

CONFIDENTIAL ESTATE PLANNING INTAKE FORM

This form is helpful as we assist you in meeting your estate planning objectives. Please fill out as much as possible using estimated figures where information is not easily attainable, and leaving blanks for those questions which are inapplicable. Please feel free to write in the margins or to add other information that you think might be helpful.

A. Background Information

Client A

Client B

1. Full legal name: _____

2. Addresses and Phone Number

Principal Residence: _____

Tel: _____

Business: _____

Tel: _____

Cell phone: _____

E-Mail: _____

Where do you prefer to receive estate planning correspondence?

Home____ Business____

3. Profession/Business: _____

4. Dates of Birth: _____

5. Birthplace: _____

6. Citizenship: _____

B. Family Information

Children

1. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____
2. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____
3. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____
4. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____
5. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____
6. Name: _____ Date of Birth: ___/___/___
Married? Y___ N___ If so, name of spouse: _____
Address and Phone Number: _____

Grandchildren (if any)

1. Name: _____ Date of Birth: ___/___/___
2. Name: _____ Date of Birth: ___/___/___
3. Name: _____ Date of Birth: ___/___/___
4. Name: _____ Date of Birth: ___/___/___

C. Financial Information

Approximate Annual Income

	Client A	Client B
1. Salary/commissions:	_____	_____
2. Interest/dividends:	_____	_____
3. Bonuses:	_____	_____
4. Other income:	_____	_____

Approximate Asset Values

	Client A	Client B	Joint
1. Cash or near cash:	_____	_____	_____
2. Investment accounts:	_____	_____	_____
3. Homes (est. FMV):	_____	_____	_____
4. Other real estate: (est. FMV)	_____	_____	_____
5. Personal possessions: (i.e., tangible items)	_____	_____	_____
6. Retirement accounts:	_____	_____	_____
7. Insurance cash value:	_____	_____	_____
8. Other: (e.g., S Corp stock, other business interests, intellectual property interests, etc.)	_____	_____	_____

Significant Liabilities (Mortgages, other debts, adverse legal judgments, etc.)

1. Amount and nature of liability: _____
2. Amount and nature of liability: _____
3. Amount and nature of liability: _____

D. Life Insurance

	Insured	Face Value	Cash Value	Beneficiary	Owner
1.	<u>Client A</u>				
	Policy #1:	_____	_____	_____	_____
	Policy #2:	_____	_____	_____	_____
	Policy #3:	_____	_____	_____	_____
2.	<u>Client B</u>				
	Policy #1:	_____	_____	_____	_____
	Policy #2:	_____	_____	_____	_____
	Policy #3:	_____	_____	_____	_____

E. Other Advisors

1. Accountant
Name: _____
Address: _____

Phone: _____
2. Investment Manager
Name: _____
Address: _____

Phone: _____
3. Life Insurance Agent
Name: _____
Address: _____

Phone: _____

F. Special Considerations

1. Do you have any existing estate planning documents (wills, trusts, health care proxies, etc.)?

2. Do you expect to inherit significant wealth from parents or other relatives?

3. Have you been previously married?

4. Do you have a pre-marital agreement?

5. To your knowledge, are you a beneficiary under any existing trusts?

6. Please give thought to individuals who may be appropriate to serve as Guardians of your minor children (if any), Executors, and Trustees.

7. Have you made any significant gifts of money or property during life?

8. Have you ever filed gift tax returns? If so, for what years?

G. Estate Planning Objectives

Please describe any significant estate planning objectives or concerns.
