

CLIENT A INFORMATION

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) Ag	gree;	5) Strongly A	gree		
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:

Insurance

Life Insurance						
			Client			
Insurance Company	Policy Type	Primary Insured	Policy Owner	Death Benefit	Annual Premium	Current Value
			Spouse			
Insurance Company	Policy Type	Primary Insured	Policy Owner	Death Benefit	Annual Premium	Current Value

Long Term Care Insurance/Other Policies									
Company & Policy Type	Inflation	Rider?	Year Purchased	Elim. Period	Daily Benefit	Benefit Term	Return of Premium?	Death Benefit	
Client:	Yes	No							
Spouse:	Yes	No							
Client:	Yes	No							
Spouse:	Yes	No							

Medical Insurance									
Company & Policy Type	Co-Insurance	Deductible	Max OOP	Monthly Premium	Med Supp?		Part D?		
Client:					Yes	No	Yes	No	
Spouse:					Yes	No	Yes	No	

Estate/Trust

	Client		Spouse	
Do you have a will?	Yes	No	Yes	No
If yes, when was it last reviewed?				
Do you have a living will?	Yes	No	Yes	No
If yes, when was it last reviewed?				
Have you created a trust?	Yes	No	Yes	No
If yes, does it have an A/B provision?	Yes	No	Yes	No
If yes, is it a charitable remainder trust?	Yes	No	Yes	No
Do you have an Irrevocable Life Insurance Trust?	Yes	No	Yes	No
Do you anticipate receiving an inheritance?	Yes	No	Yes	No

Trust Name	Executor/Successor Trustee:	
Trust Date	Trust ID#	
Notes:		

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:

Asset/Liability Inventory

Client	Cash and Cash Equivalent, Annuities, Stocks, Bonds & Mutual Funds									
	Qualified?	Туре	Date	Cost	Value	Return%	Surrender	Income?		

Spouse	Ca	Cash and Cash Equivalent, Annuities, Stocks, Bonds & Mutual Funds									
	Qualified?	Туре	Date	Cost	Value	Return%	Surrender	Income?			

Liabilities	Mort	tgage, 2nd Mortgage,	Vehicles, Credit Cards	les, Credit Cards, etc.	
	Account Type	Amount Owed	%Rate	Monthly Payment	