

Please help us by filling out this form for your consultation.

|                     |
|---------------------|
| For Office Use Only |
| FU/C _____@_____    |
| X _____@_____       |
| File No. _____      |

### CONFIDENTIAL PLANNING SURVEY

We recognize that this information is of a personal nature. All information provided by you will be treated confidentially and will not be disclosed to anyone outside of this office without your permission.

#### I. GENERAL INFORMATION

Date \_\_\_\_\_

Your Name (for legal documents) \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

Spouse's Name (for legal documents) \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_

Position \_\_\_\_\_

| Children | Address and Telephone No. | Age   |
|----------|---------------------------|-------|
| _____    | _____                     | _____ |
| _____    | _____                     | _____ |
| _____    | _____                     | _____ |
| _____    | _____                     | _____ |

My/our primary planning concerns are (check all that apply):

\_\_\_ Planning for disability

\_\_\_ Protecting assets from nursing home costs

\_\_\_ Elimination of probate

\_\_\_ Protecting assets from spouse's remarriage

\_\_\_ Keeping assets in the bloodline

\_\_\_ Divorce and creditor protection for inheritance

\_\_\_ Planning for elderly parents

\_\_\_ Protecting children from poor spending habits

\_\_\_ Providing for disabled heirs

\_\_\_ Avoiding probate for out-of-state property

(Please turn over)

**II. ESTATE PLANNING QUESTIONS**

|   | You      | Spouse   |
|---|----------|----------|
| 1. Do you presently have a WILL?                  | Yes – No | Yes – No |
| -TRUST?   | Yes – No | Yes – No |
| -POWER OF ATTORNEY?                               | Yes – No | Yes – No |
| -HEALTH PROXY & LIVING WILL?                      | Yes – No | Yes – No |
| 2. Are you a U.S. CITIZEN?                        | Yes – No | Yes – No |
| 3. Are you expecting to receive an INHERITANCE?   | Yes – No | Yes – No |
| 4. Is this your FIRST MARRIAGE?                   | Yes – No | Yes – No |
| 5. Do you have any dependents with SPECIAL NEEDS? | Yes – No | Yes – No |
| 6. Would any of your heirs CONTEST your wishes?   | Yes – No | Yes – No |
| 7. Do you have LONG-TERM CARE INSURANCE?          | Yes – No | Yes – No |
| 8. Do you need FINANCIAL PLANNING?                | Yes – No | Yes – No |

**III. DOCUMENTS TO BRING WITH YOU**

In addition to the information requested, please provide copies of these documents:

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| -Wills and Trusts                   | -Deeds and real estate tax bills    |
| -Powers of Attorney                 | -Statements from brokerage accounts |
| -Health Care Proxies/Living Wills   | -Long-term care insurance policies  |
| -Corporation or LLC Kit (black box) |                                     |

**IV. FINANCIAL INFORMATION**

1. Do you own a HOME or any other REAL ESTATE?

| Address | Name(s) on Title | Mortgage Owed | Market Value |
|---------|------------------|---------------|--------------|
| <hr/>   |                  |               |              |
| <hr/>   |                  |               |              |
| <hr/>   |                  |               |              |
| <hr/>   |                  |               |              |

2. Do you own any other TITLED PROPERTY (car, boat, etc.)?

|       | Market Value |
|-------|--------------|
| <hr/> |              |
| <hr/> |              |

3. Do you have any BANK ACCOUNTS? (please indicate if account is a CD)

| Name of Bank | Name(s) on Title | Balance |
|--------------|------------------|---------|
| _____        | _____            | _____   |
| _____        | _____            | _____   |
| _____        | _____            | _____   |

4. Do you have any RETIREMENT FUNDS (IRAs, 401(k)s, etc.)?

| Account Owner | Beneficiary | Current Value |
|---------------|-------------|---------------|
| _____         | _____       | _____         |
| _____         | _____       | _____         |
| _____         | _____       | _____         |

5. Do you own any STOCKS, BONDS or MUTUAL FUNDS?

| Name of Institution | Name(s) on Title | Current Value |
|---------------------|------------------|---------------|
| _____               | _____            | _____         |
| _____               | _____            | _____         |
| _____               | _____            | _____         |

6. Do you have any LIFE INSURANCE POLICIES and/or ANNUITIES?

| Policy Owner | Insured | Beneficiary | Death Benefit |
|--------------|---------|-------------|---------------|
| _____        | _____   | _____       | _____         |
| _____        | _____   | _____       | _____         |
| _____        | _____   | _____       | _____         |

(Please turn over)

7. Do you have any other BUSINESS INTEREST/OWNERSHIP?

Market Value

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8. Do you have any COLLECTIBLES (antiques, coins, jewelry, etc.)?

Market Value

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9. Does anyone OWE YOU money (mortgage, personal loan, etc.)?

Description

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10. Do you have a SAFE DEPOSIT box?

Title on Box

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11. What is your MONTHLY INCOME?

Source

Amount

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**TOTAL GROSS ESTATE \$**\_\_\_\_\_

Please let us know if someone referred you to us that we may thank.

Referred by: \_\_\_\_\_

Do you have any specific questions?

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