



CLIENT A INFORMATION

Full Name _____
Last Name First Name MI Informal Name

Address _____
Street Address Apartment Number

City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Age: _____

Second Street Address _____

City _____ State _____ Zip _____

Do you smoke or use tobacco products? YES NO Any major health considerations? YES NO

Details: _____

CLIENT B INFORMATION (Spouse)

Full Name: _____
Last First M.I. Informal Name

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Are you a resident at this address year-round? YES NO

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Age: _____

Second Street Address _____

City _____ State _____ Zip _____

Do you smoke or use tobacco products? YES NO Any major health considerations? YES NO

Details: _____

Income Information & Financial Goals

Financial Assumptions	Client	Spouse
Salary		
Social Security		
Pension		
Investments		
Other		
RMD		
Total	\$0	\$0

Living Expenses
What are your current monthly living expenses?

Economic Impact of Losing a Spouse	If Spouse 1 Dies First	If If Spouse 2 Dies First
Social Security		
Pension		
Other		
Total	\$0	\$0

Information Concerning Financial, Estate, and Lifestyle Goals
1) Strongly Disagree; 2) Disagree; 3) Neutral; 4) Agree; 5) Strongly Agree

- | | | | | | |
|---|---|---|---|---|---|
| 1. Maximizing the amount left to my spouse is important. | 1 | 2 | 3 | 4 | 5 |
| 2. Maximizing the amount left to my heirs is important. | 1 | 2 | 3 | 4 | 5 |
| 4. Reducing capital gains taxes for my heirs is important. | 1 | 2 | 3 | 4 | 5 |
| 5. Reducing our income taxes is important. | 1 | 2 | 3 | 4 | 5 |
| 6. Reducing the income taxes my heirs will have to pay is important. | 1 | 2 | 3 | 4 | 5 |
| 7. Reducing state and federal estate taxes for my heirs is important. | 1 | 2 | 3 | 4 | 5 |
| 8. Generating additional income is important. | 1 | 2 | 3 | 4 | 5 |
| 9. Generating additional income in 5 to 10 years is important. | 1 | 2 | 3 | 4 | 5 |
| 10. Reducing market risk in my/our portfolio is important. | 1 | 2 | 3 | 4 | 5 |
| 1. Avoiding becoming an emotional or financial burden to my family is important. | 1 | 2 | 3 | 4 | 5 |
| 12. Capturing gains linked to the S&P 500 or other indexed account is important. | 1 | 2 | 3 | 4 | 5 |
| 13. Leaving a legacy in our community is important. | 1 | 2 | 3 | 4 | 5 |
| 14. Leaving money to my/our charities is important. | 1 | 2 | 3 | 4 | 5 |
| 15. Leaving money to a charity without impacting your children's income is important. | 1 | 2 | 3 | 4 | 5 |

Other Goals/Additional Information: _____

Beneficiaries

Please provide information on all children and beneficiaries to your estate.

Name	DOB	Age	Marital Status	# Children

Family Relationship Notes

Current Advisors (name, address, phone)

Tax Preparer:
Estate Planning Attorney:
Investment Advisor:
Insurance Advisor:
ILIT Trustee:
Other Trustee or Attorney:

