Householder Group
Estate & Retirement Specialists

As independent as you are.

Please complete this form and bring it, along with your LAST YEAR'S TAX RETURNS, to our meeting.

Confidential Financial Profile
Standard

Date:______________

CONFIDENTIAL FINANCIAL PROFILE

Please complete prior to your appointment. If not sure, leave blank. Print clearly. OK to approximate amounts and include attachments. Please remember to sign and date the last page and bring your most recent tax return.

CLIENT NAME ____

NICKNAME ____________________ DATE OF BIRTH __________ Age ________

SPOUSE NAME ____

NICKNAME ____________________ DATE OF BIRTH __________ Age ________

MAILING ADDRESS ____

CITY ________________________________ STATE ______ ZIP ________

HOME PHONE (_____) __________________ BUSINESS PHONE (_____) ______________

Do you have a current Will? Y___N___ Living Trust? Y___N___

Are you concerned about possible Nursing Home Expenses? Y___N___

Planned retirement date: ____________; or if retired, date retired:___________

AMOUNTS IN BANKS, SAVINGS & LOANS & CREDIT UNIONS (NON-IRA)

(i.e. Checking, Savings, Money Market, CDs)

	NAME OF INSTITUTION	TYPE OF ACCOUNT	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE
1.					$
2.					$
3.					$
4.					$
5.					$
6.					$
7.					$

IRA ACCOUNTS AND OTHER RETIREMENT ACCOUNTS

(Please bring in your most recent statements)

	NAME OF CUSTODIAN / PLAN (Bank, Brokerage Firm, Mutual Fund Co, Employer, etc.)	TYPE (401K, IRA, TSA, Roth, etc.)	APPROXIMATE MARKET VALUE
1.			$
2.			$
3.			$
4.			$
5.			$

MUTUAL FUNDS AND/OR BROKERAGE ACCOUNTS

(Please bring in your most recent statements)

	NAME OF BROKERAGE FIRM / MUTUAL FUND CO.	TITLE OF ACCOUNT (individual, trust, joint, ect.)	APPROXIMATE MARKET VALUE
1.			$
2.			$
3.			$
4.			$
5.			$

STOCKS AND BONDS (Where You Hold Certificates Yourself)

	NAME OF STOCK/BOND	NUMBER OF SHARES	APPROXIMATE MARKET VALUE
1.			$
2.			$
3.			$
4.			$

PROMISSORY NOTES & TRUST DEEDS

(Where someone owes or is paying you on a note)

	NAME OF DEBTOR	MATURITY DATE	INTEREST RATE	APPROXIMATE BALANCE OF NOTE
1.			%	$
2.			%	$

RESIDENCE & OTHER REAL ESTATE OWNED

(Use another sheet if more space is needed)

	PROPERTY ADDRESS	ORIGINAL COST	APPROX. VALUE	DEBT	NET CASHFLOW BEFORE DEPREC (if a rental)
1.		$	$	$	$
2.		$	$	$	$
3.		$	$	$	$
4.		$	$	$	$
5.		$	$	$	$

LIMITED OR GENERAL PARTNERSHIPS

	NAME OF PARTNERSHIP	TYPE OF INVESTMENT	APPROXIMATE MARKET VALUE or AMOUNT INVESTED
1.			$
2.			$
3.			$

LIFE INSURANCE

(Please bring in policies and latest statements)

	INSURANCE COMPANY	NAME OF INSURED	TYPE OF INSURANCE (Whole Life, UL, Term)	DEATH BENEFIT	CASH VALUE	LOAN AMOUNT
1.				$	$	$
2.				$	$	$
3.				$	$	$
4.				$	$	$

ANNUITIES

(Please bring in contracts and most recent statements)

	INSURANCE COMPANY	TITLE OF ACCOUNT	TYPE (fixed,va,index)	INTEREST RATE	APPROX. VALUE	DATE PURCHASED
1.	______	______	______	______%	$ ______	______
2.	______	______	______	______%	$ ______	______
3.	______	______	______	______%	$ ______	______
4.	______	______	______	______%	$ ______	______

OTHER ASSETS

1. ______________________________ $ ____________
2. ______________________________ $ ____________

HOUSEHOLD CASH FLOW

WAGES:	$ ____________/YR	WAGES (SP):	$ ____________/YR
SOCIAL SECURITY:	$ ____________/YR	SOCIAL SECURITY (SP):	$ ____________/YR
PENSIONS:	$ ____________/YR	PENSIONS (SP):	$ ____________/YR
OTHER INCOME:	1. $ ____________/YR	SOURCE: 1. ____________	
	2. $ ____________/YR	SOURCE: 2. ____________	

WHAT ARE YOUR APPROXIMATE ANNUAL EXPENSES: $ ____________

What are your primary financial concerns (list in order of importance)?

____

____

____

How would you improve your financial situation if you could? Why?

____

____

____

****The foregoing information reflects an acccurate picture of my financial position at this time.***

Signature: ____________ ***Spouse:*** ____________ ***Date:*** ____________

Expenses

Estimate annual figures for expenses related to shelter, food, clothing, transportation, insurance, loans, etc.
Do not include taxes.

Annual Living Expenses (today's dollars)

Now: $______________

Current Surviving Household: $______________

During Retirement: $______________

Single Retiree Survivor: $______________

Annual inflation rates for living expenses

Before Retirement: ______________%

Surviving Household: ______________%

During Retirement: ______________%

Single Retiree Survivor: ______________%

Special Income/Expenses

Special Income/Expense List any other sources of income or special expenses to be paid from your capital accounts.

Description	Annual amount	Increase rate	Starting year	# of years	Priority*
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________
____________________	$______________	___________%	___________	__________	__________

**Priority – Essential (E), Primary (P), Secondary (S), Optional (0)*

Education Funding

Children's Education and Fund Expenses

Child's Name	Age	Age to start college	Cost per year*	# of years	Current college fund
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________
_______________	______	________________	$___________	________	$_________________

Inflation rate to use for college planner: ________%

Rate of return on college funds: ________%

College fund account types (529, UTMA UGMA./UTMS, Etc.): ____________________

**In today's dollars*

Budget Calculation Worksheet

Expense Worksheet	**Estimated Monthly Expenses**			
Item:	*Now:*	*Retirement:*	*Survivor Now:*	*Survivor Retirement:*
Rent or lease payment				
Food & household incidentals				
Utilities, telephone				
Auto operating and				
Clothing and personal items				
Property improvement &				
Domestic help, babysitting				
Property taxes				
Entertainment & vacations				
Charitable contributions				
Childcare				
Alimony, child support				
Books, papers, subscriptions				
Home furnishings				
Gifts, birthdays				
Medical expenses				
Other expenses				
Mortgage payment				
Auto loan payment				
Boat & RV payments				
Credit card payments				
Other loan payments				
Life insurance premiums				
Medical insurance premiums				
Auto insurance premiums				
House insurance premiums				
Other insurance premiums				