting point for a conversation about your goals, think about what's important to you. As you list your needs and concerns by the categories below, talk to your advisor about how you feel about and prioritize these areas of your life.





Attach additional sheets if necessary.

Today's Dollars
Enter the amount of
money in today's dollars
(not adjusted for inflation)
you think you'll need
for each goal.

Inflation Assumption
Unless you specify an inflation
assumption, your Financial
Advisor will use a standard
annual inflation rate to adjust
both the amount needed
to fund your goals and the
value of income sources over
time. If you are unsure, your
Financial Advisor can help
you determine an appropriate
specific inflation assumption
for each of your goals and
income sources.

GOAL INFORMATION

Essential	Important	Aspirationa	
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)	
To pursue this goal, I'd be	e willing to (Examples: Retire later, Reduce spe	ending, Save more)	
Goal Name			
Priority How important is	this goal? Plot on the continuum below:		
Essential	Important	Aspirationa	
	Start Date and Duration	\$ Target Amount or Range (in Today's Dollars)	
	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce spe	(in Today's Dollars)	
To pursue this goal, I'd be	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce spe	(in Today's Dollars)	
To pursue this goal, I'd be Goal Name Priority How important is	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce spe	(in Today's Dollars)	
To pursue this goal, I'd be Goal Name Priority How important is Essential	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce spe	(in Today's Dollars)	
To pursue this goal, I'd be Goal Name Priority How important is Essential Goal Owner	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce specific properties of this goal? Plot on the continuum below: Important	(in Today's Dollars) ending, Save more) Aspirationa \$ Target Amount or Range (in Today's Dollars)	
Goal Name Priority How important is Essential Goal Owner To pursue this goal, I'd be	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce specified by this goal? Plot on the continuum below: Important	(in Today's Dollars) ending, Save more) Aspirationa \$ Target Amount or Range (in Today's Dollars)	
Goal Name Priority How important is Essential Goal Owner To pursue this goal, I'd be	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce specified by this goal? Plot on the continuum below: Important	(in Today's Dollars) ending, Save more) Aspirationa \$ Target Amount or Range (in Today's Dollars)	
Goal Name Priority How important is Essential Goal Owner To pursue this goal, I'd be	(Number of Years or Lifetime) e willing to (Examples: Retire later, Reduce specific speci	(in Today's Dollars) ending, Save more) Aspirationa \$ Target Amount or Range (in Today's Dollars)	



Attach additional sheets if necessary.

Today's Dollars
Enter the amount of
money in today's dollars
(not adjusted for inflation)
you think you'll need
for each goal.

Inflation Assumption
Unless you specify an inflation
assumption, your Financial
Advisor will use a standard
annual inflation rate to adjust
both the amount needed
to fund your goals and the
value of income sources over
time. If you are unsure, your
Financial Advisor can help
you determine an appropriate
specific inflation assumption
for each of your goals and
income sources.

GOAL INFORMATION

Goal Name		
Priority How important is	this goal? Plot on the continuum below:	
Essential	Important	Aspirationa
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	\$ Target Amount or Range (in Today's Dollars)
To pursue this goal, I'd be	e willing to (Examples: Retire later, Reduce spe	ending, Save more)
Goal Name		
•	this goal? Plot on the continuum below:	
Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)
Priority How important is	this goal? Plot on the continuum below:	
Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	Target Amount or Range (in Today's Dollars)
To pursue this goal, I'd be	e willing to (Examples: Retire later, Reduce spe	ending, Save more)
Goal Name		
	this goal? Plot on the continuum below:	
Essential	Important	Aspirational
Goal Owner	Start Date and Duration (Number of Years or Lifetime)	S Target Amount or Range (in Today's Dollars)
To pursue this goal, I'd be	e willing to (Examples: Retire later, Reduce spe	ending, Save more)



Income

All Clients

EARNED INCOME

Enter information about your salary and other earned income sources (such as alimony, rental income, etc.). Do not include income from investments, pensions, Social Security, etc., which are covered in later sections.

Description		
Salary, Self-Employment, etc.		
Owner		Current or Anticipated Start Year
\$	%	
Annual Amount in Today's Dollars	Inflation Assumption	Duration (Number of Years or Lifetime)

Inflation Assumption

Unless you specify an inflation assumption, your Financial Advisor will use a standard annual inflation rate to adjust both the amount needed to fund your goals and the value of income sources over time. If you are unsure, your Financial Advisor can help you determine an appropriate specific inflation assumption for each of your goals and income sources.

Annual Amount in Today's Dollars	Inflation Assumption	Duration (Number of Years or Lifetime)
Description Salary, Self-Employment, etc.		
Owner		Current or Anticipated Start Year
	%	
Annual Amount in Today's Dollars	Inflation Assumption	Duration (Number of Years or Lifetime)
Description		
Salary, Self-Employment, etc.		
Owner		Current or Anticipated Start Year
	%	
Annual Amount in Today's Dollars	Inflation Assumption	Duration (Number of Years or Lifetime)

All Clients

SOCIAL SECURITY

Owner

Age You Started or Plan to Start Taking Social Security

Age You Started or Plan to Start Taking Social Security

\$ Annual Amount \$ Annual Amount Start Taking Social Security

Check here if you would like us to estimate your annual amount based on earnings.



Enter information about additional retirement income (pension, annuity, etc.) that you are receiving or anticipate receiving.

RETIREMENT INCOME

Description	
Owner	\$ Annual Amount in Today's Dollars
Start Date and Duration (Number of Years or Lifetime)	Inflation Indexed: No Yes% IF YES Rate
Survivor Benefit: No Yes% IF YES Rate	Tax Exempt: No Yes
Description	
Owner	\$ Annual Amount in Today's Dollars
Start Date and Duration (Number of Years or Lifetime)	Inflation Indexed: No Yes%
Survivor Benefit: No Yes%	Tax Exempt: No Yes
Description	
Owner	Annual Amount in Today's Dollars
Start Date and Duration (Number of Years or Lifetime)	Inflation Indexed: No Yes IF YES Rate %
Survivor Benefit: No Yes% IF YES Rate	Tax Exempt: No Yes
Description	
Owner	\$ Annual Amount in Today's Dollars
Start Date and Duration (Number of Years or Lifetime)	Inflation Indexed: No Yes%
Survivor Benefit: No Yes%	Tax Exempt: No Yes



Assets

All Clients

TAXABLE INVESTMENT ACCOUNTS

Attach statements or complete this section for all non-Merrill Lynch or Bank of America taxable accounts.

Annual contribution in dollar amount or percentage of salary

Description		
Account Name and Description		
Financial Institution		
	<u> </u>	
Account Owner	Ownership Type (Single, Joint,	Trust, etc.)
\$	\$ Market Value	
\$Cost Basis	Market Value	
	%	
Annual Contribution in Today's Dollars		Start Date and Duration
_		
Who are your designated beneficiaries?		
Description		
Description		
Financial Institution		
Account Owner	Ownership Type (Single, Joint,	Trust, etc.)
Ċ		
\$Cost Basis	\$ Market Value	
	0/	
Annual Contribution in Today's Dollars		Start Date and Duration
,	·	
Who are your designated beneficiaries?		
B		
Description		
Financial Institution		
Thuncial instruction		
Account Owner	Ownership Type (Single, Joint,	Trust etc.)
Account Owner		must, etc.)
\$Cost Basis	<u> </u>	
COST DASIS	Market Value	
A 16 (1) (1) (1 T 1 1 D 1)	%	<u></u>
Annual Contribution in Today's Dollars	Inflation Assumption	Start Date and Duration
N/I		
Who are your designated beneficiaries?		

SECTION 4 Assets Page 11 of 28



TAXABLE INVESTMENT ACCOUNTS (CONTINUED)

DescriptionAccount Name and Description	
Financial Institution	
Account Owner	Ownership Type (Single, Joint, Trust, etc.)
\$	\$
Cost Basis	Market Value
Annual Contribution in Today's Dollars	Inflation Assumption Start Date and Duration
Who are your designated beneficiaries?	
and the second s	

Attach statements or complete this section for all non-Merrill Lynch or Bank of America taxable accounts.

TAXABLE INVESTMENT ACCOUNTS: ASSET ALLOCATION

Client 1		Client 2	
CASH	%	CASH	%
EQUITY	%	EQUITY	%
FIXED INCOME	%	FIXED INCOME	%
Taxable	%	Taxable	%
Tax-Free	%	Tax-Free	%
ALTERNATIVE INVESTMENTS	%	ALTERNATIVE INVESTMENTS	%
Real Assets	%	Real Assets	%
Hedge Fund Strategies	%	Hedge Fund Strategies	%
Private Equity	%	Private Equity	%
\$ Annual Taxable Savings Target		\$ Annual Taxable Savings Target	

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Attach statements or complete this section for all retirement accounts (e.g., IRA, Roth IRA, KEOGH, 401(k), Profit-Sharing, SEP, SIMPLE). Where appropriate, please indicate pre-tax, post-tax or Roth contribution.

Annual contribution in dollar amount or percentage of salary

RETIREMENT ACCOUNTS

DescriptionAccount Name and	d Description			
Financial Institution				
Account Owner			Ownership Type	(Single, Joint, Trust, etc.)
Ċ	ċ		Ċ	
\$Cost Basis	⊃ Market Va	alue	ې Mandato	ory Withdrawals (If applicable)
\$			%	
\$ Annual Contribution in Today's Do	llars		Inflation Assumption	Start Date and Duration
Employer will match	%	of first \$/%		contributed by employee.
Employer will match	%	of next \$/%		contributed by employee.
Employer maximum match	ing contribu	ıtion limit \$		
Do you have company prof	it sharing?	No Yes	If Yes \$/%	
Who are your designated b	eneficiaries	?		
Description Account Name and Financial Institution	l Description			
Account Owner			Ownership Type	(Single, Joint, Trust, etc.)
*				-
\$Cost Basis	Ş Market Va	alue	\$ Mandato	ory Withdrawals (If applicable)
\$ Annual Contribution in Today's Do	llars		% Inflation Assumption	Start Date and Duration
Employer will match	%	of first \$/%		contributed by employee.
Employer will match	%	of next \$/%		contributed by employee.
Employer maximum match	ing contribu	ution limit \$		
Do you have company prof	t sharing?	No Yes	If Yes \$/%	
Who are your designated b	eneficiaries	?		

SECTION 4 Assets Page 13 of 28



Attach statements or complete this section for all retirement accounts (e.g., IRA, Roth IRA, KEOGH, 401(k), Profit-Sharing, SEP, SIMPLE). Where appropriate, please indicate pre-tax, post-tax or Roth contribution.

Annual contribution in dollar amount or percentage of salary

RETIREMENT ACCOUNTS (CONTINUED)

Description Account Name an	d Description			
Financial Institution				
Account Owner			Ownership Type	(Single, Joint, Trust, etc.)
<u></u>	<u> </u>		.	
\$Cost Basis	Ş Market Va	alue	Ş <u></u> Mandato	ory Withdrawals (If applicable)
Cost Busis	Warket Ve	iiuc	Wandate	y withdrawais (ii applicable)
\$			%	
\$ Annual Contribution in Today's Do	ollars		Inflation Assumption	Start Date and Duration
Employer will match	%	of first \$/%_		contributed by employee.
Employer will match	%	of next \$/%		contributed by employee.
Employer maximum match	ing contribu	ution limit \$		
Do you have company prof	it sharing?	No Yes	If Yes \$/%_	
Who are your designated b	eneficiaries	?		
Description Account Name an	d Description			
Account Owner			Ownership Type	(Single, Joint, Trust, etc.)
				_
\$ Cost Basis	\$ Market Va	alue	\$ Mandato	ory Withdrawals (If applicable)
\$ Annual Contribution in Today's Do	ollars		% Inflation	Start Date and Duration
			Assumption	
Employer will match	%	of first \$/%_		contributed by employee.
Employer will match	%	of next \$/%		contributed by employee.
Employer maximum match	ing contribu	ution limit \$		
Do you have company prof	it sharing?	No Yes	If Yes \$/%_	
Who are your designated b	eneficiaries	?		

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Assets (continued)

All Clients

Client 1

Client 2

Real Assets

DEFERRED COMPENSATION PAYOUT

Attach any applicable NQDC plan information.

Description Account	Name and Descr	ption			
Financial Institution			Owner		
Ownership (Single, Joint	, Trust, etc.)		Account Value (d	current)	
Payout Start Year	Payout	Duration (years)	Plan Type (fixed	or variable)	% Earnings Rate (fixed only)
\$ Annual Contributions in	Today's Dollars		% Inflation Assumption	Start Date and Duration	
Who are your desig	nated benefic	iaries?			
Description	Name and Descri	ption			
			Ourner		
Financial Institution			Owner		
Ownership (Single, Joint	, Trust, etc.)		Account Value (current)	
Payout Start Year	Payout	Duration (years)	Plan Type (fixed	or variable)	Earnings Rate (fixed only)
\$Annual Contributions in	Today's Dollars		% Inflation Assumption	Start Date and Duration	
Who are your desig	nated benefic	iaries?			
RETIREMENT ACC	OUNTS: ASS	ET ALLOCATIO	N		
	%		%	C	%
CASH		EQUITY		FIXED INCOME	
Taxable	<u>%</u>	Tax-Free	<u></u>	ALTERNATIVE INVESTMEN	<u>~</u> NTS
	%		%	C	%
Real Assets		Hedge Fund Strate		Private Equity	<u>·-</u>
	%		%	C	%
CASH		EQUITY		FIXED INCOME	
Taxable	<u>%</u>	Tax-Free	<u>%</u>	ALTERNATIVE INVESTMEN	<u>%</u>
i axauic	0/	ומא-וופפ	0/		
	%	-	<u>%</u>		<u>% </u>

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Private Equity

Hedge Fund Strategies



EDUCATION SAVINGS

Complete this section for all education accounts (529 College Savings Plan, Coverdell Education Savings Account, etc.) or other education-oriented savings. Please indicate the investment objective for each account (e.g., growth, income).

Description						
DescriptionAccount Name and Description	ion	Account Type				
Financial Institution	Own	Owner				
	Ċ					
Student	Account \	Value (current)	Investment Objective			
	%					
Annual Contribution in Today's Dollars	Inflation Assumption	Start Date and	Duration			
DescriptionAccount Name and Descripti			-			
Account Name and Descripti	ion	Account ⁻	туре			
Financial Institution	Own	er				
	خ					
Student	————	Value (current)	Investment Objective			
	%					
Annual Contribution in Today's Dollars	Inflation Assumption	Start Date and	Duration			
DescriptionAccount Name and Descripti		Account ⁻	Гуре			
Financial Institution	Own	Owner				
	\$		Investment Objective			
Student	Account \	Value (current)	Investment Objective			
 	%					
Annual Contribution in Today's Dollars	Inflation Assumption	Start Date and	Duration			
Description						
Account Name and Description	ion	Account ⁻	lype			
Financial Institution	Own	er				
	\$		Investment Objective			
Student	Account \	Value (current)	Investment Objective			
	%					
Annual Contribution in Today's Dollars	Inflation Assumption	Start Date and	Duration			

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BANK ACCOUNTS

	Description								
	Savings, Checking, CDs, etc.	Financial Institution							
			\$						
	Account Owner	Ownership Type (Single, Joint, Trust, etc.)	Balance						
	\$	%							
ual contribution in dollar amount or	Annual Contribution in Today's Dollars	Inflation Start Date and Duration Assumption							
rcentage of salary	Who are your designated beneficiaries	Who are your designated beneficiaries?							
	Description Savings, Checking, CDs, etc.								
	Savings, Checking, CDs, etc.	Financial Institution							
	Account Owner	Ownership Type (Single, Joint, Trust, etc.)	Ş Balance						
		Ownership Type (Single, Joint, Trust, etc.)	Dalance						
	\$ Annual Contribution in Today's Dollars								
	Annual Contribution in Today's Dollars	Inflation Start Date and Duration Assumption							
	Who are your designated beneficiaries	·							
	Who are your designated beneficiaries Description	·							
	DescriptionSavings, Checking, CDs, etc.	Financial Institution	\$						
	Description Savings, Checking, CDs, etc. Account Owner	5?	\$_ Balance						
	DescriptionSavings, Checking, CDs, etc.	Financial Institution	\$Balance						
	Description Savings, Checking, CDs, etc. Account Owner	Financial Institution Ownership Type (Single, Joint, Trust, etc.) Inflation Assumption Start Date and Duration	\$Balance						
	Description Savings, Checking, CDs, etc. Account Owner \$ Annual Contribution in Today's Dollars	Financial Institution Ownership Type (Single, Joint, Trust, etc.) Inflation Assumption Start Date and Duration	\$Balance						
	Description	Financial Institution Ownership Type (Single, Joint, Trust, etc.) Inflation Assumption Start Date and Duration S? Financial Institution	\$						
	Description Savings, Checking, CDs, etc. Account Owner SAND Annual Contribution in Today's Dollars Who are your designated beneficiaries Description	Financial Institution Ownership Type (Single, Joint, Trust, etc.) Inflation Assumption Start Date and Duration S?	\$\$Balance						

SECTION 4 Assets Page 17 of 28



Assets (continued)

BANK ACCOUNTS (CONTINUED)

	DescriptionSavings, Checking, CDs, etc.	Finar	ncial Institution					
al contribution in dollar amount or centage of salary	Account Owner \$Annual Contribution in Today's Dollars Who are your designated beneficiarion	% Inflation S Assumption	rpe (Single, Joint, Trust, etc.)	\$ Balance				
All Clients	REAL ESTATE ASSETS							
ttach additional ages as needed.	DescriptionPrimary Residence, Vacation H	ome, Investment Property	, etc.					
	Owner	Owne	ership Type (Single, Joint, Trust	, etc.)				
	Street Address							
	City	State	e ZIF	P Code				
	\$ Estimated Market Value	Use	Proceeds to Fund Goals:	No Yes				
	Who are your designated beneficiaries?							
	Description Primary Residence, Vacation H	ome, Investment Property	, etc.					
	Owner	Own	ership Type (Single, Joint, Trust	, etc.)				
	Street Address							
	City	State	e ZIF	^o Code				

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Enter information about any other assets potentially available to fund goals.

PERSONAL ASSETS

Description			
Business Interest, Expected Inheritance, Boat, etc.	,		
Dwner	Ownership Type (Single, Joint, Trust, et	tc.)	
\$ Estimated Market Value	Use Proceeds to Fund Goals:	No	Yes
stimated Market Value			
Nho are your designated beneficiaries?			
Description			
Business Interest, Expected Inheritance, Boat, etc.			
Dwner	Ownership Type (Single, Joint, Trust, et	tc.)	
\$ Estimated Market Value	Use Proceeds to Fund Goals:	No	Yes
Estimated Market Value	Ose i rocceus to i una Goals.	140	103
Who are your designated beneficiaries?			
Description			
Business Interest, Expected Inheritance, Boat, etc.			
Owner	Ownership Type (Single, Joint, Trust, et	tc.)	
\$ Estimated Market Value	Use Proceeds to Fund Goals:	No	Yes
Who are your designated beneficiaries?			
a. o jou. designated serienciaries.			

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Nonqualified (NSO) Noncash employee compensation. Must be reported as ordinary income (excess of fair market value over option price) when exercised.

Incentive (ISO)

Considered a statutory stock option. Generally, a statutory stock option is not included in your gross income when granted. If certain requirements are met when the option is exercised, the entire gain is taxed as long-term capital gains.

Restricted Stock A grant of employer stock subject to non-transferability and vesting restrictions. Restricted stock usually includes voting and dividend rights. It is not taxable until the restrictions lapse, unless the employee makes an 83(b) election to be taxed at grant.

SAR Stock appreciation right.
A right usually granted to an employee, to receive a bonus equal to the appreciation in the company's stock over a specified period. The employee is not required to pay the exercise price, but rather receives the amount of the increase in cash or stock.

RSU Restricted Stock Unit. The right to receive a future delivery of shares subject to vesting. A Restricted Stock Unit award offers no ownership rights until vesting but may provide for dividend equivalent units.

Vested bargain element

Also known as the gain, it is calculated by subtracting the exercise price from the market price of the company stock on the date that the option is exercised.

STOCK OPTIONS

Туре	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other	
Compan	y Name or Symbo			Own	ner		
Grant Da	ate (mm/dd/yyyy)			Ехрі	ration Da	ate (mm/dd/yyyy)	
\$ Strike Pr	rice	Number of S	Shares Unexercised	Num	nber of S	hares Vested	Vested Bargain Element
Next Ves	sting Date (mm/do	l/yyyy)		Num	nber of S	hares Vesting	Frequency (years)
Туре	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other	
Compan	y Name or Symbo			Own	ner		
Grant Da	ate (mm/dd/yyyy)			Ехрі	ration Da	ate (mm/dd/yyyy)	
\$ Strike Pr	rice	Number of S	Shares Unexercised	Num	nber of S	hares Vested	Vested Bargain Element
Next Ves	sting Date (mm/do	/уууу)		Num	nber of S	hares Vesting	Frequency (years)
Туре	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other	
Compan	y Name or Symbo			Own	ner		
Grant Da	ate (mm/dd/yyyy)			Expi	ration Da	ate (mm/dd/yyyy)	
\$ Strike Pr	rice	Number of S	Shares Unexercised	Num	nber of S	hares Vested	Vested Bargain Element
Next Ves	sting Date (mm/do	/уууу)		Num	nber of S	hares Vesting	Frequency (years)
Туре	Nonqualified	Incentive	Restricted Stock	SAR	RSU	Other	
Compan	y Name or Symbo			Own	ner		
Grant Da	ate (mm/dd/yyyy)			Ехрі	ration Da	ate (mm/dd/yyyy)	
\$ Strike Pr	rice	Number of S	Shares Unexercised	Num	nber of S	hares Vested	Vested Bargain Element
Next Ves	sting Date (mm/do	l/yyyy)		Num	nber of S	hares Vesting	Frequency (years)
Who a	re your designa	ated benefic	ciaries?				

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Liabilities

All Clients

MORTGAGES

Enter information about any mortgages you hold.

Description						
	Primary Re	esidence, Vacati	ion Home, Investment P	roperty, e	etc.	
Owner						Ownership Type (Single, Joint, Trust, etc.)
ς.					%	ζ
\$ Balance			Current Interes	t Rate	/0	\$
Loan Type:	Fixed	Adjustable	Fixed-Adjustable	Adjustr	nent Pe	eriod Begins (mm/dd/yyyy)
Payments Rema	aining (mo	nths)		Holding	g Period	l (years)
Description	Drimary Dr	osidonco Vacati	ion Home, Investment P	roporty	ntc	
	Filliary Ke	esiderice, vacati	ion nome, investment r	roperty, t	ett.	
Owner						Ownership Type (Single, Joint, Trust, etc.)
ċ					%	\$
\$ Balance			Current Interes	t Rate	70	೨ Monthly Payment (Principal and Interest)
Loan Type:	Fixed	Adjustable	Fixed-Adjustable			
Loan Type.	rixeu	Aujustable	rixeu-Aujustable	Adjustr	nent Pe	eriod Begins (mm/dd/yyyy)
Payments Rema	aining (mo	nths)		Holding	Period	i (years)
r dymenes item	uning (mo	11013)		Holding	51 01100	, (years)
Description						
•	Primary Re	esidence, Vacati	ion Home, Investment P	roperty, e	etc.	
Owner						Ownership Type (Single, Joint, Trust, etc.)
\$					%	\$
Salance			Current Interes	t Rate	90	্ৰ Monthly Payment (Principal and Interest)
Loan Type:	Fixed	Adjustable	Fixed-Adjustable			
., .,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Adjustr	nent Pe	eriod Begins (mm/dd/yyyy)
Payments Rema	aining (mo	nths)		Holding	g Period	l (years)

SECTION 5 Liabilities Page 21 of 28



Liabilities (continued)

Enter information about any other liabilities (lines of credit, securitybased loans, credit cards, student loans, auto loans, etc.). that you hold.

OTHER LIABILITIES

Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$Balance	Current Interest Rate \$ Monthly Payment (Principal and Interest)
Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$Balance	Current Interest Rate S Monthly Payment (Principal and Interest)
Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$Balance	Current Interest Rate \$ Monthly Payment (Principal and Interest)
Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$	% \$
\$Balance	Current Interest Rate \$ Monthly Payment (Principal and Interest)
Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$Balance	Current Interest Rate \$
Description	
Owner	Ownership Type (Single, Joint, Trust, etc.)
\$Balance	Current Interest Rate \$ Monthly Payment (Principal and Interest)
Balance	Current Interest Rate Monthly Payment (Principal and Interest)

SECTION 5 Liabilities Page 22 of 28



Insurance

All Clients

LIFE INSURANCE

	Policy Owner
Owner Type ${\text{(Single, Joint, Common Property, ILIT, O}}$	Whose Life is Insured?
Insured Type(Single, First to Die, Second to Die)	Net Death Benefit \$
Insurance Company	Policy End Year (if Term)
Net Cash Surrender Value \$	Amount Provided by Employer (if Any) \$
Annual Premium \$ P	lanned Premium Duration
Primary Beneficiary(ies)	Contingent Beneficiary(ies)
Name	% Name
Name	% Name
Name	% Name
Description of Policy	iversal)
Owner Type(Single, Joint, Common Property, ILIT, O	
Insured Type (Single, First to Die, Second to Die)	Net Death Benefit \$
Insurance Company	Policy End Year (if Term)
Net Cash Surrender Value \$	Amount Provided by Employer (if Any) \$
Annual Premium \$ I	Planned Premium Duration
Primary Beneficiary(ies)	Contingent Beneficiary(ies)
Name	% Name
Name	% Name

Current amount of equity built up in a permanent life insurance policy, less applicable surrender charges and any outstanding loans and accrued interest.

Net cash surrender value

SECTION 6 Insurance Page 23 of 28

Net cash surrender value Current amount of equity built up in a permanent life insurance policy, less applicable surrender charges and any outstanding loans and accrued interest.

Insurance (continued)

All Clients

LIFE INSURANCE (CONTINUED)

Description of Policy(Term, Whole, Variable, U	Policy Owner
	Whose Life is Insured?
	Net Death Benefit \$
Insurance Company	Policy End Year (if Term)
Net Cash Surrender Value \$	Amount Provided by Employer (if Any) \$
Annual Premium \$	Planned Premium Duration
Primary Beneficiary(ies)	Contingent Beneficiary(ies)% Name
Name	
Name	
	Who is the Insured? Other) Purchased Elimination Period (Days)
Insurance Company	Annual Premium \$
Tax Deductible No Yes Inflatio	n Rider Annual Benefit \$
Benefit Increase Simple Compour	nd Benefit Duration
Planned Premium Duration	Amount Provided by Employer (if Any) \$
Description of Policy(Traditional LTC or Life	Policy Owner
Owner Type (Single, Joint, Common Property, ILIT,	Other) Who is the Insured?
Premium Waiver No Yes Year I	Purchased Elimination Period (Days)
Insurance Company	Annual Premium S

SECTION 6 Insurance Page 24 of 28



LONG-TERM CARE INSURANCE (CONTINUED)

Tax Deductible No Yes Inflation R	ider Annual Benefit \$
Benefit Increase Simple Compound	Benefit Duration
Planned Premium Duration	Amount Provided by Employer (if Any) \$
Description of Policy(Traditional LTC or Life Insur	Policy Owner
Owner Type(Single, Joint, Common Property, ILIT, Other	Who is the Insured?
Premium Waiver No Yes Year Puro	chased Elimination Period (Days)
Insurance Company	Annual Premium \$
Tax Deductible No Yes Inflation R	ider Annual Benefit \$
Benefit Increase Simple Compound	Benefit Duration
Planned Premium Duration	Amount Provided by Employer (if Any) \$
DISABILITY INCOME INSURANCE	
Description of Policy (Employer funded, Individual	Policy Owner
Owner Type (Single, Joint, Common Property, Other)	Who is the Insured?
Insurance Company	Annual Premium \$
Planned Premium Duration	Annual Benefit \$ Benefit End Age
Are Benefits Taxable? No Yes	
Description of Policy [Employer funded, Individual	Policy Owner
Owner Type (Single, Joint, Common Property, Other)	Who is the Insured?
Insurance Company	Annual Premium \$
Planned Premium Duration	Annual Benefit \$ Benefit End Age
Are Renefits Tavable? No. Ves	

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ESTATE

Client 1

Living trust

A legal document established during your lifetime containing assets that will pass outside your will. This is not a living will.

End of life expenses are in addition to any Probate or Estate Settlement Fees. Some examples of these expenses could be recurring bills or final medical bills.

ien	ıt 2

Unified credit provisions

A credit is an amount that reduces or eliminates tax. A unified credit applies to both gift tax and estate tax, and it equals the tax on the applicable exclusion amount. You must subtract the unified credit from any gift or estate tax that you owe. Any unified credit you use against gift tax in one year reduces the amount of credit that you can use against gift or estate taxes in a later year. A Credit Shelter Trust. sometimes referred to as a Bypass or A/B trust, moves an amount equal to the applicable exclusion amount out of your estate and into a trust, thus sheltering it from potential future estate taxation.

Do you have a will? No Yes	IF YES Have you reviewed it in the last	three (3) years? No	o Yes
Do you have a living trust? No	Yes Attorney's Name (optional)		
Who is your successor trustee?	астотнеу в матте (орстопат)		
Does your will/living trust have a u	nified credit provision? No Yes		
Have you designated beneficiaries	for applicable accounts and reviewed	them recently? No	o Yes
Prior Gifts:		-	
Total Taxable Gifts \$	Federal Taxes Paid \$	Other Credits \$	
Are there any end of life expenses	you would like to plan for?		
Funeral Expenses \$	Emergency Expenses \$	Other Expenses S	
•	ole trust? No Yes IF YES Who	·	
Are you the trustee of all irrevocat	ofe trust: NO Tes IF TES WHO	are the beneficialies:	
Are you the beneficiary of an irrev Do you have a will? No Yes Do you have a living trust? No	ocable trust? No Yes IF YES Have you reviewed it in the last Yes	three (3) years? No	o Yes
-	Attorney's Name (optional)		
Who is your successor trustee?			
Does your will/living trust have a ι	nified credit provision? No Yes		
Have you designated beneficiaries	for applicable accounts and reviewed	them recently? No	yes
Prior Gifts:			
Total Taxable Gifts \$	Federal Taxes Paid \$	Other Credits \$	
Are there any end of life expenses	you would like to plan for?		
Funeral Expenses \$	Emergency Expenses \$	Other Expenses \$_	

Are you the benficiary of an irrevocable trust? No Yes

Are you the trustee of an irrevocable trust?

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Yes

IF YES Who are the benficiaries?



Estate (continued)

All Clients	Who are the individual o	or philanthropic beneficiaries of your estate?			
	Do you have a charitable remainder trust? No Yes Do you have a irrevocable life insurance trust? No Yes				
	Enter information about any gifts or charitable donations you expect to give.	GIFTS AND CHARITABLE CONTRIBUTIONS			
Gift/Contribution Name					
Priority How important is this goal? Plot on the continuum below:					
	Essential	Important	Aspirationa		
	Donor	Start Date and Duration (Number of Years or Lifetime)	্র Gift/Contribution Amount (in Today's Dollars)		
	How much will be considered for the annual exclusion or lifetime exemption? \$ Gift/Contribution Name				
	Priority How important is this goal? Plot on the continuum below:				
	Essential	Important	Aspirationa		
	Donor	Start Date and Duration (Number of Years or Lifetime)	Gift/Contribution Amount (in Today's Dollars)		
	How much will be considered for the annual exclusion or lifetime exemption? \$				
	Gift/Contribution Name				
	Priority How important is this goal? Plot on the continuum below:				
	Essential	Important	Aspirationa		
	Donor	Start Date and Duration (Number of Years or Lifetime)	Sift/Contribution Amount (in Today's Dollars)		
	How much will be consi	dered for the annual exclusion or lifetime exemp	tion? \$		

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