

**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.

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**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.

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**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 (2<sup>nd</sup> 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?

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**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

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**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)

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**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?

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**050-Guardian  
Gifts**

**Gifts** (suggested percentage of estate paid out annually until youngest child reaches age \_\_\_\_\_)

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

**Trust Distributions**

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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.)

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**060-  
Distributions**

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

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**070-Default  
Plan**

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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

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**080-Charities**

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**Current Living Family Members**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Sibling Name(s) & Address(es)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**Financial Power of Attorney** (circle one)

Durable – effective immediately

or

Springing – effective upon a specific occurrence

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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

Do you anticipate any substantial gifts or inheritances?

\_\_\_ Yes \_\_\_ No

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100-Extras

**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

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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