

# **ESTATE PLANNING WORKSHEET PERSONAL & FINANCIAL**

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Silverman Law Offices  
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USING THIS ORGANIZER WILL ASSIST US IN DESIGNING AN ESTATE PLAN THAT MEETS YOUR GOALS.  
ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PLEASE RETURN THE COMPLETED WORKSHEET TO OUR OFFICE PRIOR TO YOUR  
APPOINTMENT VIA MAIL OR FAX.

# PERSONAL INFORMATION

(Please Print)

**Client # 1**

**Date Completed** \_\_\_\_\_

Full Legal Name \_\_\_\_\_

How you would like your name to appear on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ E-Mail \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen: Yes  No  If No, your nationality: \_\_\_\_\_

Veteran  Widow(er) of Veteran

Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

Married: Date: \_\_\_\_\_  Divorced: Date \_\_\_\_\_  Widowed: Date \_\_\_\_\_  Single

Do you have a Pre-Nuptial Agreement?  Yes  No **If yes, Please provide a copy.**

**Client #2**

Full Legal Name \_\_\_\_\_

How you would like your name to appear on legal documents \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ E-Mail \_\_\_\_\_

Home telephone \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Telephone \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

U.S. Citizen: Yes  No  If No, your nationality: \_\_\_\_\_

Veteran  Widow(er) of Veteran

Lived in the following states: CA, WA, NV, AZ, NM, TX, ID, LA or WI

**REFERRED BY:** \_\_\_\_\_

## YOUR CONCERNS

Please rate the following as to how important they are to you:

(*H* high concern, *S* some concerned, *L* low concern, *N/A* no concern or not applicable)

Description	Level of Concern	
	Client 1	Client 2
Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability.		
Providing for and protecting a significant other/life partner.		
Providing for and protecting children.		
Providing for and protecting grandchildren.		
Disinheriting a family member.		
Providing for charities at the time of death.		
Plan for the transfer and survival of a family business.		
Avoiding or reducing your estate taxes.		
Avoiding probate.		
Reduce administration costs at time of your death.		
Avoiding a conservatorship (“living probate”) in case of a disability.		
Avoiding will contests or other disputes upon death.		
Protecting assets from lawsuits or creditors.		
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.		
Plan for a child with disabilities or special needs, such as medical or learning disabilities.		
Protecting children’s inheritance from the possibility of failed marriages.		
Provide that your death shall not be unnecessarily prolonged by artificial means or measures.		

Other Concerns (Please list below):

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## IMPORTANT FAMILY QUESTIONS

(Please check "Yes" or "No" for your answer)	Yes	No
Are you receiving social security, disability, or other governmental benefits? <i>Describe</i> _____		
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>		
Have you been widowed? <i>If a federal estate tax return or a state death tax return was filed, please furnish a copy</i>		
Have you ever filed federal or state gift tax returns? <i>Please furnish copies of these returns</i>		
Have completed previous will, trust, or estate planning? <i>Please furnish copies of these documents</i>		
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are there any other charitable organizations you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>		
Are you currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>		
Do any of your children have special educational, medical, or physical needs?		
Do any of your children receive governmental support or benefits?		
Do you provide primary or other major financial support to adult children or others?		

## ADDITIONAL RELEVANT INFORMATION

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**Please take time to review the following questions for your meeting with us. Adequate reflection upon these inquiries will greatly assist in the design of your plan. (Space has been allowed if you wish to make notes.)**

1. Has anything happened in your life recently that has motivated you to explore the need to do estate planning at this point in time?

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2. Based on your observations of the results of other people's wealth and estate planning in the lives of their children and grandchildren, what's an example of the right way to do it and what's an example of the wrong way to do it? What do you consider to be a successful result and what do you consider to be an unsuccessful result?

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3. For most people, doing wealth planning is an act of service to protect and provide for their loved ones. Who are the people you care most deeply about, for whom you want to do this planning?

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4. What Strengths and qualities do you admire in the people for whom you are doing this wealth planning?

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5. What do you hope to accomplish in the wealth planning process to protect and provide for your loved ones' financial well-being?

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6. What impact do you hope your wealth planning will have on family harmony after you've passed away?

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7. Do you have any minor children or grandchildren or any loved ones with disabilities who merit special attention in the wealth planning process? What do you want done for them?

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# CHILDREN'S INFORMATION

## Child # 1

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial

Who is the parent of this child?  Husband  Wife  Joint

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Ages	Gender	Special Needs
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Child # 2

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial

Who is the parent of this child?  Husband  Wife  Joint

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

Grandchildren's Names	Ages	Gender	Special Needs
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Child # 3**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial

Who is the parent of this child?  Husband  Wife  Joint

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Ages</b>	<b>Gender</b>	<b>Special Needs</b>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### **Child # 4**

Child's Full Legal Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_

Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial

Who is the parent of this child?  Husband  Wife  Joint

Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

<b>Grandchildren's Names</b>	<b>Ages</b>	<b>Gender</b>	<b>Special Needs</b>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**~Please make copies of this page if you have more than four (4) children~**

## **PETS**

<b>Pet's Name</b>	<b>Description</b>	<b>Ages</b>	<b>Gender</b>	<b>Microchip #</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



# OTHER DEPENDENTS

Friends or relatives who are dependents.

## **Dependent # 1**

Dependent's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial  
 Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

## **Dependent # 2**

Dependent's Full Legal Name \_\_\_\_\_  
Nickname \_\_\_\_\_ Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County of Residence \_\_\_\_\_ Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Education \_\_\_\_\_  
Business address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail: \_\_\_\_\_ Special Needs:  Medical  Educational  Financial  
 Married  Divorced  Widowed  Single Spouse's Name: \_\_\_\_\_

**~Please make copies of this page if you have more than two (2) dependents~**

# PROFESSIONAL ADVISORS

Name of CPA: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like a referral to a CPA?  Yes  No

Name of Financial Advisor/Stock Broker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like a referral to a Financial Advisor/Stock Broker?  Yes  No

Name of Family Attorney: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like a referral to a Life Insurance Agent?  Yes  No

Name of Personal Banker: \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like a referral to a Personal Banker?  Yes  No

Name of Casualty Insurance Agent: (car, home, etc.) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you like a referral to a Casualty Insurance Agent?  Yes  No

**FINANCIAL SUMMARY**      **Date Completed:** \_\_\_\_\_

Please fill out this financial summary as thoroughly as you can before your Initial Consultation Meeting. If there are categories that do not apply to you, please put a line through that section so that we know that it has not been overlooked. The more information we are able to gather from you now, the less follow-up we have to do later.

**CASH ACCOUNTS**

*TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If the Trustmaker is named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.*

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT LISTED BELOW.

<b>Name of Institution/Branch</b> _____	<b>Type</b> _____
<b>Owner(s)</b> _____	<b>Account #</b> _____
	<b>Amount \$</b> _____

<b>Name of Institution/Branch</b> _____	<b>Type</b> _____
<b>Owner(s)</b> _____	<b>Account #</b> _____
	<b>Amount \$</b> _____

<b>Name of Institution/Branch</b> _____	<b>Type</b> _____
<b>Owner(s)</b> _____	<b>Account #</b> _____
	<b>Amount \$</b> _____

<b>Name of Institution/Branch</b> _____	<b>Type</b> _____
<b>Owner(s)</b> _____	<b>Account #</b> _____
	<b>Amount \$</b> _____

<b>Name of Institution/Branch</b> _____	<b>Type</b> _____
<b>Owner(s)</b> _____	<b>Account #</b> _____
	<b>Amount \$</b> _____

# STOCKS

Please list any **stock certificates** that are in the Trustmaker's possession. Stock owned in a family business or non-publicly-traded company should be listed under "Corporate and Professional Business Interests." Stocks held in a **Street Account** or **Investment Account** should be listed under "Investment Accounts." If the Trustmaker is named as a co-owner on any stocks owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

PLEASE PROVIDE A COPY OF EACH CERTIFICATE LISTED BELOW.

Name of Stock _____	Number of Shares _____
Owner(s) _____	Fair Market Value \$ _____
Name of Transfer Company: _____	
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Stock _____	Number of Shares _____
Owner(s) _____	Fair Market Value \$ _____
Name of Transfer Company: _____	
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Stock _____	Number of Shares _____
Owner(s) _____	Fair Market Value \$ _____
Name of Transfer Company: _____	
Is this stock pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# BONDS

*TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills*

<p style="text-align: center;"><b>PROVIDE COPY OF EACH BOND</b> (You can copy the bonds 4 to a page as long as each entire bond is legible)</p> <p><b>Please note: We cannot accept a spreadsheet listing of the Bonds - we need copies.</b></p>
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# INVESTMENT ACCOUNTS

• IRAs and Annuities should be listed later •

*TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA". (Indicate type below for all investment and street accounts.) If the Trustmaker holds individual stock certificates, please indicate those under "Stocks" on the following page. If the Trustmaker is named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.*

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT LISTED BELOW.

Name of Brokerage Firm _____	Type _____
Owner(s) _____	Account # _____
Financial Advisor's Name: _____	Amount \$ _____
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	Type _____
Owner(s) _____	Account # _____
Financial Advisor's Name: _____	Amount \$ _____
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	Type _____
Owner(s) _____	Account # _____
Financial Advisor's Name: _____	Amount \$ _____
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	Type _____
Owner(s) _____	Account # _____
Financial Advisor's Name: _____	Amount \$ _____
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Brokerage Firm _____	Type _____
Owner(s) _____	Account # _____
Financial Advisor's Name: _____	Amount \$ _____
Are funds electronically deposited or withdrawn from this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this account pledged as collateral on any loans?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# RETIREMENT PLANS

*Indicate type below: 401k, Rollover IRA, Roth, etc.*

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT LISTED BELOW.

Company Name _____	Type of Plan _____
Owner(s) _____	Account # _____
Primary Beneficiary _____	Value: \$ _____
Contingent Beneficiary(s): _____	Financial Advisor's Name: _____
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Type of Plan _____
Owner(s) _____	Account # _____
Primary Beneficiary _____	Value: \$ _____
Contingent Beneficiary(s): _____	Financial Advisor's Name: _____
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Type of Plan _____
Owner(s) _____	Account # _____
Primary Beneficiary _____	Value: \$ _____
Contingent Beneficiary(s): _____	Financial Advisor's Name: _____
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Type of Plan _____
Owner(s) _____	Account # _____
Primary Beneficiary _____	Value: \$ _____
Contingent Beneficiary(s): _____	Financial Advisor's Name: _____
Are benefits currently being received from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## PENSION PLANS

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT LISTED BELOW.

Company Name _____	Account # _____
Owner _____	Value \$ _____
Does Pension Have Beneficiary Upon Your Death <input type="checkbox"/> Yes <input type="checkbox"/> No	Beneficiary: _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, monthly payout: \$ _____

Company Name _____	Account # _____
Owner _____	Value \$ _____
Does Pension Have Beneficiary Upon Your Death <input type="checkbox"/> Yes <input type="checkbox"/> No	Beneficiary: _____
Are you currently receiving benefits from this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, monthly payout: \$ _____

## ANNUITIES

PLEASE PROVIDE A COPY OF EACH ANNUITY CONTRACT.

Company Name _____	Account # _____
Annuitant _____	Owner _____
<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	Face Value \$ _____ Cash Value \$ _____
Primary Beneficiary(s) _____	
Secondary Beneficiary(s) _____	
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
If "yes," do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain	Financial Advisor's Name: _____

Company Name _____	Account # _____
Annuitant _____	Owner _____
<input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified	Face Value \$ _____ Cash Value \$ _____
Primary Beneficiary(s) _____	
Secondary Beneficiary(s) _____	
Are regular distributions occurring from this annuity contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: \$ _____	
If "yes," do the distributions have "survivorship" or "period certain" provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Survivorship <input type="checkbox"/> Period Certain	Financial Advisor's Name: _____

# LIFE INSURANCE POLICIES

Indicate type of policy below (i.e. whole life, term, etc). If a corporation or company owns the policy or pays the premium on the policy, write "Corporation."

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT LISTED BELOW.

Company Name _____	Policy # _____
Insured _____	Type of Policy _____
Owner _____	Face Value \$ _____
Primary Beneficiary _____	Cash Value \$ _____
Secondary Beneficiary(s) _____	
Name of Agent/Advisor & Email: _____	
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Policy # _____
Insured _____	Type of Policy _____
Owner _____	Face Value \$ _____
Primary Beneficiary _____	Cash Value \$ _____
Secondary Beneficiary(s) _____	
Name of Agent/Advisor & Email: _____	
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Company Name _____	Policy # _____
Insured _____	Type of Policy _____
Owner _____	Face Value \$ _____
Primary Beneficiary _____	Cash Value \$ _____
Secondary Beneficiary(s) _____	
Name of Agent/Advisor & Email: _____	
Is this insurance policy pledged as collateral on any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# PROPERTY/CASUALTY INSURANCE POLICIES



Indicate type of policy below (auto, home, umbrella). If a corporation or company owns the policy or pays the premium on the policy, write "Corporation".

PLEASE PROVIDE A COPY OF THE DECLARATION PAGE FOR EACH ACCOUNT LISTED BELOW.

Company Name _____	Policy # _____
Insured _____	Type of Policy _____
Additional Insured, If Any _____	Face Value \$ _____
Name of Agent/Email: _____	

Company Name _____	Policy # _____
Insured _____	Type of Policy _____
Additional Insured, If Any _____	Face Value \$ _____
Name of Agent/Email: _____	

## REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

PLEASE PROVIDE A COPY OF THE DEED OR AGREEMENT RELATING TO EACH PROPERTY.

Address _____	City _____
County _____ State _____ Zip _____	
Owner(s) _____	
Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Value of the Property: \$ _____ Loan Balance: \$ _____	

Address _____	City _____
County _____ State _____ Zip _____	
Owner(s) _____	
Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Value of the Property: \$ _____ Loan Balance: \$ _____	

Address _____	City _____
County _____ State _____ Zip _____	
Owner(s) _____	
Rental Property: <input type="checkbox"/> Yes <input type="checkbox"/> No Value of the Property: \$ _____ Loan Balance: \$ _____	

# VEHICLES

List all autos, trucks, boats, etc.

PLEASE PROVIDE A COPY OF EACH VEHICLE TITLE

Make/Model	Owner	Value	Loan Balance (if any)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

## SOLE PROPRIETORSHIP INTERESTS

*TYPE: All assets owned in a sole proprietorship type of business.*

Name of Business _____	Value \$ _____
Description of Business _____	Owner _____
Is this a "Professional" Business? <input type="checkbox"/> Yes <input type="checkbox"/> No      Policy # _____	
Business Insurance Agent's Name _____	Phone _____
Address _____ City _____ State _____ Zip Code _____	

## CORPORATE BUSINESS INTERESTS

*TYPE: Privately owned (non-publicly traded) stock.*

PROVIDE A COPY OF THE CORPORATE BOOK AND ANY BUY/SELL AGREEMENTS, IF APPLICABLE.

Company Name _____	Phone _____
Address _____ City _____ State _____	Zip Code _____
Owner _____ % of Ownership _____	Number of Shares _____
Owner _____ % of Ownership _____	Number of Shares _____
Is this an "S-Corporation?" <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a "Professional" Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Buy/Sell Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Value \$ _____

# PARTNERSHIPS & LLC INTERESTS

*TYPE: General and Limited Partnerships. Please list the percentages that the Trustmaker owns.*

**PLEASE PROVIDE A COPY OF THE PARTNERSHIP OR LLC AGREEMENT AND/OR ARTICLES OF ORGANIZATION.**

Name of Partnership or LLC _____	Value \$ _____
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	
Owners _____	% of Ownership: _____
Who holds Partnership or LLC papers _____	Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of General Partner or Managing Member _____	

Name of Partnership or LLC _____	Value \$ _____
Entity Type: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company	
Owners _____	% of Ownership: _____
Who holds Partnership or LLC papers _____	Phone: _____
Is this a "Professional" Partnership or LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of General Partner or Managing Member _____	

# FIREARMS

*TYPE: All firearms, ammunition, accessories, etc. Indicate type and give a lump sum value for miscellaneous items. Add additional sheets if necessary.*

Provide a Copy of All Form 4's or Form 5's (as applicable) for NFA Firearms

Description	Owner	Value	NFA Firearm?
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PERSONAL EFFECTS

*TYPE: Major personal effects such as jewelry, artwork, and all other valuable non-business personal property. Indicate type and give a lump sum value for miscellaneous items.*

Type	Owner	Value	Is there a lien against the asset?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## OIL, GAS AND MINERAL INTERESTS

*TYPE: Lease ♦ Overriding royalty ♦ Fee mineral estate ♦ Working interest ♦ Pooling agreement, etc.*

PLEASE PROVIDE COPY OF AGREEMENT, CERTIFICATE, OR DEED.

Company _____	Type _____
Name _____	Phone # _____
Address _____ City _____	
County _____	State _____ Zip _____
Owner _____	Value \$ _____

## MONIES OWED

TYPE: List anyone that owes the Trustmaker money ♦ Promissory notes payable to the Trustmaker

PLEASE PROVIDE A COPY OF ANY PROMISSORY NOTES.

Name of Debtor	Date Due	Owed To	Current Balance	Promissory Note
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there Collateral on this Note: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please list: _____		

# ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

*TYPE: Gifts or inheritances that are expected at some time in the future or monies that are anticipated through a judgment in a lawsuit.*

PLEASE PROVIDE ANY PERTINENT DOCUMENTATION.

Description	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

## HEALTH SAVINGS ACCOUNT

PLEASE PROVIDE A COPY OF THE MOST CURRENT STATEMENT FOR EACH ACCOUNT

Company Name _____	
Owner(s) _____	Account # _____
Primary Beneficiary _____	Value: \$ _____
Contingent Beneficiary(s): _____	

ENTER TOTALS IN COLUMN BELOW:

<i><b>ASSETS</b></i>	<i><b>AMOUNT</b></i>
Cash Accounts	_____
Stocks	_____
Bonds	_____
Investment Accounts	_____
Retirements Plans	_____
Pension Plans	_____
Annuities	_____
Life Insurance Policies	_____
Real Property	_____
Vehicles	_____
Sole Proprietorship Interests	_____
Corporate Business Interests	_____
Partnership & LLC's Interests	_____
Firearms	_____
Other Assets (Personal Effects)	_____
Monies Owed To You	_____
Anticipated Inheritance, Gift, or Judgment	_____
<b>TOTAL ASSETS</b>	<b>_____</b>
<i><b>LIABILITIES</b></i>	<i><b>AMOUNT</b></i>
Loans payable	_____
Accounts payable	_____
Real estate mortgages payable	_____
Loans against life insurance	_____
Unpaid taxes	_____
Other obligations	_____
<b>TOTAL LIABILITIES</b>	<b>_____</b>
<b>NET ESTATE</b>	<b>_____</b>
<b>ANNUAL INCOME</b>	<b>_____</b>