

Advisor:

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**ESTATE PLANNING
CLIENT QUESTIONNAIRE**

Full Name _____

Address _____

Phone Number _____

Date of Birth _____

If Married, Spouse's Name _____

Occupation & Employer _____

Annual Earned Income _____

Introduction

If Retired _____

Annual Social Security _____

Annual Pension _____

Client: **View**

Is there anyone in your life who is financially dependent upon you either now or in the future? (i.e. Parents, children or other individuals)

Provide name, relationship & birth date.

001-Dependents

Is there a person dependent upon you who has special needs?

This could include someone with a drug or alcohol problem, those receiving government financial assistance or someone who is unable to handle their personal finances responsibly

Provide name, relationship & birth date.

**010-Special
Needs**

What life insurance do I have?

Work

Type: _____ Amount: _____

Beneficiary: _____ Insurance Company: _____

Personally Owned

Type: _____ Amount: _____

Beneficiary: _____ Insurance Company: _____

Personally Owned

Type: _____ Amount: _____

Beneficiary: _____ Insurance Company: _____

Personally Owned

Type: _____ Amount: _____

Beneficiary: _____ Insurance Company: _____

How much do we owe?

Mortgage(s) _____

Car Loan(s) _____

Credit Card(s) _____

Other (Explain) _____

Retirement Account Total Balances (401k, IRA, etc.)

Non-Retirement Account Total Balances (Savings, CD's, Investments, etc.)

Other Asset's Values (2nd Home, Investment Real Estate, Business Interest, etc.)

Who will sell my house & cars, close my accounts, make sure my bills have been paid and file my last tax return?

020-Executors

Primary Executor (Personal Representative) name and address

Name: _____ Relationship: _____

Address: _____

Who will do this job above, if my Primary Executor can't, won't or is unable to?

Contingent Executor (Personal Representative, Bank Trust Department or Trust Company)

Name: _____ Relationship: _____

Address: _____

Who will take care of our minor children, if applicable?

Primary Guardian name and address

030-Guardians

Name: _____ Relationship: _____

Address: _____

If the person above can't, won't or is unable to, who will take their place?

Contingent Guardian name and address

Name: _____ Relationship: _____

Address: _____

Who will manage my money for my minor children until they're adults?

Trustee (Possible choices include: Bank Trust Department, Trust Company or an Individual)

040-Trustee

Name: _____

What "investment limitations" do we want placed on our money until it's given to our child(ren)? (Choose one)

No limitations

or

Preservation of capital with growth potential

What provisions have we made to say “thank-you” to the guardians for taking care of our children?

Gifts (suggested percentage of estate paid out annually until youngest child reaches age _____)

050-Guardian Gifts

What age(s) do we want our child(ren) to receive any remaining money?

Trust Distributions

Are there restrictions we wish to place on our money for our child(ren)?
(examples – no distributions if there is a drug addiction, incarceration, etc.)

060-Distributions

What is the default estate plan when there are no immediate family survivors?

070-Default Plan

Do we wish to make a lasting impact on the world after our death?

Charitable giving organizations (i.e. churches, schools, non-profits) or to individuals

080-Charities

Current Living Family Members

Child(ren) Name(s) & Address(es)

Name: _____ Date of Birth: _____

Address: _____

Parent(s) Name(s) & Address(es)

Name: _____ Relationship: _____

Address: _____

Sibling Name(s) & Address(es)

Name: _____ Relationship: _____

Address: _____

Financial Power of Attorney (circle one)

Durable – effective immediately

or

Springing – effective upon a specific occurrence

090-\$ POA

Financial Information

Do you have an existing marital property agreement, prenuptial agreement, or postnuptial agreement?

Yes No

Have you received any significant gifts or inheritances?

Yes No

100-Extras

Do you anticipate any substantial gifts or inheritances?

Yes No

Additional Forms - Advance Directives: Living Will, Power of Attorney Forms, Authorization for Final Disposition

Declaration to Physicians (Living Will), F-00060

Power of Attorney for Health Care, P-00085

Authorization for Final Disposition, F-00086

List of Tangible Personal Property To be Distributed at My Death

□ 100-Tangibles

Upon my death, I direct that the following tangible personal property be distributed to the individual listed.

Tangible Personal Property to be Distributed	Person To Whom the Tangible Personal Property Shall be Distributed