

Personal Information

Personal

Client 1 Name

Male Female Date of Birth _____

U.S. Citizen Yes
 No Social Security # _____

Married Single Widow(er) Divorced Partner
Marital Status

Home Telephone Work Telephone E-mail Address

Home Address City

Client 2 Name

Male Female Date of Birth _____

U.S. Citizen Yes
 No Social Security # _____

Married Single Widow(er) Divorced Partner
Marital Status

Home Telephone Work Telephone E-mail Address

State ZIP Code Marginal Federal Tax Bracket Marginal State Tax Bracket

Children, Grandchildren and Other Dependents

Male Female Date of Birth/Age Child Grandchild Other Relationship

Male Female Date of Birth/Age Child Grandchild Other Relationship

Male Female Date of Birth/Age Child Grandchild Other Relationship

Male Female Date of Birth/Age Child Grandchild Other Relationship

Male Female Date of Birth/Age Child Grandchild Other Relationship

Employment Information

Client 1 Title/Occupation

Company Name

Years of Service Annual Income \$ _____
 Self-Employed Section 16 Insider
 Subject to Rule 144 Retired

Client 2 Title/Occupation

Company Name

Years of Service Annual Income \$ _____
 Self-Employed Section 16 Insider
 Subject to Rule 144 Retired

Professional Relationships (Accountants, Attorneys and Other Advisors)

Name Type of Advisor Telephone Number

Name Type of Advisor Telephone Number

Name Type of Advisor Telephone Number

Date

Insurance

Life Insurance

Policy 1

Name of Insured

Policy Owner

Beneficiary

Type of Insurance

Insurance Company

\$ _____
Face Amount

\$ _____
Net Cash Value

Policy 2

Name of Insured

Policy Owner

Beneficiary

Type of Insurance

Insurance Company

\$ _____
Face Amount

\$ _____
Net Cash Value

Policy 3

Name of Insured

Policy Owner

Beneficiary

Type of Insurance

Insurance Company

\$ _____
Face Amount

\$ _____
Net Cash Value

Policy 4

Name of Insured

Policy Owner

Beneficiary

Type of Insurance

Insurance Company

\$ _____
Face Amount

\$ _____
Net Cash Value

Disability and Long-Term Care Insurance

Do you have disability insurance?

Client 1 _Y _N

Client 2 _Y _N

Do you have long-term care insurance?

Client 1 _Y _N

Client 2 _Y _N

Estate and Wealth Transfer Planning

When were your estate planning documents last reviewed or revised? _____
When (Year) Where (State)

Estate Planning Checklist - Common circumstances that may indicate a need to review your estate plan:

Changing your Will/
 Revocable Trust I would like to change the heirs named in my Will/Trust
 I would like to change the amounts of some bequests
 I would like to change the Executor/Trustee/Guardian

Family Changes/Gifts My health (my spouse's or children's health) has changed recently
 A child (grandchild) has been born or adopted.
 A member of the family has become divorced or separated.
 A child (grandchild) has become disabled.
 I would like to make gifts to my children (grandchildren).

Charitable Donations I would like to designate or change certain charitable beneficiaries in my Will/Trust.
 I would like to change the amount of my bequest to certain charities.
 I would like to create charitable vehicles.

Life Insurance I have recently added (or dropped) more than \$50,000 of life insurance
 I have changed (or would like to change) the beneficiaries of an existing policy.
 I have changed the owner of one or more policies.
 I need more life insurance.

Assets I have one or more highly appreciated assets.
 I am not sure if my investments are appropriate for my future plans.
 I am not sure that my assets are appropriately titled.

Business Interests I have entered into a buy-sell agreement.
 My business situation has changed significantly.
 I would like to transfer and/or sell my business or plan for future business continuity

Tax Law I would like to know how current tax law affects my estate plan.

Other Entities* (Including Charitable Trusts, Private Foundations, Other Irrevocable Trusts)

Description	Total Value	U.S. Equity	International Equity	U.S. Taxable Fixed Income	U.S. Municipals	International Fixed Income	Cash
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	_____	_____	_____	_____	_____	_____

*Do not include values in Personal Balance Sheet since these assets are not includable in net worth for estate tax purposes.

Balance Sheet - Fair Market Value and Ownership

Assets	Client 1	Client 2	Joint
<u>Taxable Accounts</u>	\$ _____	\$ _____	\$ _____
<u>Retirement Plan and Tax Deferred Accounts</u>	_____	_____	_____
<u>Alternative Investments</u>	_____	_____	_____
<u>Real Estate</u>	_____	_____	_____
<u>Other Assets</u>	_____	_____	_____
<u>Employee Stock Options (after tax equity)</u>	_____	_____	_____
<u>Business Interests</u>	_____	_____	_____
<u>Life Insurance (net cash value)</u>	_____	_____	_____
<u>Total Assets</u>	\$ _____	\$ _____	\$ _____
<u>Loans</u>	\$ _____	\$ _____	\$ _____
<u>Mortgages</u>	\$ _____	\$ _____	\$ _____
<u>Margin Debt</u>	\$ _____	\$ _____	\$ _____
<u>Other</u>	\$ _____	\$ _____	\$ _____
<u>Total Liabilities</u>	\$ _____	\$ _____	\$ _____
<u>Net Worth</u> (Total Assets less Total Liabilities)	\$ _____	\$ _____	\$ _____