



CLIENT QUESTIONNAIRE

Name(s): _____

Address(es): _____

Phone(s): _____

Email(s): _____

PERSONAL INFORMATION

Date of Birth: _____

Citizenship: U.S. Citizen Other: _____ Country of Birth: _____
(Naturalized? Please provide copies of papers)

Marital Status: Single Partnered Married Widowed Divorced
Please provide any prenuptial or separation/divorce agreement and QDRO

Partner's Name: _____

Partner's Date of Birth: _____

If Predeceased, Partner's Date of Death: _____ Probate Court: _____

Partner's Citizenship: U.S. Citizen Other: _____ Partner's Country of Birth: _____
(Naturalized? Please provide copies of papers)

FAMILY INFORMATION

Please provide information regarding your family, starting with children, and then grandchildren, if any. If you do not have children or grandchildren, start with parents, then siblings, nieces and nephews, if any.

Name: _____ Relation to You: _____

Contact Information: _____ Date of Birth: _____

Spouse & Children: _____

Name: _____ Relation to You: _____

Contact Information: _____ Date of Birth: _____

Spouse & Children: _____

Attach additional sheets if necessary.



YOUR WISHES (Who is in charge?)

Please indicate what your wishes are for your estate planning below. You may select anyone (your spouse, child, parent, sibling, friend, etc.) for any of these roles.

FINANCIAL AFFAIRS

During your lifetime: Power of Attorney, Trustee of Trust (if any)

(1) Who would you like in charge of your financial affairs while you are well?

Only Me. My Trusted _____ My Next Trusted _____
Name Name

(2) Who would you like in charge of your financial affairs while you are not well?

My Trusted _____ My Next Trusted _____ My Next Trusted _____
Name Name Name

After your death: Personal Representative ("PR" or Executor), Trustee of Trust (if any)

Who would you like in charge of your financial affairs after your death?

My Trusted _____ My Next Trusted _____ My Next Trusted _____
Name Name Name

Guardian/Conservator for Minor Children: First: _____ Next: _____
Name Name

MEDICAL AFFAIRS

During your lifetime: Health Care Proxy

While you are well, only you control your body, but when you are unwell, you can choose who makes health care decisions for you.

Who would you like in charge of your medical affairs while you are not well?

My Trusted _____ My Next Trusted _____ My Next Trusted _____
Name Name Name

After your death: Funeral & Burial Instructions, Donation of Organs/Body, etc.

Please indicate your wishes for the disposition of your body upon your death below:



YOUR WISHES (Who receives your estate at your death?): Please indicate your wishes as to who benefits from your estate. You may have thoughts on your beneficiaries already, or you may want to discuss your objectives with me before forming your decisions. Either way is perfectly fine.

WHO BENEFITS?

Please indicate your intended beneficiaries:

Beneficiary: _____ How do they benefit: _____

Contingent Beneficiary: _____ How do they benefit: _____

Beneficiary: _____ How do they benefit: _____

Contingent Beneficiary: _____ How do they benefit: _____

Attach additional sheets if necessary

HOW BENEFICIARIES CAN BENEFIT

You have essentially endless options to choose from. Please consider the information below as a tasting menu, a short summary of a few options, to get you thinking.

Outright Gifts: A gift to a beneficiary with no strings attached.

Continuing Trusts: You can hold an inheritance back in a continuing trust and permit distributions under certain circumstances, some of which are outlined below (a trust is the best vehicle for these terms):

Staggered Distributions: Provide for your children as to one-third of their inheritance at age 25, one-half of the remainder at age 30, and the rest at age 35. Ages/amounts are suggestions.

Annual Distribution Right: You can provide your beneficiaries with the right to demand a distribution, not subject to the trustee's discretion. If the trustee doesn't agree, the distribution will be made anyway. Typically in a "demand right" distribution, the beneficiary is permitted to demand up to a certain amount, usually a percentage of the trust (1%, 5%, 10%, etc.), or a dollar amount (\$10,000, \$100,000, \$1,000,000, etc.). A "right" to demand is subject to creditors.

Health, Education, Support & Maintenance (HESM): You can provide your beneficiary with the ability to receive benefit for their HESM, which means the funds only come out of the trust essentially when the beneficiary needs it. Their "need" here is also open for creditors.

Hybrids: You can provide for all your children in a common fund until the youngest child is a certain age, then divide the common fund into shares for each child. This hybrid is used to ensure the children gain a similar benefit from their parents, and inherit equally.

Trustee's Total Discretion: Give your trustee total discretion to make distributions, and thereby give no rights to the beneficiaries. This method offers the most potential for creditor protection.

Restricted Trustee's Discretion: Similar to Total Discretion, but add restrictions to the Trustee's discretion, which can further provide protections to the beneficiaries (think: special or supplemental needs trusts).

The downside of creating an entitlement to an inheritance is that the beneficiary's creditors (divorcing spouses, credit cards, tax authorities, etc.) will all have the ability to reach the inheritance.



FINANCIAL INFORMATION

REAL ESTATE (Primary Residence, Vacation Property, Time Share, etc.)

Address / Location	Date of Purchase & Purchase Price	Current Value	Mortgage, if any	Ownership (individually, joint with rights of survivorship, tenants in common, etc.)

BANK ACCOUNTS (Checking, Saving, Money Market, CD, etc.)

Institution & Account No. (last few digits only)	Value	Date of Value	Ownership (individually, joint, in trust, etc.)	Instructions (payable on death, in trust for someone, etc.)

RETIREMENT ACCOUNTS (401(k), Traditional IRA, Roth IRA, Pension Plan, etc.)

Institution & Account No. (last few digits only)	Value	Date of Value	Ownership (individually, joint, in trust, etc.)	Beneficiary Designation:



INVESTMENTS (Brokerage Accounts, Stocks, Bonds, U.S. Savings Bonds, etc.)

Institution & Account No. (last few digits only)	Value	Date of Value	Ownership (individually, joint, in trust, etc.)	Instructions (payable on death, in trust for someone, etc.)

EDUCATIONAL SAVINGS ACCOUNTS (529 Plan, UTMA, Educational IRA, MEFA, etc.)

Institution & Account No. (last few digits only)	Value	Date of Value	Ownership (individually, joint, in trust, etc.)	Instructions (payable on death, in trust for someone, etc.)

LIFE INSURANCE (Whole, Term, Universal, Employer Provided, etc.)

Provider's Name	Type of Policy & Death Benefit Amount	Cash Value & Date	Ownership (individually, joint, in trust, etc.)	Beneficiary Designation



TANGIBLE PERSONAL PROPERTY (Motor Vehicle, Watercraft, Piano, Grandfather’s Clock, etc.)

Item of Property	Description & ID Information (VIN, etc.)	Value, Date of Value & Source of Value	Ownership (individually, joint, in trust, etc.)	What are your wishes?

CLOSELY HELD BUSINESSES (Partnership, S-Corporation, Limited Liability Company, etc.)

Name of Entity	Type of Entity	Value & Date of Value	Ownership (individually, joint, in trust, etc.)	State of Formation

LIABILITIES (Mortgages, Student Loans, Personal Loans, Credit Card Debt, etc.)

Institution & Account No. (last few digits only)	Value	Date of Value	Ownership (individually, joint, in trust, etc.)	Instructions (payable on death, in trust for someone, etc.)



ARE YOU A TRUST BENEFICIARY?

Please note if you are a beneficiary of a trust, and if so, the name of the trust, trustee, and your interest in the trust.

DO YOU EXPECT ANY INHERITANCES?

Please note if you expect to receive any inheritance, and if so, as much information as you have.

PRIOR GIFTING

Please note if you have made gifts in excess of \$10,000 to any individual in any calendar year, in detail.

SAFE DEPOSIT BOX

Please note if you have any safe deposit boxes, and if so, please note the financial institution, street location, names of others with access (and if named owner or signer) and list of contents.

ANYTHING ELSE YOU WOULD LIKE US TO KNOW

Please provide any additional information you would like to share below.

HOW DID YOU FIND OUR OFFICE?

PERSONAL & PROFESSIONAL ADVISORS

CPA: _____
Name: Address: Phone: Email:

Financial Planner: _____
Name: Address: Phone: Email:

Insurance Advisor: _____
Name: Address: Phone: Email:

Stockbroker: _____
Name: Address: Phone: Email:

Other Attorney: _____
Name: Address: Phone: Email:

Confidante/
Best Friend: _____
Name: Address: Phone: Email: