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MENDENFREIMAN

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ESTATE PLANNING QUESTIONNAIRE (COUPLE)

**** PLEASE LET US KNOW IF ANY INFORMATION HAS CHANGED SINCE YOUR LAST VISIT. ****

Please submit the completed information packet to us a few days before your scheduled appointment. If you cannot submit the packet to us beforehand, please bring it with you to your scheduled appointment.

A. CLIENT DATA

YOU

Full Name: ______________________________

Nickname: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

Date of Birth: ______________________________

Social Security Number: ____________________

Email: ______________________________

Secondary Email: ______________________________

Employer: ______________________________

Work Phone: ______________________________

Fax: ______________________________

U.S. Citizen? ☐ Yes ☐ No: ______________

Health: ☐ Excellent ☐ Good ☐ Poor

SPOUSE

Full Name: ______________________________

Nickname: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

Date of Birth: ______________________________

Social Security Number: ____________________

Email: ______________________________

Secondary Email: ______________________________

Employer: ______________________________

Work Phone: ______________________________

Fax: ______________________________

U.S. Citizen: ☐ Yes ☐ No: ______________

Health: ☐ Excellent ☐ Good ☐ Poor

ADDRESS

Street Address: ____

City: ______________________ County: ____________ State: _____ Zip: __________

Do you own any additional or out-of-state property? (If so, please provide the address(es) below.)

Street Address: ____

City: ______________________ County: ____________ State: _____ Zip: __________

Street Address: ______________________________

City: ____________________ County: __________ State: _____ Zip: ________

Street Address: ______________________________

City: ____________________ County: __________ State: _____ Zip: ________

B. MARITAL INFORMATION

Date of Marriage: ____________________

Have you or your spouse ever been divorced? ☐ Yes ☐ No

(If yes, please bring to our attention any divorce decree or settlement agreement terms.)

C. CHILDREN (if applicable, include adult and minor children, as well as any who have predeceased you)

Full Name	Gender	DOB	SSN	Grandchildren? (If yes, how many?)
Address:				
Address:				
Address:				
Address:				
Address:				
Address:				

D. ADVISOR INFORMATION

Accountant

Name: ____________________

Company: ____________________

Email: ____________________

Financial Advisor/Stock Broker

Name: ____________________

Company: ____________________

Email: ____________________

Banker

Name: ____________________________________

Company: _________________________________

Email: ____________________________________

Insurance Advisor

Name: ____________________________________

Company: _________________________________

Email: ____________________________________

May we communicate with any of the above individuals regarding your planning? (If so, who?)

____

E. REFERRAL INFORMATION

Who referred you to our office? ____

Company: ____________________ Street Address: ___________________________________

City: _________________________ State: _____________________ Zip Code: _____________________

Phone Number: ________________ Email: ____

F. PLANNING PRIORITIES

Prioritize the following. You can choose the most important to you or rank all seven. (1 = most important, 7 = least important)

________ Protection of assets from my creditors

________ Protection of my assets from my children's creditors, such as litigation and divorce

________ Minimize taxes

________ Benefit charities

________ Simplicity

________ Postpone my children's or grandchildren's inheritance as to not inhibit their ambitions

________ Other: ____

G. QUESTIONS TO CONSIDER PRIOR TO OUR CONFERENCE

1. **Do your children, grandchildren, or others you feel responsible for have any disabilities, special needs or other problems which should be considered or are currently receiving state or federal assistance due to a disability?**

   ____

2. **Do you have the responsibility for supporting anyone other than your spouse and children?**

   ____

3. **Have you ever lived in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA or WI)? If so, which one(s)?**

   ____

4. **Where do you store your important papers?** ______________________________

5. **Do you have a Safe Deposit Box?** ☐ Yes ☐ No

If yes, please indicate the name and address of the bank: ______________________________

6. **Have you prepaid your burial and funeral arrangements?** ☐ Yes ☐ No

7. **Have you ever filed a gift tax return?** ☐ Yes ☐ No

8. **Have you made any gifts with a value in excess of the annual exclusion from gift tax?**
☐ Yes ☐ No

9. **Any other unique family circumstances, problems or planning concerns?** ☐ Yes ☐ No

If yes, please provide information: ______________________________

10. **Are you a contributor to a 529 Plan?** ☐ Yes ☐ No

If yes, please provide a statement of the 529 account.

11. **Please think about who you would want to act on your behalf as Executor (1-2 year commitment), Trustee (could be for a long period of time), Financial Power of Attorney, Health Care Agent and Guardian (for minor children).**

____

____

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H. FINANCIAL INFORMATION

Note: You may use this form or an alternate one (from Quicken, a recent financial statement prepared for a bank, etc.) that provides similar information. Numbers may be rounded.

ASSETS	YOU	SPOUSE	JOINT
1. Principal Residence	$__________	$__________	$__________
2. Other real property (include location):			
State:______ Purpose:______________	$__________	$__________	$__________
State:______ Purpose:______________	$__________	$__________	$__________
State:______ Purpose:______________	$__________	$__________	$__________
3. Publicly-listed or traded securities	$__________	$__________	$__________
4. Cash, savings accounts, CDs, etc.	$__________	$__________	$__________
5. Closely-held and untraded securities	$__________	$__________	$__________
6. Partnership or sole proprietor interests	$__________	$__________	$__________
7. Cars	$__________	$__________	$__________
8. Other personal property	$__________	$__________	$__________
9. Face amount of life insurance (provide detail in *Insurance Information* section)	$__________	$__________	$__________
10. Pension, profit-sharing, IRAs, etc. (provide detail in *Retirement Benefit Plans* section)	$__________	$__________	$__________
11. Custodial Accounts [in which you are the Custodian]	$__________	$__________	$__________
12. Other ____________________________	$__________	$__________	$__________
13. Other ____________________________	$__________	$__________	$__________
ASSET TOTALS	$0	$0	$0
LIABILITIES			
Less: Mortgages	$__________	$__________	$__________
Less: Other debts	$__________	$__________	$__________
NET WORTH TOTALS	$0	$0	$0

OVERALL NET WORTH $0

(the sum of the Net Worth Totals on the line above)

FINANCIAL INFORMATION, CONT.

Do you own property jointly with any person other than your spouse?
(If so, describe the property and with whom you own the property, and whether the ownership is a joint tenancy with right of survivorship, tenancy in common or some other type of joint ownership.)

____

____

Do you have any assets titled POD (Pay on Death) or TOD (Transfer on Death)?
If so, who is the person named?

____

Your annual gross household income (check one)

☐ Under $75,000 ☐ $75,000-$150,000 ☐ $150,000-$250,000 ☐ $250,000-$500,000 ☐ Over $500,000

Predicted date of retirement: You: ________________________ Spouse: ______________________________

Is any amount included in your current net worth a result of a substantial inheritance? ____________________

If so, please give details: ____

FUTURE INHERITANCE:

Do you/your Spouse anticipate receiving an inheritance? If so, how much and your best guess when?

You: $_________________ will be received from ______________________________________

Spouse: $_________________ will be received from ______________________________________

I. INSURANCE INFORMATION

Note: Do the best you can to gather the information requested below, but do not let this effort delay the planning process. If you are not sure, put a question mark in the applicable box.

LIFE INSURANCE

Insured	Owner of Policy	Company	Face Amount	Cash Value	Primary Beneficiary	Contingent Beneficiary	Is this a: T (term) WL (whole life) U (universal) or O (other) policy	Annual Premium $$

Do you/your Spouse have any of the following types of insurance coverage? If so, please provide amount.

Disability: $ _________________ Umbrella: $ ___________________ Long-term Care: $ ___________________

J. RETIREMENT BENEFITS PLANS

PENSION, PROFIT-SHARING, IRAS, ANNUITIES, DEFERRED COMPENSATION, ETC.

Owner/Participant	Type of Plan	Benefit Provided or Amount	Primary Death Beneficiary (if any)	Secondary Death Beneficiary (if any)	Comments

K. SPECIFIC GIFTS OF PROPERTY

Would you like to pass specific items of property or specific amounts of money to named recipients (friends, relatives or charities)? If so, describe the property and provide each recipient's name.

Item Description or $$$ Amount	Recipient

(*Use a Supplemental Information Page if necessary.)*

L. DISTRIBUTION OF YOUR PROPERTY

IF YOU HAVE CHILDREN…

STANDARD DISTRIBUTION

Most often, parents want their property divided among children "in equal shares." Also, they want their property held in trust for young children (with distributions to pay education costs, weddings and other things parents normally provide for children). If you wish any division of your property other than an "equal" division for your children, please describe the division:

____

____

____

DEFAULT RECIPIENTS

If you and all of your descendants (children, grandchildren, etc.) pass away in a simultaneous event, whom would you want to receive your property?

____

____

____

IF YOU DO NOT HAVE CHILDREN…

Tell us who you would like to receive your property (use specific dollar amounts, percentages or "shares").

Amount/Percentage/Share	Name	Relationship

Please bring the following to the planning session if possible so we may have a copy for our records.

- Your present Wills (if any)
- Declaration page of life insurance policies and annuities
- Property warranty deeds showing ownership
- Trust agreements (that you have either signed or of which you are a beneficiary)
- Buy-sell agreements
- Other documents or contracts affecting your estate
- Names, ages, addresses and occupations of your parents and siblings
- Copies of federal gift tax returns (if any filed)

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SUPPLEMENTAL INFORMATION

Provide additional information on this page. For example: special circumstances that impact your financial planning, other assets not specifically listed on the previous pages, other liabilities or financial needs, etc.