

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:

- | | |
|---|---|
| <ul style="list-style-type: none"> -Wills and Trusts -Powers of Attorney -Health Care Proxies/Living Wills | <ul style="list-style-type: none"> -Deeds and real estate tax bills -Statements from brokerage accounts -Long-term care insurance policies |
|---|---|

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/>			

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

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

Market Value

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

Description

10. Do you have a SAFE DEPOSIT box?

Title on Box

11. What is your MONTHLY INCOME?

Source

Amount

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?
