

Personal and Financial Information

*** All information contained in this form is confidential and protected by attorney-client privilege. ***

Completing this form prior to your appointment will enable us to spend more time during the meeting answering your questions and helping to identify the best solutions for your needs.

NAME: _____ **DOB:** _____ **SSN:** _____
FIRST M.I. LAST ☐ US citizen ☐ Naturalized citizen ☐ Resident alien
Occupation: _____ ☐ Retired ☐ Employed
Marital status: ☐ Single ☐ Widow(er) DOD: _____ ☐ Married (date: _____) ☐ first ☐ second ☐ Other
Home # _____ Cell # _____ e-mail address: _____

SPOUSE: _____ **DOB:** _____ **SSN:** _____
FIRST M.I. LAST ☐ US citizen ☐ Naturalized citizen ☐ Resident alien
Occupation: _____ ☐ Retired ☐ Employed
☐ first marriage ☐ Other: _____ Cell # _____ e-mail address: _____

ADDRESS: _____ City: _____ State: _____ Zip Code: _____

Preferred method of contact? ☐ Home Phone ☐ Cell Phone ☐ Email Best time to call? _____

Referred to us by: Name: _____ Firm Name: _____

Contacts: Financial Advisor : _____ Firm: _____ Phone: _____
Accountant: _____ Firm: _____ Phone: _____

<u>Existing Estate Planning:</u>	<u>You</u>	<u>Spouse</u> ☐ NA	<u>Date Document Executed</u>
Will	☐ Yes ☐ No	☐ Yes ☐ No	Date: _____
Trust	☐ Yes ☐ No	☐ Yes ☐ No	Date: _____
Power of Attorney	☐ Yes ☐ No	☐ Yes ☐ No	Date: _____
Health Care Proxy	☐ Yes ☐ No	☐ Yes ☐ No	Date: _____
Living Will	☐ Yes ☐ No	☐ Yes ☐ No	Date: _____
Long-Term Care Insurance	☐ Yes ☐ No	☐ Yes ☐ No	Daily benefit: _____

Your health status plays an important role in the designing of an estate plan best suited for you and your loved ones.

You - current health status: ☐ Good ☐ Concern ☐ Problem
Specific concern/problem: _____

Spouse - current health status: ☐ Good ☐ Concern ☐ Problem
Specific concern/problem: _____

	<u>You</u>	<u>Spouse</u> ☐ NA
Do you have children:	☐ Yes How many? _____ ☐ No	☐ Yes How many? _____ ☐ No
Please specify:	☐ joint ☐ you ☐ step ☐ adopted ☐ foster	☐ joint ☐ you ☐ step ☐ adopted ☐ foster
Do you have grandchildren:	☐ Yes How many? _____ ☐ No	☐ Yes How many? _____ ☐ No
Please specify:	☐ joint ☐ you ☐ step ☐ adopted ☐ foster	☐ joint ☐ you ☐ step ☐ adopted ☐ foster

Is there anyone in your family with special needs or that requires special consideration? ☐ Yes ☐ No
Comments/ Concerns: _____

What do you want us to help you accomplish? _____

Is there anything else about you or your family or your personal goals you would like to tell us? _____

PERSONAL/FAMILY INFORMATION

CHILDREN (if applicable) **or BENEFICIARIES** (who you want to get your "stuff")

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Name: _____ ☐ male ☐ female Date of Birth: _____
Address: _____ Phone: _____
Child of: ☐ joint ☐ you ☐ spouse ☐ adopted ☐ foster child Other relation _____
☐ student ☐ employed - Occupation: _____
☐ Single ☐ Married ☐ first ☐ second ☐ other - how long? _____ spouse's name: _____ occupation: _____
Children: ☐ none How many? _____ Ages: _____
Special needs/considerations: _____
Potential problems/hardships/issues: _____

Financial Information Sheet

**** It is very important you indicate in each category ownership and dollar amount separately, as well as total value.****

MONTHLY INCOME:

SOURCE	YOU	SPOUSE	JOINT	TOTAL
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Investments	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

ASSET INFORMATION AS OF _____(date) - Please provide total amount for each type of asset and who owns.

TYPE OF ASSET	YOU	SPOUSE	JOINT	TOTAL
Cash, Checking, Savings, CD's, Money Market & Cash Management Accounts	\$	\$	\$	\$
Investment/Broker-held Accounts (not including cash) and Mutual Fund Accounts	\$	\$	\$	\$
Retirement Accounts: IRA, 401K, 403B, SEP, etc.	\$	\$	\$	\$
Life Insurance: death benefit and cash value	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$	D.B. \$ C.V. \$
Stocks: you hold (not in brokerage accounts)	\$	\$	\$	\$
Bonds: bonds you hold (not in brokerage accounts)	\$	\$	\$	\$
Annuities: \$ = original amount invested date=month/year purchased CV=current value	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____	\$ _____ date _____ CV _____
Real estate: residence (per tax bill)	\$	\$	\$	\$
Real estate: other	\$	\$	\$	\$
Vehicles: automobile, motorcycle, boats, snowmobiles, etc.	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Over Please →

OTHER ASSETS NOT LISTED:

TYPE	YOU	SPOUSE	JOINT	TOTAL
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

LIABILITIES:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Mortgage	\$	\$	\$	\$
Loans Payable	\$	\$	\$	\$
Other	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

BUSINESS INTEREST:

TYPE	YOU	SPOUSE	JOINT	TOTAL
Farm	\$	\$	\$	\$
Partnership or LLC Interest	\$	\$	\$	\$
Corporation ☐ -Corp?	\$	\$	\$	\$
Other:	\$	\$	\$	\$
Total Value	\$	\$	\$	\$

Notes/Comments: _____

Download

Clear Form