
Planning Questionnaire

Personal & Confidential

The documents listed below may be needed in order to help us to complete our fact gathering. While you may not have every document listed, the task is easiest if you assemble those that you do have before we start to work. Please gather these documents and bring them with you to our next meeting

Investment Statements

- Stocks
- Bonds
- Mutual Funds
- Real Estate
- Limited Partnerships
- Dividend/Interest Statements
- Other

Insurance Policies

- Life
- Disability
- Medical & Hospitalization
- Automobile & Homeowners
- Annuities
- Umbrella
- Long Term Care
- Other

Employee Benefits

- Pension/Profit -Sharing
- Employee Stock Ownership
- Insurance Benefits
- Employee Benefit Book
- Other

Retirement Plans

- IRA, Keogh
- 401(k)
- Social Security Statement
- Company Plans
- Annual Benefits Statement
- Other.

Income Tax Return

- Last Year: 2011
- Two Years Ago: 2010
- Three Years Ago: 2009
- Other

Expenses

- Checkbook & Cash Receipts
- Credit Card Statements
- Mortgage Records
- Auto Loans
- Personal/Family Budget
- Other

Estate Items

- Wills/Codicils
- Trust Agreements
- Trust Tax Return
- Gift/Estate Tax Return
- Power of Attorney Agreements
- Other

Miscellaneous Documents

- Divorce Settlements or Decrees
- Including Alimony & Child Support
- Prenuptial Agreements
- Appraisals of Personal Property
- Notes Payable
- Notes Receivable
- Purchase! Sale/Lease
- Pay Stubs
- Advisors
- Location of Documents
- Other

Business Documents

- Valuations
- Buy-Sell Agreement & Tax Return
- Partnership Agreement & Tax
- Return Employment Agreement
- Deferred Compo Agreement
- Financial Statements
- Incorporation Papers
- By-Laws
- Corporate Tax Returns
- (S-Corp, C-Corp, LLC)
- Other

Personal Information

Your Name (Client)		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Social Security #	
Home Street Address		City	State	Zip Code
County	Home Phone () -	Home Fax () -	Email Address	
Employer		Occupation	Retirement Date	
Work Phone () -	Maiden Name (if applicable)	Place of Birth		
Armed Service Yes No Dates Rank	Branch Serial#	Veterans Disability Benefits Yes No Nature of Disability		
High School Attended		College Attended		

Co-Client/Spouse Name		Title (circle one) Mr. Mrs. Ms. Dr.	Gender (circle one) M F	Date of Birth / /
U.S. Citizen (circle one) Yes No	Marital Status (circle one) S M D W	Previous Marriage (circle one) Yes No	Social Security #	
Home Street Address (if different from client)		City	State	Zip Code
County	Home Phone () -	Home Fax () -	Email Address	
Employer		Occupation	Retirement Date	
Work Phone () -	Maiden Name (if applicable)	Place of Birth		
Armed Service Yes No Dates Rank	Branch Serial#	Veterans Disability Benefits Yes No Nature of Disability		
High School Attended		College Attended		

Children or Dependents (of Client and/or Co-Client)

Name & Social Security #	Gender	Relationship (Circle One)	Birth Date	Dependent?	Heir?	Relation To Whom?
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both
SS#: _____	M F	Child Parent Other _____	/ /	Yes No	Y N	Client Co-Client Both

Date & Place of Marriage _____ Location of Marriage Certificate _____

Pre/Post Nuptial Agreement? Yes No Prior Marriage? Yes No

Any of above children Adopted? Yes No Date(s) of Adoption _____

Is the physical and mental health of each person listed above normal? Yes No

If not, explain _____

Notes

Real Estate Asset Information: Primary and Secondary Residences, Vacation Homes

Ref#	Name or Address of Property	Purchase Amount/Cost Basis	Purchase Date	Owner (circle one)	Current Market Value	Growth Rate	Date of Planned Sale (if applicable)
1		\$	/ /	C Co Jt CP Other _____	S	2% default or ____%	/ /
2		\$	/ /	C Co Jt CP Other _____	S	2% default or ____%	/ /

Real Estate Asset Information: Investment/Rental Property

NOTE: If you have investment real estate, be sure to include copies of "Schedule E" from tax returns.

Ref#	Name or Address of Property	Purchase Amount/Cost Basis	Purchase Date	Owner (circle one)	Current Market Value	Date of Planned Sale (if applicable)	Growth Rate	Annual Gross Rental Income
3		\$	/ /	C Co Jt CP Other _____	S	/ /	2% default or ____%	S
4		\$	/ /	C Co Jt CP Other _____	S	/ /	2% default or ____%	S

Real Estate Loan Information

NOTE: Please use Ref # field to relate each loan to a specific property listed above

Ref#	Loan Type (select one type for each loan)	Original Principal	Owner	Loan Date	Interest Rate	Current Balance	Term of Loan	Min Monthly Payment	Extra \$ Towards Principal
	Mortgage 2 nd Mortgage Home Equity Loan	\$	C Co Jt Other _____	/ /	%	\$	30 year 20 year 15 year	\$	\$
	Mortgage 2 nd Mortgage Home Equity Loan	\$	C Co Jt Other _____	/ /	%	\$	30 year 20 year 15 year	\$	\$
	Mortgage 2 nd Mortgage Home Equity Loan	\$	C Co Jt Other _____	/ /	%	\$	30 year 20 year 15 year	\$	\$
	Mortgage 2 nd Mortgage Home Equity Loan	\$	C Co Jt Other _____	/ /	%	\$	30 year 20 year 15 year	\$	\$

Notes

Personal Use (Lifestyle) Assets

Ref#	Asset Name	Owner	Fair Market Value
1	Client Auto	C Co Jt CP	\$
2	Client Auto	C Co Jt CP	\$
3	Co-Client Auto	C Co Jt CP	\$
4	Co-Client Auto	C Co Jt CP	\$
5	Personal Assets (Home Contents)	C Co Jt CP	\$
6	Collectibles	C Co Jt CP	\$
7	Antiques/Artwork	C Co Jt CP	\$
8	Other	C Co Jt CP	\$
TOTAL			

Loans with Set Terms

NOTE: Refer to your loan statements to complete this section. Please use **Ref#** field to relate each loan to a specific asset listed above. Leave **Ref#** blank if the loan is not related to one of the assets (e.g. a student loan).

Ref#	Loan Type	Owner	Loan Start Date	Original Principal	Term of Loan (years)	Interest Rate	Current Balance	Current Balance Date	Minimum Monthly Payment
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$
		C Co Jt	/ /	\$		%	\$	/ /	\$

Other Revolving Debts

NOTE: Refer to your loan statements or credit card statements to complete this section.

Loan Name	Loan Type	Owner	Interest Rate	Current Balance	Minimum Monthly Payment
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$
		C Co Jt	%	\$	\$

Notes

Non Retirement-Based (Non-Qualified) Cash Assets

NOTE: If any of the assets identified below are **earmarked for a particular goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Asset Type	Description	Owner ¹ (circle one)	Current Balance or value	Date of Current Balance/Value	Interest Rate	Additional Savings ²
Checking		C Co Jt CP Other _____	\$		0% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		0% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		0% default Or _____%	\$ per Mo. Yr.
Savings		C Co Jt CP Other _____	\$		1% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		1% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		1% default Or _____%	\$ per Mo. Yr.
Money Market		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.
Credit Union		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.
		C Co Jt CP Other _____	\$		2% default Or _____%	\$ per Mo. Yr.

¹ C=Client Co=Co-Client Jt=Joint CP=Community Property
Other= UGMA (Uniform Gift to Minors Act), UTMA (Uniform Transfer to Minors Act) or other Trust/Gift accounts

² If Client or Co-Client is adding to this account systematically, include regular additions and frequency.

Notes

Certificates of Deposit (CD's)

NOTE: If any of the assets identified below are **earmarked for a particular goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Description	Owner (circle one)	Purchase Date	Purchase Amount	Maturity Date	Current Value/Balance	Date of Current Value	Interest Rate
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%
	C Co Jt CP Other _____		\$		\$		%

Notes

Non Retirement-Based (Non Qualified) Stocks, Bonds & Mutual Fund Portfolios

NOTE: If any of the assets identified below are **earmarked for a particular goal**, please provide details in the notes at the bottom of this page. Examples of goals may include things like retirement, education, home improvement or a planned major expense.

Asset Name ¹	Owner	Cost Basis ²	Market Value	Dividends Reinvest?	Held At? ³
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	
	C Co Jt CP Other _____	\$	\$	Yes No	

¹ Name of account or individual stock, bond or mutual fund holding

² Cost Basis = The total amount of money invested in the asset and/or market value to date, including reinvested dividends, short-term and long-term capital gain distributions. Contact broker, investment firm or transfer agent for details.

³ If held at a brokerage firm please specify firm name. If held directly with investment company please indicate so. If you hold the individual bonds or stock certificates, indicate location of such (e.g. strong box, safety deposit box etc.)

NOTE: Please include copies of latest statements or copies of certificates/bonds per the requested documents instructions.

Notes

Non-Qualified Annuities

Asset Name Annuitized?	Owner	Annuitant	Beneficiary	Contract Date	Type of Annuity	Current Value	Cost Basis
Annuitized? Yes / No Provide details	C Co Jt CP	C Co Other:	C Co Other:	/ /	Fixed Or Variable	\$	\$
Annuitized? Yes / No Provide details	C Co Jt CP	C Co Other:	C Co Other:	/ /	Fixed Or Variable	\$	\$
Annuitized? Yes / No Provide details	C Co Jt CP	C Co Other:	C Co Other:	/ /	Fixed Or Variable	\$	\$
Annuitized? Yes / No Provide details	C Co Jt CP	C Co Other:	C Co Other:	/ /	Fixed Or Variable	\$	\$
Annuitized? Yes / No Provide details	C Co Jt CP	C Co Other:	C Co Other:	/ /	Fixed Or Variable	\$	\$

Notes

Stock Option Information

Name	# of Options Granted	Option Exercise Price	Grant Date Expiry Date	Type of Option	Current Market Value	Planned Exercise Date	Cash or Cashless
Owner: C Co Jt CP		\$ _____ Per share	____/____/____ ____/____/____	Qualified Non-Qualified	\$ _____ Per share	____/____/____	Cash or Cashless
Owner: C Co Jt CP		\$ _____ Per share	____/____/____ ____/____/____	Qualified Non-Qualified	\$ _____ Per share	____/____/____	Cash or Cashless
Owner: C Co Jt CP		\$ _____ Per share	____/____/____ ____/____/____	Qualified Non-Qualified	\$ _____ Per share	____/____/____	Cash or Cashless
Owner: C Co Jt CP		\$ _____ Per share	____/____/____ ____/____/____	Qualified Non-Qualified	\$ _____ Per share	____/____/____	Cash or Cashless
Owner: C Co Jt CP		\$ _____ Per share	____/____/____ ____/____/____	Qualified Non-Qualified	\$ _____ Per share	____/____/____	Cash or Cashless

Q: What is the vesting schedule? Please provide

Q: Is this restricted stock? **Yes** **No** **Don't Know**
Include any information on lock-up periods.

Q: What will happen to stock options if death occurs prior to expiration?
Exercise immediately? **Yes** **No**

Notes

Retirement Based (Qualified) Assets

NOTE: Refer to investment and/or retirement benefit statements to complete this section.

Asset Name	Asset Type ¹ Circle or fill in type	Beneficiaries	Owner	Market Value	Total After Tax Contributions	Contributions Before/After Tax	Employer Additions as a % of Salary
	401 ROTH 403 IRA Other: _____	Default = 100% Spouse Or _____% to _____ and _____% to _____	C Co	\$	\$	Before Tax per yr \$ _____ or _____% After Tax per yr \$ _____ or _____%	_____% \$ _____ max
	401 ROTH 403 IRA Other: _____	Default = 100% Spouse Or _____% to _____ and _____% to _____	C Co	\$	\$	Before Tax per yr \$ _____ or _____% After Tax per yr \$ _____ or _____%	_____% \$ _____ max
	401 ROTH 403 IRA Other: _____	Default = 100% Spouse Or _____% to _____ and _____% to _____	C Co	\$	\$	Before Tax per yr \$ _____ or _____% After Tax per yr \$ _____ or _____%	_____% \$ _____ max
	401 ROTH 403 IRA Other: _____	Default = 100% Spouse Or _____% to _____ and _____% to _____	C Co	\$	\$	Before Tax per yr \$ _____ or _____% After Tax per yr \$ _____ or _____%	_____% \$ _____ max

¹ Asset Type

ROTH = Roth IRA

IRA = Traditional IRA

SEP = SEP IRA

SIMPLE = SIMPLE IRA

401 = 401(k)

403 = 403(b)

PSP = Profit Sharing

MPP = Money Purchase

DEF = Deferred Comp

Notes

Defined Benefit Plans

NOTE: Obtain this information from your employee benefit handbook or request an estimate of benefits from your HR Dept. Examples of Defined Benefit plans include: Railroad, Civil Service Retirement System, PSERS, Military and survivor benefits.

Who?	Annual Pension ¹ Current \$ or Future \$	Age Begins	Index for Inflation	% to Survivor	Other Options ²
C Co	\$		Y N	0 50 100 Other _____	No Yes (If yes, please note details below)
C Co	\$		Y N	0 50 100 Other _____	No Yes (If yes, please note details below)
C Co	\$		Y N	0 50 100 Other _____	No Yes (If yes, please note details below)
C Co	\$		Y N	0 50 100 Other _____	No Yes (If yes, please note details below)

Social Security Retirement Benefits

NOTE: Obtain this information from a copy of your annual Social Security Statement or request online at: www.SSA.gov

Who?	Eligible for Social Security? ³	Include Benefit in Plan?	Age Benefit Begins ⁴	Use Current Income for Calculation ⁵	OR	Estimated Monthly Benefit ⁵
Client	Y N	Y N		Y N	OR	
Co-Client	Y N	Y N		Y N	OR	

¹ If you are unsure of future benefit, include years of service and pension formula.

² If multiple options are available, attach detailed information or HR quote with this document.

³ If not eligible for Social Security, please explain why in NOTES section.

⁴ Earliest age = 62. You may not be eligible for full benefits at age 65, depending on your birth year.

⁵ If no, include estimate of monthly benefit OR # of years worked to date and average salary for benefit calculation.

Notes

Life Insurance: Individual & Group Life
(Copy this page for additional policies)

NOTE: If any loans exist on life insurance policies please include copies of statements.

Policy Type ¹	Policy Name /Policy Date	Who Pays Premium	Insured	Owner	Beneficiary	Convertible?	Death Benefit	Annual Premium	Cash Surrender Value
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$
IND GRP TL ___yr WL VL UL	Mo/Yr ___/___	C Co Jt BusPartner ILIT Other: _____	C Co 1 st to Die 2 nd to Die BusPartner Other: _____	C Co Jt BusPartner ILIT Other: _____	C Co Jt BusPartner Other: _____	Yes or No	\$	\$	\$

¹ Please indicate both a policy classification (IND = Individual or GRP = Group policy) and a policy type (WL = Whole Life, UL = Universal Life, VL = Variable Life or Variable Universal Life, TL = Term Life) For Term Life, indicate term period in years.

Notes

List the purpose of each policy. Do you expect to convert or terminate each policy at a certain time/event?

Do any of your policies have a time when they will terminate on their own (e.g. age 90)?

Q: Our goal is to streamline your protection. We will look at (**audit**) your life insurance to ensure you are not over or under-insured. We will also review that you have the most appropriate types of insurance. Does this make sense to you?

Notes

Insurance: Long-Term Care

NOTE: Use copies of insurance policies to complete this section

Type of Insurance	Policy Name	Waiting Period (days)	Daily Benefit Amount	Benefit Period (Years) ¹	Indexed for Inflation	Home Care ²	Annual Premium	Who Pays Premium
IND GRP		20 45 100 Other_____	\$	2 3 4 5 7 Life Other_____	Yes or No ↓ Simple Compound	Yes No	\$	C Co Jt Other: _____
<i>Home Care Details</i>		20 45 100 Other_____	\$	2 3 4 5 7 Life Other_____	Yes or No ↓ Simple Compound	N/A	\$	C Co Jt Other: _____
IND GRP		20 45 100 Other_____	\$	2 3 4 5 7 Life Other_____	Yes or No ↓ Simple Compound	Yes No	\$	C Co Jt Other: _____
<i>Home Care Details</i>		20 45 100 Other_____	\$	2 3 4 5 7 Life Other_____	Yes or No ↓ Simple Compound	N/A	\$	C Co Jt Other: _____

Q: Do any of your long-term care policies have maximum lifetime benefits?

Please list any riders, such as premium return or death benefit rider, that each policy may have.

Q: With the group LTC policies, are there any conversion requirements?

Q: Have you ever known anyone who spent time in a long-term care facility?

Q: Are you aware of the new Long-Term Care Partnership initiatives enacted recently?

¹ Circle benefit period in years, LIFE (lifetime) or write in different number of years

² If Home Care is included, circle Yes and enter Home Care details on the following line.

Notes

Estate Planning

Historical Data:	Client	Co-Client
Taxable Lifetime Gifts	\$	\$
Gift Taxes Already Paid	\$	\$
Lifetime GSTT Exemption Used	\$	\$

What type of estate plan is in place today?

Client	Co-Client
<input type="checkbox"/> No Will (intestate) <input type="checkbox"/> Simple Will (all to spouse) <input type="checkbox"/> Married Couple with a Will containing a Unified Credit (Bypass Trust) <input type="checkbox"/> Other Estate Plan in Place <input type="checkbox"/> Don't Know/Can't Find It <input type="checkbox"/> Single Person with a Will	<input type="checkbox"/> No Will (intestate) <input type="checkbox"/> Simple Will (all to spouse) <input type="checkbox"/> Married Couple with a Will containing a Unified Credit (Bypass Trust) <input type="checkbox"/> Other Estate Plan in Place <input type="checkbox"/> Don't Know/Can't Find It <input type="checkbox"/> Single Person with a Will
Date Last Updated: _____	Date Last Updated: _____
State of Domicile When Written: _____	State of Domicile When Written: _____

Q: Are you aware of the current estate tax rules and regulations?

Q: Do you think the current tax laws will continue past 2010?

Q: If client and/or co-client have minor children:

	Client	Co-Client
<i>Is a Guardian named to take care of the children?</i>	Yes No	Yes No
<i>Is a Trust established in your Will for assets they will inherit?</i>	Yes No	Yes No

Notes

Q: Does your estate plan reflect everything you want to happen when you pass away?

Which of the following documents have you prepared and signed?

Client	Dated	Co-Client	Dated
<input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Health Care Proxy/Medical Directive <input type="checkbox"/> Homestead Act <input type="checkbox"/> Living Will <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Life Insurance Trust <input type="checkbox"/> Pre/Post-nuptial Agreements <input type="checkbox"/> QDRO <input type="checkbox"/> Don't Know <input type="checkbox"/> Other _____		<input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> Health Care Proxy/Medical Directive <input type="checkbox"/> Homestead Act <input type="checkbox"/> Living Will <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Life Insurance Trust <input type="checkbox"/> Pre/Post-nuptial Agreements <input type="checkbox"/> QDRO <input type="checkbox"/> Don't Know <input type="checkbox"/> Other _____	

If there are children, what would you like to see happen at your death (receive assets immediately, receive assets at set times, receive income at set times, use assets for set purposes etc.)?

Notes

Strategies

Are you expecting to receive any inheritances, lottery winnings or lawsuit proceeds?

Yes No *If yes, please provide details.*

Explanation	Who	When	Amount
	C Co		\$
	C Co		\$

Are you expecting any money from outside sources, such as parents, to help fund goals?

Yes No *If yes, please provide details.*

Explanation	Who	When	Amount
	C Co		\$
	C Co		\$

Are you currently making any transfer of assets (from one investment to another, gifting, etc.)

Yes No *If yes, please provide details.*

Q: Where is the location of you retained copies of tax returns and other personal financial data?

Q: Location of safety deposit box, box keys, ownership and identity of persons who have access?

Q: Do you have any particular specific bequests to be made? (*i.e. charitable, non family members, etc.*)

Q: Please outline *specific* preferences for your final arrangements.

Q: Do you have any preferences as to executors, trustees, guardians. Are they to furnish bonds?

Notes

Business Entity Information

Name	Owner ¹	Business Entity Type ²	Purchase Date	Current Basis	Market Value	Date of Planned Sale/Exit
	C Co Jt CP Other _____	SP S C GP LP FP LLC Other: _____	/ /	\$	\$	/ /
	C Co Jt CP Other _____	SP S C GP LP FP LLC Other: _____	/ /	\$	\$	/ /
	C Co Jt CP Other _____	SP S C GP LP FP LLC Other: _____	/ /	\$	\$	/ /
	C Co Jt CP Other _____	SP S C GP LP FP LLC Other: _____	/ /	\$	\$	/ /

Q: Are there any Buy-Sell Agreements in place? **If so, attach copies of the agreements.**

Q: Are the agreements funded?

Q: Who **would** inherit your portion of the business?

Q: Who would you **like to** inherit your portion of the business?

Q: Do they have the funds to purchase the business?

¹ Owner: C = Client Co = Co-Client Jt = Joint CP = Community Property
If owned by a trust, use Other and indicate type of trust (e.g. Client Revocable, Irrevocable, etc.)

² Business Entity Type:
SP = Sole Proprietorship
S = S-Corporation
C = C-Corporation
GP = General Partnership
LP = Limited Partnership
FP = Family Partnership
LLC = Limited Liability Corporation

Notes

Q: If you intend to exit the business prior to death, what is your current exit strategy? Explain.

Q: Do you have a continuity plan in place for your business in the event of a disability? Explain

Q: Are there any other concerns regarding your business that you feel we need to address?

Notes

Advisors

Attorney			
Name		Phone# () -	
Street Address	City	State	Zip

Accountant			
Name		Phone# () -	
Street Address	City	State	Zip

Broker/Investments			
Name		Phone# () -	
Street Address	City	State	Zip

Insurance Agent			
Name		Phone# () -	
Street Address	City	State	Zip

Human Resources Contact			
Name		Phone# () -	
Street Address	City	State	Zip

Notes
