

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 _____

Home Phone _____

E-mail Address _____

Cell Phone _____

Work Phone _____

Date of Birth _____

Soc. Sec. # _____

Employer _____

Position _____

Spouse's Name _____

Email Address: _____

Cell Phone _____

Work Phone _____

Date of Birth _____

Soc. Sec. _____

Employer _____

Position _____

Children (Last, First, MI)

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 Amount	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Value	Market
_____	_____
_____	_____

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

Name of Bank	Name(s) on Title	Balance

4. Do you have any RETIREMENT FUNDS (IRA's, 401K'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?
