

Law Firm of Gary C. Johnson

FACT FINDER



Client Name: \_\_\_\_\_

Advisor Name: \_\_\_\_\_

Date: \_\_\_\_\_

## To My Valued Clients:

You have estate planning needs that are unique: you deserve to have an estate plan tailored specifically for you and your situation. I look forward to the opportunity to work with you in developing just such a plan. Whether your goals are tax savings, proper estate distribution, or other goals, I am confident we will form a plan to meet your needs.

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet. By accurately completing this worksheet you will be providing me with much of the background information concerning your estate that will assist me in providing the highest level of service to you. Please call me with questions.

The information must be as accurate as possible. If you are uncertain about exact information, tell your attorney that and give your best assessment. If your attorney believes that exact information is required, he or she will ask you to be more precise. You may provide as much or as little information as you want. We recognize that this questionnaire is a fairly intrusive document. Keep in mind, however, that the more complete the information is, the better it will equip you and your lawyer throughout the planning process to come up with the best possible estate planning alternatives. Feel free to copy pages to include more information.

Please attach photocopies of all supporting documents. **I DO NOT WANT ORIGINALS UNLESS I SPECIFICALLY ASK FOR THEM!!!** Feel free to attach additional information on separate sheets of paper.

**CONFIDENTIALITY:** As is true in any communication between a lawyer and a client, the information reported here will be held in strictest confidence and released to no one without your prior consent.

The information may be used to prepare a preliminary illustration. Any illustration provided will be designed to educate you, but will not represent a formal design recommendation, nor will it represent any particular product or investment.

Your attorney will use the information you provide to:

- Help you organize personal and financial information so you can assess your current estate plans and evaluate whether changes are desired or required
- Provide your attorney with the information needed to make a similar analysis
- Help you evaluate any planning recommendations. The estate plan is **YOURS**, not your attorney's, and you must be satisfied that it is workable.

### **WE WILL:**

#### **Discover**

We will talk about where you are now and where you want to be. We will develop a partnership that best fits your needs

#### **Consult**

We will discuss your progress toward your goals, changes in your situation and opportunities that may be right for you.

#### **Act**

We will make decisions based on sound recommendations and we will take action to move you toward your legal and financial objectives.

*Together, we will plan for your legacy.*

## CONTENTS

	PAGE
Your Personal Information	3
Your Assets Information	5
Your Liabilities Information	8
Your Expenses Information	9
Your Goals	11
Your Business Information	13
Your Business Liabilities	15
Financial Planning Questions	16
Your Distribution Desires/Estate Planning	25
Your Assumptions	36
Other Advisors	37
Attachment A	38

## Checklist of What To Bring

Please bring the following items when you meet with us. Checkmark each item you bring.

- Completed this "Fact Finder"
- Latest paycheck stubs and bank statements.
- All pertinent information regarding present investments such as stocks, bonds, mutual funds, certificates, annuities, etc. (i.e. maturity dates, yields, copies of investment statements). These can be obtained from your broker, trust companies, investment companies, banks, and other agencies. Bring the most recent statements.
- Latest employee benefit statements and booklets.
- Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care, rental property, umbrella, funeral, etc.
- All pertinent and most recent information regarding mortgages or loans (i.e. original balance, current balance, interest rate, term, etc.) including credit card balances.
- Income tax returns (past three years). Also all gift tax returns, if applicable.
- Copies of legal documents (i.e. wills, trusts, pre and post nuptial agreements, divorce decrees, powers of attorney, Buy-Sell Agreement(s), etc.).
- Information on unique financial events or situations (i.e. major purchases, debt refinancing, expected inheritance, etc.).
- If applicable, business financial statements and tax returns for last two years, articles of incorporation, buy/sell agreement, and group employee benefit package.
- All pertinent information regarding assets owned by dependent children or parents that will be used to meet goals.
- Pension plans, 401(k) and other qualified plans.
- Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), plot deeds, etc.
- Existing Financial Plan, if any.
- Other relevant documents

**Directions** Complete this form by supplying your best estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with this checklist.

# Your Personal Information

## Personal Information

	Client 1 (Include whether US Citizen Y or N <sup>1</sup> )	Client 2 (Include whether US Citizen Y or N <sup>2</sup> ) please include maiden name
<b>Name (full legal name)</b>	_____	_____
<b>Preferred name (nickname)</b>	_____	_____
<b>Home address</b> NOTE: if you live elsewhere for part of the year, please identify where else and for what periods of time.	_____ _____ _____	_____ _____ _____
<b>Home phone</b>	_____	_____
<b>Birth date/Place of Birth</b>	_____	_____
<b>Social Security Number</b>	_____	_____
<b>Drivers License Number</b>	_____	_____
<b>FAX/Email</b>	_____	_____

## Employer Information

	Client 1	Client 2
<b>Employment Status</b>	Employed * Self-employed * Retired Include years of service	Employed * Self-employed * Retired Include years of service
<b>Occupation (if retired, previous occupation) and Title</b>	_____	_____
<b>Employer name</b>	_____	_____
<b>Employer address</b>	_____ _____ _____	_____ _____ _____
<b>Business phone</b>	_____	_____
<b>FAX/Email</b>	_____	_____

## Family Members

Include children and other persons who rely on you for their support. \ Please identify whether they are (N) natural, (A) adopted or (T) not adopted but you are responsible for them. Also state whether (M) married or (S) single. \ Please provide their contact information on a separate sheet of paper if they do not live with you. Please identify if any child has any special health or disability needs. \ Identify if they are children of a prior marriage with the previous spouse's name and contact information.

Do You expect more children?

Please include place of birth on a separate sheet of paper and a copy of their birth certificate.

**Name**

**Relationship to Client 1/Client 2;  
Social Security Number**

**Birthdate**

Personal Information

<sup>1</sup> Identify nationality if not a U.S. citizen

<sup>2</sup> Identify nationality if not a U.S. citizen

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

### OTHER POTENTIAL BENEFICIARIES

Include parents, siblings, grandparents, grandchildren, spouses of children, relatives, or others you or your spouse may desire to benefit. Include their contact information on a separate sheet of paper.

Name	Relationship to Client 1/Client 2; Social Security Number	Birthdate
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

### DESIRED BENEFICIARIES

#### PRIMARY

We will discuss in greater detail the amounts and percentages to go to each beneficiary. Please input preliminary amounts and percentages.

Please identify, if you know, if GSTT or 50% charity rules apply

Name	Relationship to Client 1/Client 2; Social Security Number	Birthdate
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

#### SECONDARY

Name	Relationship to Client 1/Client 2; Social Security Number	Birthdate
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

#### TERTIARY

Name	Relationship to Client 1/Client 2; Social Security Number	Birthdate
_____	_____	____/____/____
_____	_____	____/____/____

# Your Assets Information

## Income Information

Please attach most recent pay stubs, income statements\*. Please indicate durations\*\*.

	Client 1 Value	Client 2 Value
Gross Employment	_____	_____
Taxable Self-Employment	_____	_____
Taxable IRA Distribution	_____	_____
Roth IRA Distribution	_____	_____
Other Taxable	_____	_____
Other Non-Taxable	_____	_____

\*Income Sources are: 1 - Alimony 2 - Bonus 3 - Child Support 4 - Inheritance 5 - Loan Receipts 6 - Part-Time Income 7 - Rental Income 8 - Royalties 9 - Self-Employment 10 - Other Taxable 11 - Other Tax Exempt 12 - Employment

How will this income be applied to other parts of the program? (Check one of the following)

\_\_\_\_\_ Apply Entered Income in All Years (This choice applies the entered gross income in all year)

\_\_\_\_\_ Apply Entered Income in Retirement Only (This choice applies the gross income in the Retirement years only)

\_\_\_\_\_ Apply Entered Income in Retirement and Entered Income Net of Expenses in Pre-Retirement (This choice applies entered income gross of expenses in the Retirement years, and net of expenses in the Pre-Retirement years.)

\*\*Durations are: 1 - Owner Life 2 - Adjusted Owner Life 3 - Joint Life 4 - Period Certain 5 - Pre-Retirement 6 - Post-Retirement 7 - P/C Owner Death

\_\_\_\_\_ Do Not Apply Income to any Non Cash Flow Calculations (This choice applies the entered income into the Cash Flow analysis only, not into any other planning module)

## Investments Information

Please attach most recent statements for all investments. Put total amounts in this worksheet. *Put more detail in Attachment A.*

Please identify estimated rate of return, if applicable.

	Client 1 Value	Client 2 Value
Checking Account(s) (avg. balance)	_____	_____
Money Market Account	_____	_____
Collectibles	_____	_____
Notes Receivable	_____	_____
CD's	_____	_____
Stocks	_____	_____
Bonds	_____	_____
Mutual Funds	_____	_____

**Partnerships**

\_\_\_\_\_

**Trusts** (include type: e.g. Crummey Trust, ILIT, GRUT, GRAT, Unified Credit, etc.)

\_\_\_\_\_

**Automobiles**

\_\_\_\_\_

**Unlisted Securities (not publicly traded)**

\_\_\_\_\_

**Equity In Business (esp. closely held businesses such as Family Limited Partnerships, S-Corporations, etc.)**

\_\_\_\_\_

**Other (specify)**

\_\_\_\_\_

**Real Estate**

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.  
Please indicate both original cost ["basis"] and present fair market value.  
If investment property, indicate your estimate of property and rental income/expenses growth rates.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

TE = Tenancy by the entirety  
TC = Tenancy In Common  
JT = Joint Tenancy  
H = Husband Only  
LT = Land Trust  
W = Wife Only

**Client 1/Value**

**Client 2/Value**

**Principal Residence**

\_\_\_\_\_  
\_\_\_\_\_

**Secondary Residence(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Vacant Land**

\_\_\_\_\_  
\_\_\_\_\_

**Commercial Property**

\_\_\_\_\_  
\_\_\_\_\_

**Investment Real Estate (owned)**

\_\_\_\_\_  
\_\_\_\_\_

**Investment Real Estate (leased)**

\_\_\_\_\_  
\_\_\_\_\_

**Agricultural Property**

\_\_\_\_\_  
\_\_\_\_\_

Have you ever lived in or owned real estate in Arizona ( ), California ( ), Idaho ( ), Louisiana ( ), Nevada ( ), New Mexico ( ), Texas ( ), or Washington ( )?

\_\_\_\_\_  
\_\_\_\_\_

**Insurance Policies**

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please identify if you have taken any loans against these policies.

Please identify if these policies have any "Accidental Death" provisions.

*Put more detail in Attachment A*

Face Amount	Company	Insured	Beneficiary & Secondary Beneficiary	Owner
-------------	---------	---------	-------------------------------------	-------

**LIFE**

Term

--	--	--	--	--

Whole

--	--	--	--	--

Variable

--	--	--	--	--

Universal

--	--	--	--	--

Group

--	--	--	--	--

**Disability**

Individual

Group

**Long Term Care**

Individual

Group

**Health/Major Medical**

Individual

Group

**Auto**

**Homeowners/Renters**

**Umbrella Policies**


**Retirement Assets**

Please identify if you have made any Grandfather Elections, SEPP, or other elections.

Type/Account #/Trustee	Owner Client 1/Value	Owner Client 2/Value
<b>401(k)/403(b)/401(b)</b>		
<b>Annuities</b> (include beneficiary, payment per \$1,000, start date, guaranteed # of years, cost basis, and frequency)		
<b>IRA's</b>		
<b>Roth IRA's</b>		
<b>Keogh Plan</b>		
<b>SEP Plan</b>		
<b>SIMPLE Plan</b>		
<b>Pension and Profit Sharing Plans</b>		
<b>Deferred Compensation</b>		
<b>Stock Options</b>		
<b>Expected Inheritance (within next 10 years)</b>		
<b>Trusts</b>		
<b>QTIP's</b>		
<b>Powers of Appointment</b>		



# Your Personal Liabilities Information

## Liabilities Information

Please attach most recent statements for all liabilities. Put total amounts in this worksheet. Include Interest Rates and monthly payment obligation.

Please put joint liabilities in Client 1 column and ID as Joint. ID Client 1 sold obligations.

*NOTE: Credit cards are often used to pay expenses. DO NOT PUT PAYMENTS IN BOTH LIABILITIES AND EXPENSES*

**Client 1**

**Client 2**

**Notes Payable**

**Automobile Loan(s)**

**Mortgage**

**Second Mortgage**

**Third Mortgage**

**Line Of Credit**

**Credit Card** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Loans (include loans against your business, insurance and brokerage accounts)**

**Pledges to Charities**

**Other (specify)**

## Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

Please do NOT INCLUDE REAL ESTATE TAXES OR INSURANCE. This amount should be principal and interest only. NOT PITI.

**Client 1/ Payment**

**Client 2/Payment**

**Principal Residence**

**Secondary Residence(s)**

**Investment Real Estate (owned)**

**Investment Real Estate (leased)**

**Partial Interests**

## Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

**Type/Policy #/Insurance Co.**

**Client 1/ Payment**

**Client 2/Payment**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Your Expenses Information

## Expenses Information

**Put MONTHLY amounts in here. Identify if you use YEARLY amounts. Please include estimated durations\*\*.**

\*Expenses are: 1 - Alimony 2 - Car/Travel 3 - Charitable Gifts 4 - Dues and Memberships 5 - Fees 6 - Household 7 - Medical 8 - Other Insurance Premiums 9 - Property Taxes 10 - Recreation/Entertainment 11 - Rent 12 - Other

\*\*Durations are: 1 - Owner Life 2 - Adjusted Owner Life 3 - First Life 4 - Adjusted First Life 5 - Joint Life 6 - Adjusted Joint Life 7 - Period Certain 8 - Pre-Retirement 9 - post-Retirement 10 - P/C Owner Death

	Client 1	Client 2
Cable / TV / On - Line	_____	_____
Dining	_____	_____
Dues	_____	_____
Entertainment	_____	_____
Gift to charities	_____	_____
Gifts to family and others	_____	_____
Hobbies	_____	_____
Recreation	_____	_____
Subscriptions	_____	_____
Travel	_____	_____
Other Discretionary: Pets	_____	_____
Other Discretionary: Allowances	_____	_____
Other Discretionary: Kids Sports / Adult Sports	_____	_____
Other Discretionary: Cigars/Cigarettes	_____	_____
Other Discretionary:	_____	_____
Other Discretionary:	_____	_____
Other Discretionary:	_____	_____
Other Discretionary:	_____	_____

## Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

	Client 1	Client 2
<b>Principal Residence</b>	_____	_____
<b>Secondary Residence(s)</b>	_____	_____
	_____	_____
	_____	_____
<b>Investment Real Estate (owned)</b>	_____	_____

**Investment Real Estate (leased)**

\_\_\_\_\_

\_\_\_\_\_

**Business phone**

\_\_\_\_\_

**Email**

\_\_\_\_\_

## Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

**Type/Policy #/Insurance Co.**

**Owner Client 1**

**Owner Client 2**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## Current Budget Worksheet

		CURRENT		RETIREMENT	
		Monthly Expense	Annual Expense	Monthly Expense	Annual Expense
<b>Mortgage or Rent Payments</b>		\$	\$	\$	\$
<b>Utilities, including Cable, Telephone, etc.</b>					
<b>Food</b>					
<b>Clothing</b>					
<b>Car / Travel Expenses</b>					
<b>Insurance Payments</b>	<b>Home &amp; Auto</b>				
	<b>Health</b>				
	<b>Life</b>				
	<b>Disability &amp; LTC</b>				
<b>Child Care Costs / Education</b>					
<b>Medical Expenses</b>					
<b>Recreation &amp; Entertainment</b>					
<b>Charitable Contributions</b>					
<b>Debt Payments</b>					
<b>Alimony, Child Support, Separate Maintenance</b>					
<b>Other Expenses: including pet care, personal care, sports, etc.</b>					
<b>Savings / Investments</b>					
<b>Savings for Education</b>					
<b>Retirement Plan / IRA Contributions</b>					
<b>Other Discretionary Expenses</b>					
<b>Total Expenses (should equal net income)</b>		\$	\$	\$	\$

# Your Goals

## Investments Goals

Please identify realistic desired rates of return

**Client 1**

**Client 2**

**Checking Account(s)**

**Money Market Account**

**Collectibles**

**Accumulation/Education Goals**

(are other resources available?)

**CD's**

**Stocks**

**Bonds (taxable or tax free?)**

**Mutual Funds**

**Partnerships**

**Trusts**

## Estate Goals

Please identify how important these goals are to you. 1 = low, 10 = high.

**Client 1**

**Client 2**

What are your Estate Planning Objectives? (Please attach a separate sheet of paper)

How soon would you like to complete a will or trust?

Is there a specific deadline, such as an upcoming trip, surgery, etc

Reducing my Estate Taxation

Reducing my Income Taxation

Reducing my Exposure to Litigation

Protecting my Assets from my Children's Ex-Spouses & Creditors

Reducing the Amount of Risk in my Portfolio, without Reducing Return

Ensuring my Spouses Lifestyle Needs are met After my Death

Providing for the Education Needs of Children and/or Grandchildren

Avoiding Making my Estate Plan Too Complex and Costly

Transfer of Business or Farm Assets

To Avoid Probate

Guardianship for Children

Health or Educational Concerns

To distribute assets to heirs

Avoiding squabbles after my death \_\_\_\_\_

Providing for specific children (i.e. spendthrift, special needs, disabled, incompetent, etc.) Children without good business abilities. \_\_\_\_\_

Special financial, educational or medical needs of surviving spouse and children. \_\_\_\_\_

How would you dispose of your estate at your death if there were no such thing as estate or inheritance taxes? \_\_\_\_\_

In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance of their vocation or profession? \_\_\_\_\_

Describe any personal objectives that override possible adverse tax consequences. \_\_\_\_\_

Do you have a safe deposit box? Please identify where. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Any Other Concerns? \_\_\_\_\_

### Protection Goals

Please identify your percentage of coverage desired.

Type	Client 1	Client 2
Income	_____	_____
Mortgage	_____	_____
Monthly Expenses	_____	_____
Education	_____	_____
Accumulation Goals	_____	_____
Generational Wealth	_____	_____

**There are more questions. See The Estate Planning Questions starting at page 25.**

# Your Business Information

## Business Information

	<b>Client 1</b> (Include whether US Citizen Y or N)	<b>Client 2</b> (Include whether US Citizen Y or N) please include maiden name
<b>Name (full legal name)</b>	_____	_____
<b>Type of Organization</b> (Sole Proprietor, S-Corp, C-Corp, LLC, PA, etc.)	_____	_____
<b>Headquarters address</b>	_____	_____
<b>State and date of incorporation</b>	_____	_____
<b>Corporate affiliates (parent and or subsidiary companies)</b>	_____	_____
<b>Headquarters address</b>	_____	_____
<b>Licensed to do business in Colorado?</b>	_____	_____
<b>Succession Planning Complete?</b>	_____	_____
<b>Business Risk Analysis Complete?</b>	_____	_____
<b>Corporate affiliates (parent and or subsidiary companies)</b>	_____	_____
<b>State and date of incorporation</b>	_____	_____
<b>Fictitious business name(s)</b>	_____	_____
<b>Ownership Interest (Percentage or Investment Amount)</b>	_____	_____

## Key Employee Information

Include Business address, Home telephone number, Work telephone number, Mobile telephone number Fax number, email for all.

<b>General Counsel</b>	_____	_____
<b>Chief Financial Officer</b>	_____	_____
<b>Insurance Agent/Information Officer in charge of risk/insurance</b>	_____	_____
<b>Outside broker</b>	_____	_____
<b>CGL carrier(s) and date(s)</b>	_____	_____
<b>Auto carrier(s) and date(s)</b>	_____	_____
<b>Employer's liability carrier(s) and date(s)</b>	_____	_____
<b>Workers' comp carrier(s) and date(s)</b>	_____	_____
<b>Business phone</b>	_____	_____
<b>Business FAX/Email</b>	_____	_____

### Miscellaneous Information

Where and to whom should attorney's billings be sent?

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Business Financial Information

Please attach your most recent financial statements and tax returns.

	Client 1	Client 2
<b>Cash and Cash Equivalent Accounts</b>	_____	_____
<b>Business Interests</b>	_____	_____
<b>Notes and Accounts Receivable</b>	_____	_____
<b>Tax Shelters</b>	_____	_____
<b>Employee Benefits</b>	_____	_____
<b>% of Business Owned</b>	_____	_____
<b>Book Value</b>	_____	_____
<b>Market Value of Share Owned</b>	_____	_____
<b>Value of Separate Accounts Receivable</b>	_____	_____
<b>Total Value of Real Estate</b>	_____	_____
<b>Buy-Sell Agreements?</b>	_____	_____
<b>Gross Income Last Year</b>	_____	_____
<b>Gross Expenses Last Year</b>	_____	_____
<b>Inventory Value</b>	_____	_____
	_____	_____
	_____	_____
	_____	_____

# Your Business Liabilities Information

## Liabilities Information

Please attach most recent statements for all liabilities. Put total amounts in this worksheet. Include Interest Rates and monthly payment obligation.

Please put joint liabilities in Client 1 column and ID as Joint. ID Client 1 sold obligations.

**Client 1**

**Client 2**

**Notes Payable**

**Automobile Loan(s)**

**Mortgage**

**Second Mortgage**

**Third Mortgage**

**Line Of Credit**

**Credit Card** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Credit Card** \_\_\_\_\_

**Loans (include loans against your business, insurance and brokerage accounts)**

**Pledges to Charities**

**Investment Loans (leveraging)**

**Other (specify)**

## Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

Please do NOT INCLUDE REAL ESTATE TAXES OR INSURANCE. This amount should be principal and interest only. NOT PITI.

**Client 1/ Payment**

**Client 2/Payment**

**Principal Residence**

**Secondary Residence(s)**

**Investment Real Estate (owned)**

**Investment Real Estate (leased)**

**Partial Interests**

## Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

**Type/Policy #/Insurance Co.**

**Client 1/ Payment**

**Client 2/Payment**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## FINANCIAL PLANNING QUESTIONS

### Planning Objectives and Goals

What are your short-term financial and investment objectives? \_\_\_\_\_

What are your long-term objectives? \_\_\_\_\_

Do you have grandchildren? \_\_\_\_\_

If so, are you going to want to be, or need to be, financially involved in their education? \_\_\_\_\_

If your parents are living, do you expect to become financially responsible for them at some point? \_\_\_\_\_

### Retirement Goals

\_\_\_\_\_ Retirement at age \_\_\_\_\_ with your spouse's retirement at age \_\_\_\_\_

\_\_\_\_\_ Provide retirement income of \$ \_\_\_\_\_ per year for you and your spouse

\_\_\_\_\_ Minimize income taxes during retirement

\_\_\_\_\_ Optimize use of tax-qualified retirement savings

### Education Funding Goals

\_\_\_\_\_ Provide child(ren) education funds for grade school

\_\_\_\_\_ Provide child(ren) education funds for college

\_\_\_\_\_ Provide child(ren) education funds for graduate or professional school

### Capital Needs Upon Client's Death

\_\_\_\_\_ Provide sufficient resources to pay off all debt

\_\_\_\_\_ Provide sufficient resources to pay off the mortgage or provide housing

\_\_\_\_\_ Provide funds for final expenses (funeral, medical and professional fees)

\_\_\_\_\_ Provide for Education funding for child(ren)

\_\_\_\_\_ Provide resources to maintain current or desired standard of living for spouse's lifetime

\_\_\_\_\_ Gift to Charity(ies)

### Capital Needs Upon Spouse's Death

\_\_\_\_\_ Provide sufficient resources to pay off all debt

\_\_\_\_\_ Provide sufficient resources to pay off the mortgage or provide housing

\_\_\_\_\_ Provide funds for final expenses (funeral, medical and professional fees)

\_\_\_\_\_ Provide for Education funding for child(ren)

\_\_\_\_\_ Provide resources to maintain current or desired standard of living for spouse's lifetime

\_\_\_\_\_ Gift to Charity(ies)

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## Needs Upon Client's Disability

\_\_\_\_\_ Provide Income of \$ \_\_\_\_\_ per month in the event of Client's Disability

\_\_\_\_\_ Provide Income in the event of Client's disability at age \_\_\_\_\_.

\_\_\_\_\_ Review existing Disability Income Insurance Coverage on Client.

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## Needs Upon Spouse's Disability

\_\_\_\_\_ Provide Income of \$ \_\_\_\_\_ per month in the event of Spouse's Disability

\_\_\_\_\_ Provide Income in the event of Spouse's disability at age \_\_\_\_\_.

\_\_\_\_\_ Review existing Disability Income Insurance Coverage on Spouse.

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## Client's Distribution Planning Objectives

\_\_\_\_\_ Take amount sufficient to satisfy annual retirement income goals

\_\_\_\_\_ Take minimum required distributions only starting at age \_\_\_\_\_

\_\_\_\_\_ Defer distribution to age 70.5

\_\_\_\_\_ Take lump sum of \$ \_\_\_\_\_ at age \_\_\_\_\_

\_\_\_\_\_ Begin distribution at age \_\_\_\_\_ (pre 59.5) without penalty for a period of \_\_\_\_\_ years

\_\_\_\_\_ Each year withdraw \$ \_\_\_\_\_ tax-qualified retirement assets

\_\_\_\_\_ Each year withdraw \_\_\_\_\_ % of tax-qualified retirement assets

\_\_\_\_\_ Evaluate-Designate naming your spouse or children as primary beneficiary(ies) after your death

\_\_\_\_\_ Evaluate-Designate naming children or other as secondary beneficiary(ies) after your death

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## Spouse's Distribution Planning Objectives

\_\_\_\_\_ Take amount sufficient to satisfy annual retirement income goals

\_\_\_\_\_ Take minimum required distributions only starting at age \_\_\_\_\_

\_\_\_\_\_ Defer distribution to age 70.5

\_\_\_\_\_ Take lump sum of \$ \_\_\_\_\_ at age \_\_\_\_\_

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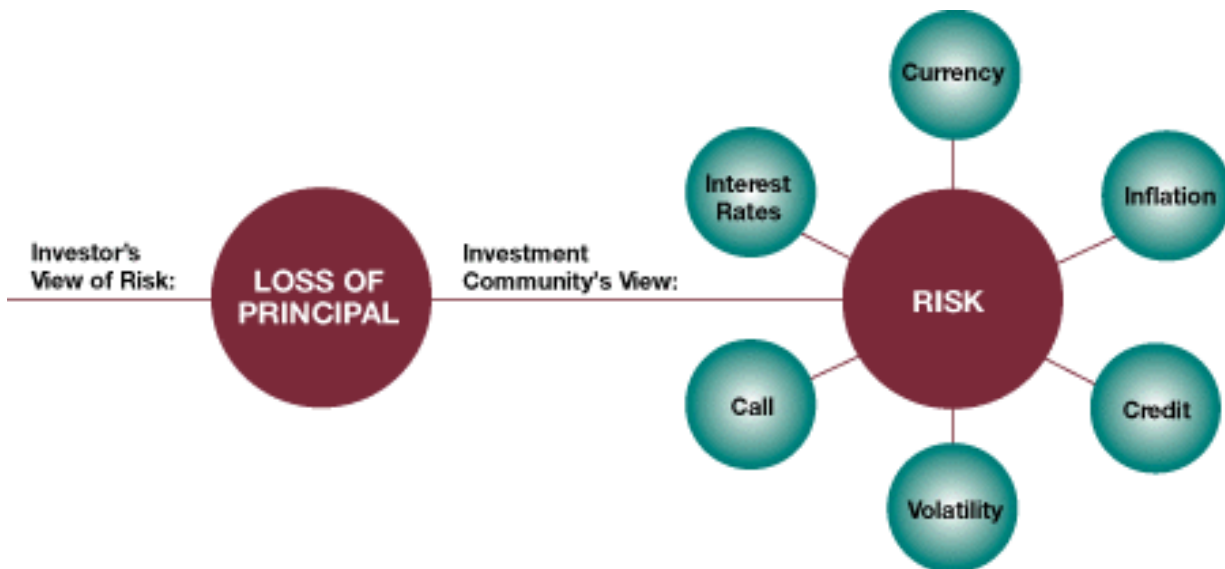
- \_\_\_\_\_ Begin distribution at age \_\_\_\_\_ (pre 59.5) without penalty for a period of \_\_\_\_\_ years
- \_\_\_\_\_ Each year withdraw \$\_\_\_\_\_ tax-qualified retirement assets
- \_\_\_\_\_ Each year withdraw \_\_\_\_\_ % of tax-qualified retirement assets
- \_\_\_\_\_ Evaluate-Designate naming your spouse or children as primary beneficiary(ies) after your death
- \_\_\_\_\_ Evaluate-Designate naming children or other as secondary beneficiary(ies) after your death

## Risk Tolerance

Please consider your tolerance to risk. We will discuss this issue in more detail when we meet again. We will determine whether your risk tolerance is conservative, moderately conservative, conservative, moderately aggressive, or aggressive and propose solutions based on your risk tolerance.


The least understood part of investing is often the relationship between risk and return -- and how to position a portfolio on that spectrum.

"Do-it-yourself" investors often consider only one type of risk: loss of principal. Investors who work with an advisor usually have a better understanding of the six basic types of investment risk.



A financial advisor can help you determine your risk tolerance and assist you in selecting the investments that suit your financial needs at every stage of your life.

## Beneficiary Education Information

**Beneficiary Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Do you want to maintain control over the Beneficiary's funds? Yes/No** SSN: \_\_\_\_\_

**Beneficiary Fund Information**

Fund Balance: \$ \_\_\_\_\_ Rate of Return: \_\_\_\_\_ % Annual Addition or Savings Amount: \$ \_\_\_\_\_

Additions Start Year: \_\_\_\_\_ Duration of Additions: \_\_\_\_\_ Years

Applicable Income Tax Rate (circle one): Tax Exempt / Beneficiary's Rates / Client's Rates

After education planning is complete, Transfer Unspent Beneficiary Funds To (circle one):

Beneficiary / Family Education Fund / Client's Liquid, Non-Qualified Assets

If Insufficient Beneficiary and Family Education Funds, Then Use Liquid, Non-qualified Assets: Yes / No

**Child/Beneficiary Education Costs**

	Starting Age	Starting Year	# of Years	Annual Cost (Today's \$)
Pre-school	_____	_____	_____	\$ _____
Primary	_____	_____	_____	\$ _____
Secondary	_____	_____	_____	\$ _____
College	_____	_____	_____	\$ _____
Graduate	_____	_____	_____	\$ _____
Post-graduate	_____	_____	_____	\$ _____

**Beneficiary Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Beneficiary Fund Information**

Fund Balance: \$ \_\_\_\_\_ Rate of Return: \_\_\_\_\_ % Annual Addition or Savings Amount: \$ \_\_\_\_\_

Additions Start Year: \_\_\_\_\_ Duration of Additions: \_\_\_\_\_ Years

Applicable Income Tax Rate (circle one): Tax Exempt / Beneficiary's Rates / Client's Rates

After education planning is complete, Transfer Unspent Beneficiary Funds To (circle one):

Beneficiary / Family Education Fund / Client's Liquid, Non-Qualified Assets

If Insufficient Beneficiary and Family Education Funds, Then Use Liquid, Non-qualified Assets: Yes / No

**Child/Beneficiary Education Costs**

	Starting Age	Starting Year	# of Years	Annual Cost (Today's \$)
Pre-school	_____	_____	_____	\$ _____
Primary	_____	_____	_____	\$ _____
Secondary	_____	_____	_____	\$ _____
College	_____	_____	_____	\$ _____
Graduate	_____	_____	_____	\$ _____
Post-graduate	_____	_____	_____	\$ _____

## Retirement Planning Information

**Retirement Need Applied: Entered or Cash Flow** (When Cash Flow is selected, the Retirement Need is determined using the expenses entered in the Income/Expenses panel.)

### Ages

Retirement Age:

**Client**

**Spouse**

Retirement Planning Death Age:

### Retirement Goals

Annual Retirement Need: (An after-tax Value in Today's Dollars): \$

Duration of Income Need (choose one): Client Life / Period Certain / Client Life and Period Certain / Joint & Survivor / Joint & Survivor and Period Certain

Joint and Survivor %: % Period Certain (Years)

Additional Post-Tax Annual Income Applied to Annual Retirement Need: \$

Client's Start Age:

Wage Duration (Years):

## Social Security Benefits

**Inflation of Social Security Benefits** Pre-Retirement \_\_\_\_\_% Post-Retirement \_\_\_\_\_%

### Client's Benefits

Select an evaluation method to determine the client's PIA (choose one):\* None / Calculated / Entered

Enter the PIA or Unadjusted Benefit Amount: \$

Begin Benefits at the Client's (choose one): Earliest Possible (age 62) / Retirement Age / SSRA (Social Security Retirement Age)

Social Security Adjuster % (% of overall benefits to include in the analysis):

Include \$255 Death Benefit: Yes / No

Wage History Adjustment 10 Year Average or Entered If Entered, then: National Wage Average \_\_\_\_\_%

### Spouse's Benefits

Taxable Wage Base \_\_\_\_\_%

Select an evaluation method to determine the client's PIA (choose one)\*: None / Calculated / Entered

Enter the PIA or Unadjusted Benefit Amount: \$

Begin Benefits at the Client's (choose one): Earliest Possible (age 62) / Retirement Age / SSRA (Social Security Retirement Age)

Social Security Adjuster % (% of overall benefits to include in the analysis):

Include \$255 Death Benefit: Yes / No

Wage History Adjustment 10 Year Average or Entered If Entered, then: National Wage Average \_\_\_\_\_%

Base \_\_\_\_\_%

Taxable Wage

**\*Note:**

**Social Security Method:** If "calculated" is selected, we calculate an individual's Social Security benefits according to the Old Age, Survivors and Disability Insurance program (OASDI) of the Social Security Act and the individual's entered wage history.

## Client's Distribution Planning

Age to Start elective distributions from all Qualified Plans and IRA assets \_\_\_\_\_

**Distribution Method** – (choose one) Minimum Required / \$ Amount / % Amount / Interest Only / Amount sufficient to satisfy the Annual Retirement Need / Annuitized

If \$ Amount, enter the Annual Distribution Amount Desired:

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

If % Amount, enter the Annual Distribution % Desired: \_\_\_\_\_

Exempt from 10% Premature Distribution Tax Payments:

Yes / No

### Lump Sum Distributions (from all qualified asset sources)

Method (choose one): None / Specific \$ Amount / Percent of Total Qualified Assets

Specific \$ Amount: \$ \_\_\_\_\_ Percent of Total Qualified Assets: \_\_\_\_\_ %

Pay Date (choose one): Participant's Death / Second Death (of client & spouse) / Calendar Year \_\_\_\_\_

Use 10 Year Averaging: Yes / No

### Substantially Equal Periodic Payment Options [IRC Section 72(t)]

Distribution Method (choose one): Minimum Distributions / Amortization / Annuity Factor

Use Life Expectancy of (choose one): Participant Only / Participant-Spouse / Participant-Beneficiary

"Reasonable Interest Rate" Assumption Pursuant to Notice 89-25 (%): \_\_\_\_\_ %

Age to start 72t Distributions \_\_\_\_\_

Years distributions will be made \_\_\_\_\_

### Minimum Required Distribution (MRD) Options

MRD begins when the participant attains age 70.5? Yes / No

Defer first MRD until April 1<sup>st</sup> of the year following the year the participant attains age 70.5: Yes / No

Rollover Qualified Assets to spouse's IRA after participant's death?: Yes / No

Will the surviving spouse defer the first MRD from the rollover to age 70.5?: Yes / No

**Beneficiaries for MRD calculations**

**% as Primary**

**Rollover % / Contingent**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Spouse's Distribution Planning

Age to start elective distributions from all Qualified Plans and IRA assets \_\_\_\_\_

**Distribution Method** – (choose one) Minimum Required / \$ Amount / % Amount / Interest Only / Amount sufficient to satisfy the Annual Retirement Need / Annuitized

If \$ Amount, enter the Annual Distribution Amount Desired: \$ \_\_\_\_\_

If % Amount, enter the Annual Distribution % Desired: \_\_\_\_\_

Exempt from 10% Premature Distribution Tax Payments: Yes / No

**Lump Sum Distributions** (from all qualified asset sources)

Method (choose one): None / Specific \$ Amount / Percent of Total Qualified Assets

Specific \$ Amount: \$ \_\_\_\_\_ Percent of Total Qualified Assets: \_\_\_\_\_ %

Pay Date (choose one): Participant's Death / Second Death (of client & spouse) / Calendar Year \_\_\_\_\_

Use 10 Year Averaging: Yes / No

**Substantially Equal Periodic Payment Options [IRC Section 72(t)]**

Distribution Method (choose one): Minimum Distributions / Amortization / Annuity Factor

Use Life Expectancy of (choose one): Participant Only / Participant-Spouse / Participant-Beneficiary

"Reasonable Interest Rate" Assumption Pursuant to Notice 89-25 (%): \_\_\_\_\_ %

Age to start 72t Distributions \_\_\_\_\_

Years distributions will be made \_\_\_\_\_

**Minimum Required Distribution (MRD) Options**

MRD begins when the participant attains age 70.5? Yes / No

Defer first MRD until April 1<sup>st</sup> of the year following the year the participant attains age 70.5: Yes / No

Rollover Qualified Assets to spouse's IRA after participant's death?: Yes / No

Will the surviving spouse defer the first MRD from the rollover to age 70.5?: Yes / No

**Beneficiaries for MRD calculations**

**% as Primary Beneficiary**

**Rollover %/Contingent**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Survivor's Capital Needs

	Upon the Death of:	Client	Spouse
<b>Survivor's Annual Income Need:</b>			
During Child-Raising Years*:	\$	_____	\$ _____
Between Child-Raising Years & Retirement*:	\$	_____	\$ _____
During Retirement Years*:	\$	_____	\$ _____
<b>Immediate Cash Needs:</b>			
Final Expenses: (i.e. medical, legal, probate costs)	\$	_____	\$ _____
Debt Obligations*: (i.e. credit card, personal loans...)	\$	_____	\$ _____
Mortgage / Housing*:	\$	_____	\$ _____
Education Fund*:	\$	_____	\$ _____
<b>Survivor's Information:</b>			
Survivor's Retirement Age:*	\$	_____	\$ _____
Survivor's Death Age*		_____	_____
Survivor's Net Annual Income:*		_____	_____
Age Survivor's Income Starts:*		_____	_____
Duration (Years) Income Available:*		_____	_____
<b>Other Resources:</b>			
Life Insurance Available upon Death*:	\$	_____	\$ _____
Include Social Security?		Y / N	Y / N
<b>Capital Utilization Method to Use: Liquidation or Preservation*</b>			
		L / P	L / P
<b>What Rate of Return do you want to use for Present Value Calculations?</b>			
		_____	% _____

**\*Note:**

**Education Fund:** This can be calculated based on the education information entered. The calculated value is equal to the present value of all future education costs.

**Capital Utilization Method:** *Liquidated* -- determines the resources required for the survivor's capital needs using both interest and principal; and *Preserved* -- determines the principal amount required to provide interest income equal to the survivor's capital needs without depleting the principal capital.



## Disability Needs Analysis

Like most people, the ability to earn a living is probably your greatest financial resource. Earnings enable you to accumulate assets, maintain or improve your lifestyle, save for retirement and build a solid financial foundation. Disability due to illness or accident can drastically change this. Disability can not only stop your earnings but also impair your ability to accrue retirement and social security benefits. You may be forced to use savings and existing retirement funds to meet your needs during disability. You may also be forced to sell assets to meet those needs. The impact can be devastating. A strategy to minimize the financial impact of a long-term disability is crucial.

	<b>Upon the Disability of:</b>	
	<b>Client</b>	<b>Spouse</b>
<b>Disability Start Age*</b>		
<b>Duration of Disability*</b>		
<b>Monthly Income Need*</b>	\$	\$
<b>Resources to Apply to the Need</b>		
Social Security Benefits	Y / N	Y / N
Non-Qualified Assets	Y / N	Y / N
Qualified Assets	Y / N	Y / N
<b>Wages of Non-Disabled Person</b>		
Annual Wage*	\$	\$
Start Age*		
Duration of Wages*	Yrs.	Yrs.

**Notes:** An \* indicates this value has been entered previously in this questionnaire.

The following values are optionally used as the default values”

Start Age*	The current Age.
Duration of Disability*	The difference between the current age and planning death age as entered in the retirement section.
Monthly Income Need*	The current annual wages of both the client and spouse less taxes and divided into 12 months.
Annual Wage of Non-Disabled Person*	The current annual wage of the non-disabled person.
Start Age for Wages*	The current age of the non-disabled person.
Duration of Wages*	The difference between the current age and last wage age of the non-disabled person. (As entered in the Client and Spouse Information section)

# ESTATE DISTRIBUTION DESIRES

## ESTATE PLANNING PROVISIONS

There are several types of agents involved in an estate. In general, choose an agent with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment "smarts." If you choose co-agents, you should consider choosing them for how well their individual strengths compliment each other. Include Name, address, telephone, relationship

A **Personal Representative** (also known as an "executor" or "administrator") handles your estate after you pass away. You may name your spouse, child, relative, friend, or financial institution as Personal Representative. Please name a primary and alternate Personal Representative.

A **Trustee** manages assets for the benefit of another person. For example, you may appoint a Trustee to manage assets for your children until they reach a designated age. The Trustee can be a person or financial institution that you trust to manage and distribute your assets. You may designate a Trustee even if you do not have children, but desire to give property to a minor or incompetent person.

A **Guardian** is responsible for the day-to-day care of minor or incompetent children if the natural parents are deceased. Please name a primary and alternate Guardian if you have minor children. The Guardian and Trustee may be the same person. Skip this section if you do not have natural or adopted children.

A **Health Care Agent** is a person appointed to make medical decisions on your behalf in the event that you become incapacitated is referred to as a "Patient Advocate". The most important decision that a Patient Advocate may make is to terminate life support in the event that you become terminally ill. A Patient Advocate is appointed in a "Health Care Directive" (often referred to as a "Living Will"). The authority of a Patient Advocate terminates when you pass away. Please name a primary and alternate Patient Advocate.

A person with a **Durable Power of Attorney** allows them to make personal and financial decisions on your behalf in the event that you become incapacitated. A Power of Attorney terminates when you pass away. Please appoint a primary and alternate agent to act for you.

Personal Representative	Yourself	Spouse
Primary (name, address and telephone number)		
Successor (name, address and telephone number)		

Trustee	Yourself	Spouse
<p>The trustee can be individuals or an organization (such as a bank or specialist trust organization). A trustee is supervised by the Court and has very strict obligations to wisely manage the money for the benefit of your children. If the trustee wastes the money, your children, through their guardian, can sue the trustee. The money in trust can only be used for necessities such as housing, food, clothing, medical treatment and education of your children. The typical trust provides that when your youngest child turns 21, the assets of the trust are distributed to all of your children. Do you want to name a trustee separate from the Guardian?</p>		
Primary (name, address and telephone number)		
Successor (name, address and telephone number)		
Guardians for your Minor Children	Yourself	Spouse
<p>Hopefully, the person or persons you name as guardian is also responsible enough to handle any money you leave for your children. However, there are people who are good with children but terrible with money. If this sounds familiar, you can name one person as guardian "of the person" of your children (so they are raised in a loving household) but name someone else as "trustee" of the money you have left for your children.</p>		
Primary (name, address and telephone number)		
Successor (name, address and telephone number)		
Health Care Agent	Yourself	Spouse
Primary (name, address and telephone number)		
Successor (name, address and telephone number)		
Power of Attorney	Yourself	Spouse
<p>In the event you are rendered unconscious or comatose, whom do you want to act as your agent for your financial and personal matters? (Usually you name your spouse.) The appointment of another person in a Durable Power of Attorney allows them to make personal and financial decisions on your behalf in the event that you become incapacitated. A Power of Attorney terminates when you pass away. Please appoint a primary and alternate agent to act for you.</p>		
<p>Have you ever given a power of attorney to another? <input type="checkbox"/> yes <input type="checkbox"/> no                      If yes, to whom and when?</p>		

Primary (name, address and telephone number)		
Successor (name, address and telephone number)		
<b>Identity of "Next Friend"</b> Person who checks on well-being of special needs person, other than the trustee of the special needs trust.	<b>Yourself</b>	<b>Spouse</b>
Primary (name, address and telephone number)		
Successor (name, address and telephone number)		

Will your choice of any of these agents be affected by the marriage, divorce, remarriage or relocation of the persons named above? \_\_\_\_\_

## Disposition of Estate

What are your general desires as to the disposition of your estate? Indicate any specific gifts of items or cash you wish to make.

**1. SPECIFIC GIFTS.** This is where you specify specific gifts to specific people. Do you want to make a specific gift of cash or property to another person or entity? If so, please designate the cash gifts here. If you desire to give special items of personal property to an heir, then we will include a "Personal Property Memorandum" with your will. The Personal Property Memorandum is a separate list of property that is included with your plan of distribution by reference in the Will. The list may be updated without changing your entire Will. You should avoid listing personal property, such as jewelry, art, etc., that is better handled by a "handwritten list" or "memorandum" signed by you and regularly updated because you may give those items away prior to your death.

Describe Gift	Name and Address of Recipient	Relationship to Recipient

**2. PRIMARY BENEFICIARIES.** Please use this space to designate one or more primary beneficiaries of your property after specific gifts are distributed. If you are married, you may use the default selections. If you are not married, or if the default selections do not fit your situation, please indicate your primary beneficiary and their relationship to you in the space provided.

- All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse, then equally between surviving children.
- All to spouse, then to \_\_\_\_\_

**3. ALTERNATE BENEFICIARIES.** If none of your primary beneficiaries survive you, then your property will be given to an alternate beneficiary. Please designate one or more alternate beneficiaries, their relationship to you, and the amount of property that you want them to receive.

Describe Gift	Name and Address of Recipient	Relationship to Recipient

**AGE OF DISTRIBUTION.** If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or a at 21, a at 25, and a at 35. You may use any age or combination of ages that you choose.

## GIFT/CHARITABLE STRATEGIES

Items of property you wish to be distributed to specific persons or organizations, religious groups, charities, universities, etc. Charitable gifts are limited by the 50% rule. Ability to donate property (capital gain and non-capital gain property.) Carry-forward rules are available.

### PREVIOUS GIFTS

(DO NOT INCLUDE GIFTS TO A CHARITY OR GIFTS OF LESS THAN \$10,000)

Name of Recipient	Nature of Gift	Value	Date of Gift	Gift Tax Return Filed

Comments:


Organ Donation	Yourself	Spouse
Do you wish to be an organ/tissue donor?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, have you signed an organ donor card or indicate on your driver's license that you intend to be an organ donor?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you told your family about your intention to be an organ donor?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you wish to leave instructions regarding burial or cremation?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you feel strongly about so-called "right to die" issues?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

### AGENT QUESTIONS

Is executor to receive a fee? \_\_\_\_\_ Substitute executor? \_\_\_\_\_  
 How much or how determined?

Is Trustee to receive a fee? \_\_\_\_\_ Substitute Trustee? \_\_\_\_\_  
 How much or how determined?

Is executor or substitute executor to be bonded?

Is executor to have broad/general powers?

Power to sell or partition? \_\_\_\_\_ Any limits? \_\_\_\_\_

Is Trustee or substitute trustee to be bonded? \_\_\_\_\_

Are (Executor) (Trustee) to be free of liability except for fraud or criminal acts? \_\_\_\_\_

Is the home to be insured out of the trust? \_\_\_\_\_ or out of the Estate? \_\_\_\_\_.

Is the (executor)(trustee) to sell it? \_\_\_\_\_

Can trustee make charitable gifts? \_\_\_\_\_

Can the fiduciary buy assets from the estate or loan money to estate? Only with approval of Heirs?

Explain:

## OTHER MATTERS

**CONTRACTUAL** Are wills to be contractual so that neither spouse can change them later? (Note: These contractual wills normally end up in litigation. Consideration has to be given to assets accumulated afterwards and the effect it has on the right of the spouse to sell or mortgage the property.) Explain your desires:

**NO-CONTEST CLAUSE** Is any heir to lose his inheritance if he contests the will and/or trust? Or contests the powers of the executor/trustee? Or contests the appointment of the executor/trustee? Explain your desires.

**DISCLAIMERS** If a designated heir disclaims all or any part of your estate, do you want that disclaimed property to go to that party's children \_\_\_\_\_, or to go to the other named parties as if the disclaimer had no descendants\_\_\_\_\_?

**DIVORCE AGREEMENTS** If you have had a divorce, sometimes the parties agree that the children of that marriage will be included in the spouse's future wills or estates. If so, it is imperative that a copy of the divorce papers be brought for examination. The review of such documents by the attorney will necessitate the charging of an additional hourly rate over the quoted fee.

### DISTRIBUTION OPTIONS

If both parents die in a common accident, indicate how the Trust Estate is to be held and at what ages minor children should receive their share of your estate.

- **Option 1 – One Pot** - The entire trust estate is held in one pot and used for support, education and maintenance of the children until either the youngest child reaches the first distribution age. At that time, a specified percentage of the pot is distributed to each child in equal shares. The remainder is distributed at specified percentage amounts at specified distribution ages, in equal shares.
- **Option 2 – Separate Shares** – Upon the death of the parents, the trust estate is divided into one share for each child, and each share is held and administered as a separate trust. All costs of support, education and maintenance come out of each child's separate share. Each child's share is distributed to him or her at the specified distribution age(s) and in the specified distribution percentage(s).
- **Option 3 – One Pot/Separate Share Combination** – The entire trust estate is held in one pot and used for support, education and maintenance of the children until either the oldest or youngest child reaches the first distribution age. At that point, the trust estate is divided into separate shares for each child. From that point on, all costs of support, education and maintenance come out of each child's separate share. Each child's share is distributed to him or her at the specified distribution age(s) and in the specified distribution percentage(s).

**Comment** - The age range of the children should be taken into consideration when deciding which of the foregoing distribution options would be most equitable. For example, if there is a difference of 5 or more years between the youngest and the oldest child, Option 1 would probably be more equitable. If the trust estate is divided into separate shares immediately on death or at the time the oldest child reaches a specified distribution age, the expenses for support, education and maintenance of the youngest child will be deducted only from his or her share of the trust estate and could conceivably reduce the youngest child's share to the point where there will not be sufficient funds remaining for his or her college education or there would be no funds remaining after paying for the youngest child's college education. The oldest

child may have a larger amount of funds remaining for college education and for use after his or her education is complete because a smaller portion of the oldest child's share would have been used for his or her support, education and maintenance while he or she was a minor.

**Spousal Survival** - What assets to spouse, if he/she survives for (30) (60) days: (your choice is \_\_\_\_\_ days surviving period)

All community property? \_\_\_\_\_ If not, list on separate page what he/she is to inherit and which is to go to others.

All separate property? \_\_\_\_\_ If not, list on separate page what he/she is to inherit and which is to go to others.

**Children's Trust** - Create trust for minors or provide for outright distribution(s) of your estate?

- Minor if age (18)(19)(20)(21)(\_\_\_\_\_).
- When is minor to receive his/her share of the trust estate?
- Income earned during period -- is it to be (retained intact) (used for school, clothing, car, food, housing, medical, \_\_\_\_\_)
- Trust assets - can they be sold? \_\_\_\_\_ Home sold? \_\_\_\_\_ Car sold? \_\_\_\_\_ Other \_\_\_\_\_
- Can trust assets (all) (some, as necessary) be used up annually to care for minors? Restriction: \_\_\_\_\_
- If more than one minor, is there to be (ONE TRUST) (SEPARATE TRUSTS FOR EACH)?
- Can Trustee expend more income for one minor because of need? \_\_\_\_\_ Restrictions: \_\_\_\_\_
- If more than one trust, can assets be owned jointly? \_\_\_\_\_
- Can the income be commingled? \_\_\_\_\_ How: \_\_\_\_\_
- If minor dies before reaching required age, who is to receive that share: \_\_\_\_\_
- If any of the children named as contingent beneficiaries predecease you or fail to survive you for 30 days, are the then living descendants (your grandchildren) to receive that child's inheritance? \_\_\_\_\_; or, is such share to go to the named children who survive you for 30 days? \_\_\_\_\_. If neither apply, set forth details on supplemental sheet.

### **ULTIMATE BENEFICIARIES**

How your estate should be distributed in the event neither your spouse nor your children survive you. (Residuary Estate)

### **SPECIAL FAMILY CONSIDERATIONS**

- Any other family concerns or issues you may have:
- Special Financial or Health concerns about spouse, children, other beneficiaries?
- Prior marriages:
- Children of prior marriages:
- Handicapped child or other beneficiary (mental or physical):
- Beneficiaries with special needs or problems:

### **CHILD WITH DISABILITY OPTIONS**

- Special Needs Trust established while parents are living?
- Special Needs Trust established by will only?

**DISINHERITING** – Name those you wish to disinherit and reasons for it (reasons will generally not appear in the Will):

Disinherit any illegitimate children? \_\_\_\_\_  
Children where parental rights are terminated? \_\_\_\_\_



### FUNERAL SERVICE DESIRES

Do you have burial or funeral instructions?

church	funeral home	cremation	masonic	military	Other:

Do you want (spouse) (executor) to:

- determine type and cost of service? \_\_\_\_\_
- Headstone? \_\_\_\_\_
- Funeral insurance? \_\_\_\_\_

### LEGAL ISSUES

- Have you ever consulted another lawyer about this case?
- Have you been served with any papers concerning this case?
- Do you have any documents relating to this case (e.g., correspondence, invoices)?
- Where are your files or papers relating to this case?
- Are you aware of any witnesses or people with knowledge of the facts of this case?
- Have you made any statements to anyone concerning this case?
- Referred by \_\_\_\_\_
- Have you consulted another (outside) counsel about this case? If so, name \_\_\_\_\_
- Have you been served with any papers concerning this case? Describe briefly \_\_\_\_\_
- Have you conducted any internal investigation concerning this case? Who/when \_\_\_\_\_
- Have you made any statements to anyone outside the company concerning this case? To whom/when/what \_\_\_\_\_
- Any history of health problems? \_\_\_\_\_
- What do you feel is a reasonable annual growth rate estimate for your estate? \_\_\_\_\_
- If appropriate, would you consider the use of an "Irrevocable Trust" as part of your estate plan?
- If appropriate, would you consider the use of a Family Limited Partnership or Limited Liability Company (and its ongoing costs) as part of your state plan?
- If appropriate, would you consider making large gifts to your children (or in trust for their benefit), if it possibly meant losing control over the assets (or cash) that you gifted, as part of your estate plan?
- If appropriate, would you consider the use of Life Insurance as part of your estate plan?

**IMPORTANT: IT IS WISE FOR YOU TO PREPARE AN INVENTORY OF YOUR ASSETS, INCLUDING LIFE INSURANCE, ANNUITIES, RETIREMENT PLANS, INVESTMENTS, PROPERTIES--REAL AND PERSONAL--TO DETERMINE WHETHER OR NOT YOU HAVE A POSSIBLE TAXABLE ESTATE. AT PRESENT TIME (2002), a \$1,000,000.00 ESTATE IS NOT TAXABLE, BUT OVER THAT SUM IS TAXABLE. UNLESS OTHERWISE SO INSTRUCTED, YOUR ATTORNEY WILL NOT BE PERFORMING AN ESTATE TAX EVALUATION IN DRAFTING YOUR WILL.**

## Estate Planning Information

	<b>Client</b>	<b>Spouse</b>
<b>Do you have a will?</b>	Yes / No	Yes / No
If Yes: What are the Dates of the Wills?		
Type of Will? (Simple, Complex, or Other)		
Have you or your spouse ever made or plan to make substantial gifts to family members?	Yes / No	Yes / No
<b>Do you have or are you the beneficiary of a trust?</b>	Yes / No	Yes / No
If Yes: What are the Date(s) of the Trust(s)?		
<b>Prior Taxable Gifts Made</b>	\$	\$
<b>Annual Gifts</b>		
Split Gifts	Yes / No	Yes / No
Amount of Annual Gifts:	\$	\$
Starting Year for Gifts to begin:		
Duration for Gifts to be made (Years):	Years	Years
# of Donees		
<b>One Time Gift Options</b>		
Amount	\$	\$
Start Year		
<b>Gifts to Spouse</b>		
Amount	\$	\$
Start Year		
Are you or any member of your family the beneficiary of a trust?	Yes / No	Yes / No
If Yes: Amount Expected	\$	\$
Are you or any member of your family expected to receive gifts and/ or an inheritance?	Yes / No	Yes / No
If yes: Amount Expected	\$	\$
Date Expected		
<b>Forgiveness of Loans</b> If you have you loaned any money to a member of your family or to a close friend, you can make that loan a gift through your estate and forgive the loan upon your death. If so, please set forth the name, address and loan amount for such person:		
Have you or any family member ever created a trust?	Yes / No	Yes / No
If Yes, please provide details as to the type of trust, type of asset, beneficiaries of the trust, and value of the assets:		

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Are you satisfied with your current estate Plan?

Yes / No

Does it meet both your current and future objectives? Yes / No  
 If not, what areas of the plan would you like to see revised? \_\_\_\_\_

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Do you hope to leave a substantial estate to your heirs? Yes / No  
 To whom do you wish to leave your wealth? \_\_\_\_\_

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Is there a particular institution – a church, school, or charity – that means a great deal to you and to which you would like to leave a meaningful legacy?

---

Do you foresee any special needs for any members of your family? \_\_\_\_\_

---

How important is it that the surviving spouse has access and control of the funds left to him or her? \_\_\_\_\_

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If you have been previously married, list resulting obligations: \_\_\_\_\_

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Please Answer the Following Questions	Husband/Single		Wife	
Are any of your children not from your current marriage?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you own a farm or business?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, do any of your children work in the business with you?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, does the child working in the business have an ownership interest in the business?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you entered into any agreements with your spouse (such as pre-nuptial or community property agreement)?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

## Estate Planning Objectives

- \_\_\_\_\_ Maximize amount to heirs
- \_\_\_\_\_ Minimize estate administrative costs
- \_\_\_\_\_ Pay off all debts
- \_\_\_\_\_ Minimize federal estate taxes

- \_\_\_\_\_ Provide for estate liquidity
- \_\_\_\_\_ Establish fund for education needs
- \_\_\_\_\_ Consult legal counsel to obtain or update Will
- \_\_\_\_\_ Develop plan(s) for annual gifts
- \_\_\_\_\_ Develop plan(s) for charitable giving
- \_\_\_\_\_ Other \_\_\_\_\_

## Estate Planning Assumptions

	Client	Spouse
Age at Death	_____	_____
Reverse Death Ages	_____	_____
<b>Final Expenses</b>		
Specified Dollar Amount	\$ _____	\$ _____
Percentage Amount (% of Gross Estate)	_____ %	_____ %
Liabilities	\$ _____	\$ _____
<b>Inheritance / Gift Interest Rate*</b>	_____ %	_____ %
<b>Sponge / Pickup Tax</b> Yes / No		
<b>State Death Tax Rate</b>	Gift %	Estate %

**\*Note:**

**Type of Will** – *Simple* (all assets pass to surviving spouse), *Complex* (all assets pass to surviving spouse less the \$ amount transferred to the unified credit shelter).

**Split Gifts** – Annual gifts by one person but considered made by two people for gift tax treatment.

**Inheritance / Gift Interest Rate** – The rate (pre-tax) at which gifts made and assets placed in either the credit shelter trust or life insurance trust grows between the time the gifts or trust are funded and the second death.

### RECORD OF PRIOR MARRIAGES

Include Case number if divorced and attach a copy of the Separation Agreement

Name Of Former Spouse	Cause of Termination	Date	City/State	County

### RECORD OF PRIOR GIFTS

Name Of Beneficiary	Amount	Date	Gift Tax Paid	Donor

# Assumptions

## Life Assumptions

	Client 1	Client 2
Retirement Age	_____	_____
Annual Inflation Rate	_____	_____
Annual Inflation Rate for Education	_____	_____
Annual Inflation Rate for Long Term Care	_____	_____

## Estate Assumptions

Age at Death	_____	_____
Reverse Death Ages	_____	_____
<b>Final Expenses</b>		
Specified Dollar Amount	\$ _____	\$ _____
Percentage Amount (% of Gross Estate)	_____ %	_____ %
Liabilities	\$ _____	\$ _____
<b>Inheritance / Gift Interest Rate*</b>	_____ %	_____ %
<b>Sponge / Pickup Tax</b>	<b>Yes/ No</b>	<b>Yes/ No</b>
State Death Tax Rate	Estate % _____	Gift % _____
<b>*Note:</b>	<b>Inheritance / Gift Interest Rate –</b> The rate (pre-tax) at which gifts made and assets placed in either the credit shelter trust or life insurance trust grows between the time the gifts or trust are funded and the second death.	<b>Split Gifts –</b> Annual gifts by one person but considered made by two people for gift tax treatment.
<b>Type of Will – Simple</b> (all assets pass to surviving spouse), <b>Complex</b> (all assets pass to surviving spouse less the \$ amount transferred to the unified credit shelter).		

## Financial Priorities

	Client 1	Client 2
<b>Cash Reserves</b>	_____	_____
<b>Achieve Financial Independence</b>	_____	_____
<b>Provide Education Funds</b>	_____	_____
<b>Accumulation Goal(s)</b>	_____	_____
<b>Protection Goal(s)</b>	_____	_____
<b>Minimize Estate Taxes and Provide for your Heirs</b>	_____	_____
<b>Obtain the greatest return on investments given your risk profile</b>	_____	_____

<b>Other Advisors</b>				
	<b>Name</b>	<b>Address &amp; Email</b>	<b>Phone #</b>	<b>Years with Advisor</b>
<b>Accountant</b>				
<b>Attorney</b>				
<b>Financial Planner</b>				
<b>Life Insurance Agent</b>				
<b>Casualty Agent</b>				
<b>Disability Agent</b>				
<b>Long Term Care Agent</b>				
<b>Physician</b>				
<b>Other Financial Consultants</b>				
<b>Broker</b>				
<b>Banker</b>				
<b>Trustee</b>				
<b>Guardian</b>				
<b>Other Advisors</b>				

Describe your relationship(s) with your advisors, children, beneficiaries, etc.







**ATTACHMENT A - DETAIL**

**Annuity and Pension Information**

Asset Name	Asset Type	Owner	Age Benefit Starts	Taxable	Income Duration	Period Certain (# Years)	Joint & Survivor (%)	COLA %	Basis in Contract	Benefit Amount (\$ / Year)
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$
									\$	\$

**Asset Type** – Enter a number to indicate type: 1 - Qualified Annuity 2 - Non-Qualified Annuity 3 - Defined Benefit Plan 4 - Pension Plan 5 - TSA 6 - Other

**Income Duration** – Choose from: 1 - Period Certain 2 - Client Life 3 - Client Life and Period Certain 4 - Joint & Survivor 5 - Joint & Survivor and Period Certain

**Assets - Bonds**

Description	*Owner	Face Value	Client Value	Spouse Value	Tax Exempt	Purchase Price	Purchase Date	Maturity Date	Coupon Rate%
		\$	\$	\$	Y/N	\$			
		\$	\$	\$	Y/N	\$			
		\$	\$	\$	Y/N	\$			
		\$	\$	\$	Y/N	\$			
		\$	\$	\$	Y/N	\$			

\*1 – Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common 5 - Community Property

## Assets – Non-Qualified (Cash Savings, Deferred Annuity, Family Education Fund, Investment Savings, Mutual Funds, Other Liquid, Stock)

Description	*Asset Type	**Owner	Total Value	Tax Exempt	Purchase Date	Capital Growth Rate					LTCG Realized	% of LTCG Reinvested	Annual Additions Pre-Retirement			
				Basis	Value Date	Pre-Retirement	Post-Retirement	Current Dividend	Dividend Growth Rate	% Dividend Reinvested			Fixed Amount	% of Wage	Adds in All Pre-Retirement Years	
			\$	Y/N												
			\$													
			\$	Y/N												
			\$													
			\$	Y/N												
			\$													
			\$	Y/N												
			\$													
			\$	Y/N												
			\$													
			\$	Y/N												
			\$													

\*1 - Cash Savings 2 - Deferred Annuity 3 - Family Education Fund 4 - Investment Savings 5 - Mutual Funds 6 - Other Liquid 7 - Stock  
 \*\*1 - Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common - Community Property

Assets – Qualified/Roth IRA (Qualified Plans, Traditional IRA's, Roth IRA's, Other Qualified)																
Description	*Asset Type	Owner	Total Value	Value Date	Year Roth Est.	Basis	Growth Rate		Employee Contributions			Tax Treatment	Employer Match		Other Employer Contributions	
							Pre-Retirement	Post-Retirement	In All Pre-Retirement Years	Fixed Contribution Amount	% of Wage		% of Wage	\$ Amount	% of Wage	Start Year
		CL/SP	\$			\$										
		CL/SP	\$			\$										
		CL/SP	\$			\$										
		CL/SP	\$			\$										

\*1 - Qualified Plans 2 - Traditional IRA's 3 - Roth IRA's 4 - Other Qualified CL = Client 1; SP = Client 2

Assets – Business Interest/Other Illiquid/Personal Property/Real Estate									
Description	*Asset Type	**Owner	Total Value	Purchase Date	Value Date	Basis	Growth Rate		Principle Residence?
							Pre-Retirement	Post-Retirement	
			\$			\$			Yes or No
			\$			\$			Yes or No
			\$			\$			Yes or No
			\$			\$			Yes or No
			\$			\$			Yes or No

\*1 - Business Interest 2 - Other liquid 3 - Personal Property 4 - Real Estate

\*\*1 - Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common 5 - Community Property CL = Client 1; SP = Client 2

Assets – Stock Options															
Description	Owner	Shares Granted	Current Share Price	Growth Rate	Date Granted	Expiration Date	Option Type			*Exercise Type	Exercise Date	Exercise Price	Dividend	Divid Grow Rate	Sale Date
							ISO	NQSO	Tax NQSO at Grant						
			\$								\$	\$	%		
			\$								\$	\$	%		
			\$								\$	\$	%		
			\$								\$	\$	%		

Exercise Type: 1. Exercise and Sell Shares 2. Exercise and Hold Shares 3. Exercise and Sell enough shares to cover costs and taxes.

Liabilities								
Liability Name	Liability Type	Owner	Current Balance	Interest Rate %	Payment Amount	Payments per Year	Payments Remaining	Balloon Payment
			\$	%	%	\$		\$

**Liability Type** – Enter a number to indicate type: 1 - Mortgage 2 - Auto Loan 3 - Home Equity 4 - Bank Loan 5 - Personal Loan 6 – Credit Card 7 - Other Debt

Life Insurance Policies										
Policy Name	Policy Type	Insured	Owner	Beneficiary	Net Death Benefit	Age Coverage Ends	Annual Premium	Duration of Premium Payments	Cash Value	CV @ Ret.
					\$		\$	(Yrs)	\$	\$

**Policy Type** – Enter a number to indicate type: 1 - Term 2 - Group 3 - Whole Life 4 - Universal Life 5 - Variable Whole Life 6 - Variable Universal 7 - Other

**Insured** – Enter a number to indicate person insured: 1 - Client 2 - Spouse 3 - First-to-die 4 - Second-to-die 5 - Child

Disability Income Protection Policies									
Policy Name	Policy Type	Insured	Monthly Benefit	Tax Free Benefits	COLA %	Maximum Benefit Period	Elimination Period	Premium	Other Features (Riders)
			\$					\$	

**Policy Type** – Enter a number to indicate type: 1 - Individual 2 - Group

**Other Features** – Examples of rider(s): 1 - Own Occupation 2 - Residual 3 - Partial Benefits, etc.

Long Term Care Insurance Policies								
Policy Name	Policy Type	Insured	Max. Daily Benefit	Inflation Rider	Maximum Benefit Period	Elimination Period	Premium	Other Features (Riders)
			\$				\$	

**Policy Type** – Enter a number to indicate type: 1 - Individual 2 - Group