
Estate Planning Questionnaire

Client Information

Name

Date

Personal Data

	Name	Date of Birth	Social Security #
Husband			
Wife			

Address(es)

Telephone Number(s)	Fax Number(s)	Email Address(es)

Please list your immediate family members (children, spouses of children, grandchildren, parents and brothers and sisters).

Name and Address	Date of Birth	Relationship
1.		
2.		
3.		
4.		
5.		

Name and Address of Advisors:

Accountant	
Investment Advisor	
Insurance Agent	

Name and Address of Fiduciaries:

Executor(s)	
Successor	
Trustee(s)	
Successor	
Guardian(s)	
Successor	

Estate Planning Wishes

A. Please outline your general estate planning objectives.

B. Please name your Primary beneficiaries and the share of your property each is to receive.

C. Please name your Alternate beneficiaries (in case some or all of your primary beneficiaries do not survive you) and the share of your property each is to receive.

D. Please name any charitable beneficiaries you wish to make bequests to and the amount of your gift.

Charity	Amount

E. Please list any property items you wish to leave to specific individuals.

Item	Recipient

F. Are there any special personal and family planning needs to be considered such as health, stepchildren, adopted children, prior marriages for either spouse or any of your children?

G. Please outline your philosophy about gift giving.

To Family:	To Charity:

Would you consider making gifts if they resulted in significant tax advantages?

H. Please check any of the following planning objectives that are important estate planning priorities to you:

- Maintaining family income in the event of disability or death
- Providing for retirement income
- Funding family education expenses
- Creating a family gift program
- Creating a charitable gift program
- Reducing personal income taxes
- Reducing gift and estate taxes
- Ensuring the equal allocation of your estate among your children at your death
- Continuation of a family owned business at your retirement or death
- Please list any other estate planning priorities that you may have.

Supplemental Information

I. Do you presently have a will or a trust?

Husband: Yes / No Wife: Yes / No

If so, please attach copies unless copies are presently held by this office.

J. Are you a beneficiary under any trust?

Husband: Yes / No Wife: Yes / No

If so, please attach copies unless copies are presently held by this office.

K. Have you ever filed a gift tax return?

Husband: Yes / No Wife: Yes / No

L. Location of safe deposit box:

M. Marriage

Date	Place

N. Since your marriage, have you ever lived in any of the following community property states:

Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas or Washington?

Yes / No

If yes, please circle the applicable state(s) above.

O. Are you a U.S. Citizen?

Husband: Yes / No Wife: Yes / No

Financial Information

	Schedule	Value
Cash	A	
Investments		
Business Interests	B	
Real Estate Equity	C	
Retirement Plans	D	

Life Insurance	E	
Personal Property		
Other Assets	F	
Total Assets		

Please give your best estimate of value to the nearest \$1,000.

A. Cash and Investments

Please provide copy of a recent statement for each bank and investment account.

Account (Institution/Account No.)	Title	Value

D. Retirement Plans

Please provide copy of a recent statement for each Plan

Type of Plan	Owner	Beneficiary	Value
Pension/Profit Sharing			
IRA and Keogh Accounts			
Tax Deferred Annuities			
Deferred Compensation Plans			

E. Life Insurance

Please provide copy of the coverage summary page from each policy.

Insurance Company	Owner	Beneficiary	Face Value

F. Other Assets

Client Signature

Client Signature

Date

Date