

Personal Information

Information	Client	Spouse
Name		
Date of birth		
State of domicile		
Citizenship		
Health issues? (Describe)		
Names & ages of children of <u>this</u> marriage		
Names & ages of children of <u>prior</u> marriages		

Asset	FMV	Debt on Asset	Ownership				
			Client	Spouse	Community Property	JTROS	Other (Specify)
Cash accounts							
Home							
Other real estate							
Closely held business							
Securities							
Notes receivable							
Art/Jewelry/Collectibles							
Other household items							
Autos & other vehicles							
Other (specify)							

IRAs and Qualified Plans				
Participant	Type of plan	Beneficiary(ies)	Current Value	Projected Annual Income (Defined Benefit plans only)

- Besides the above, what income or assets (including inheritance) will be available at retirement? *(Specify amounts.)*

Life Insurance & Deferred Annuities				
Insured(s) / Annuitant(s)	Beneficiary(ies)	Owner(s)	Net Cash Value	(Life insurance only) Net Death Benefit

- What are your fastest growing assets? For each, **what growth rate** do you expect for the foreseeable future?

- o Unless otherwise specified, 5% annual growth will be assumed for all assets.

Survivor and Retirement Income Need Analysis	
What amount of annual income would your spouse need in the event of your death?	\$
At what age do you expect to retire?	
How much annual income will you want at retirement?	\$
What is your current income (all sources)?	\$
How much of that income would cease if your life ended?	
What is your current income tax bracket (federal plus state)?	%

- Describe your current wills: All to spouse Credit shelter bypass None

- Are there any special needs (financial or medical) of parents, children, or other family members? *(Describe.)*

- Have you ever made "lifetime exclusion" gifts? *(Provide type of asset, and approximate date and value.)*

- o *(If yes)* Were gift tax returns filed? Yes No

- Is protection from predatory creditors (including children's ex-spouses) important to you? Yes No

- Are there specific charitable objectives you would like to see fulfilled? *(Describe charity, timing, and amount.)*

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- Obtain copies of wills, trusts, business agreements and other legal documents.

Closely Held Business Owners

- What is the full legal name of your company?
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- Type of business entity:

- | | | |
|----------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> S corporation | <input type="checkbox"/> Limited liability limited partnership |
| <input type="checkbox"/> General partnership | <input type="checkbox"/> Limited liability company | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Limited partnership | <input type="checkbox"/> Limited liability partnership | |
| <input type="checkbox"/> C corporation | | |

- Number of full-time employees: _____

- Are any family members employed in the business? If yes, describe any future plans for increased responsibility and/or ownership:
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Business Owner	Ownership %	Income <i>from the Business</i>	Age	Active vs. Non-active

- Who will own your business interest in the event of your retirement, disability or death?
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- (If more than one owner:)* Is there a *written* buy-sell agreement? Yes No

- Which non-owner employees are "key" to the continued success of the company? *(Provide responsibilities, ages and total compensation.)*
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