

LIFE ADVANCED MARKETS

Estate planning client information

Use this form to assist your client in gathering all the necessary information to begin the estate planning process, and to be certain your client has thoroughly considered all the necessary details.

To help ensure the client's financial goals and needs are being met, discussions should include all members of their team of professionals – i.e., tax advisor, attorney, financial professional.

Remember that any strategy that includes life insurance is contingent on the health underwriting of the insured and financial underwriting. In addition, an estate planning strategy requires legal agreements drafted by an attorney.

ALL CLIENT INFORMATION WILL BE KEPT CONFIDENTIAL

Date:				
Your name:				
Address:				
County:	Date of birth:	U.S. citizen? 🖵 Yes 🖵 No		
Health status:				
Employer:				
Home telephone:	Work telephone:			
Fax no:	Email address:			
Spouse's name:				
Date of birth:	U.S. citizen? ☐ Yes ☐ No			
Health status:				
Have you and your spouse signed a premarital agreement? \square Yes \square No (If yes, provide a copy)				
Have you or your spouse been divorced? \square Yes \square No (If yes, provide a copy of divorce decree)				
Do you now have a will or revocable trust? \square Yes \square No (If yes, provide a copy)				
Do you have a safe deposit box? 🖵 Yes 📮 No If yes, where/who has access to your box?				
Do you anticipate moving to another state in the near future? \square Yes \square No				
Do you own real estate in another state, or will you in the near future? \square Yes \square No				

CHILDREN

Please list ALL your children	, including deceased child	dren, children born	out of wedlock, a	nd children you w	ish to omit fro	m
our estate plan.						

Name of child	Date of birth	Address	Spouse/children
Identify any child wh	o is not a natural or adopted c	hild of both you and your spous	e.
Have any children red	reived an advance on their inh	eritance, or are any children find	ancially indebted to you?
If yes, please explain		eritance, or are any cintaren mix	ancially indebted to you:
Is there any reason N	OT to treat your children equa	lly? If yes, please explain.	
Are any of the childre	en under a disability?		
Do you have any spec	cial concerns or objectives rego	arding your children?	

GUARDIANS

Who should be guardian of your minor children? (A guardian has physical and legal control over your children until they reach the age of 18.)

1 st choice:	2 nd choice:
Relationship to you:	Relationship to you:
Address:	Address:

PERSONAL REPRESENTATIVE

Who should be Personal Representative ("executor") of your estate? A Personal Representative is responsible for probating your will, paying your debts, collecting your assets, and settling your estate.

1 st choice:	2 nd choice:
Relationship to you:	Relationship to you:
Address:	Address:

PROPERTY DISPOSITION

Please describe how you and your spouse wish your property to be transferred at your deaths. (Include the full name and address of anyone other than your spouse and children):

address of anyone other than your spouse and children):
 Entire estate outright to surviving spouse, if living; otherwise, to children (with any descendants of a deceased child taking that child's share). Other (specific gifts, trusts for minor children, special provisions, etc.)

FINANCIAL INVENTORY

Please estimate the market value of your assets.

Assets	You	Your spouse	Joint
Home			
Other real estate			
Checking account			
Savings/other accounts			
Personal property			
Furnishings			
Jewelry and personal			
Other			
Stocks/bonds/mutual funds			
Closely held business			
Life insurance (face value)			
Retirement accounts			
Pension/profit sharing			
IRA/401(k)			
Other			
Total assets			

Liabilities	You	Your spouse	Joint
Home mortgage			
Loans			
Credit cards			
Other			
Total liabilities			

LIFE INSURANCE

Policy name/number	Face value	Owner	Insured	Beneficiary

RETIREMENT PLANS

Please list your retirement plans/IRAs, their value, and the beneficiary.

Plan description	Current amount	Death benefit	Beneficiary
TUTURE INHERITANCE	S		
o you expect any inherita	nce in the near future? If so, pleas	e give details:	
Accountant or tax preparer	:		
Address:			
Telephone:			
Email address:			
Attorney:			
Address:			
Telephone:			
Email address:			
Primary physician:			
Address:			
Telephone:			
Email address:			

TRUSTS

If a trust is appropriate to include in your estate plan, who should be the trustee? A trustee is the person or entity who is responsible for managing the assets placed into the trust. A trustee manages the assets for your children or other beneficiaries until they reach specified ages. If you do not establish a trust, children inherit at age 18. You may name an individual, bank or trust company, or both to act as your trustee. You are encouraged to contact an attorney to discuss your situation.

1st choice:	2 nd choice:
Relationship to you:	Relationship to you:
Address:	Address:
Special requests: Special requests regarding funeral, cremation or other statement (separate from your will) to you	
Specific gifts: Do you wish to make any specific bequests to ch	narities or individuals?
Living Will and Health Care Power of Attorney: Are you interappointing someone to make health care decisions for you and	
Power of Attorney: Are you interested in preparing a Power of your behalf to manage your assets and pay your bills if you be encouraged to contact your attorney to discuss your specific si	ecome incompetent or unable to sign your name? (You are

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