

Estate Planner's Client Intake Form:

PART A: BACKGROUND INFORMATION

Date: _____

Name: _____

First Middle Last

Social Security No: _____

Date of Birth: _____

Marital Status: _____

Married / civil union / registered domestic partner / single / divorced /widowed

Home Address: _____

Home Tel No: _____

Cell Phone No: _____

Email Address: _____

Citizenship: _____

Employer: _____

Business Tel. No: _____

Business Address: _____

Parents, Siblings and Grandchildren (if living):

Name	Date of Birth

Special Family Considerations: For example: prior marriages, alimony/child support obligations, other family obligations (such as aging parents or adult children/siblings w/ special needs, personal or spousal health problems, financial management concerns, etc.

Note:

1. Please furnish copies of any prior wills, trusts, living wills, financial powers of attorney, health-care powers of attorney previously executed by you, your spouse or partner.
2. Indicate preferences for anatomical donations and funeral arrangements.
3. If you are divorced and paying spousal and/or child support, please supply copies of court decrees, agreements, etc.

PART B: ASSET SUMMARY

Type	Asset #1 (Also indicate location – bank, brokerage)	Asset #2 (Also indicate location – bank, brokerage)	Indicate: Jointly owned? Client’s sole property? Right of survivorship?
a. Cash			
b. Checking Accts			
c. Saving & Money Mkt Accts			
d. Securities (stocks, bonds, mutual funds, etc.)			
e. Art & Antiques			
f. Other Tangible Personal Property			
g. Residential Real Property & Current Value			
h. Investment Real Property & Current Value			
i. Business Interests (type of entity & estimated current value)			
Subtotal			
Plus (from following pages)			
a. Whole Life Insurance			
b. Retirement Plans			
c. Other Property			

TOTAL:			
		LIABILITIES	
a. Mortgages			
b. Other loans			
c. Judgments, Settlements			
d. Other			
TOTAL			

PART C: RETIREMENT, DISABILITY AND DEATH BENEFITS

(For example: annuities, deferred compensation agreements, ESOP's, 401(k)'s, IRA's, pensions, profit-sharing plans, self-employed retirement plan stock bonus/options, etc.)

Company Plan? Other Type of Plan?	Beneficiary & Current Value	Payment Options Available

Note: Please furnish copies of plan or explanatory brochures on each plan.

PART D: PROPERTY HELD FOR OTHERS

List and describe here:

1. Any property which is held jointly with other persons;
2. Any property held as a "trustee" for others; and

3. Any property held as a "custodian" for others.

4. List any gifts for which federal tax returns have been filed and any other gifts over \$5,000. Attach copies of gift tax returns or, if no return has been filed, specify names of donees, dates and amounts.

PART E: OTHER PROPERTY

- 1. Describe any other assets, including intellectual property (such as patents, copyrights, trademarks, goodwill, customer lists, etc.);**
- 2. Potential claims against others;**
- 3. Any trust of which you are a beneficiary or over which you have some involvement, and;**
- 4. Property you may potentially inherit.**

PART F: LIFE INSURANCE

Note: Please furnish copies of policies.

Client	Spouse
Company:	Company:
Policy No.	Policy No.
Type of Policy:	Type of Policy:
Person Insured:	Person Insured:
Policy Owner:	Policy Owner:
Primary Beneficiary:	Primary Beneficiary:
Contingent Beneficiary:	Contingent Beneficiary:
Face Value:	Face Value:
Cash Value, if any:	Cash Value, if any:
Loan Balance, if any:	Loan Balance, if any:
Company:	Company:
Policy No.	Policy No.
Type of Policy:	Type of Policy:
Person Insured:	Person Insured:
Policy Owner:	Policy Owner:
Primary Beneficiary:	Primary Beneficiary:
Contingent Beneficiary:	Contingent Beneficiary:
Face Value:	Face Value:
Cash Value, if any:	Cash Value, if any:
Loan Balance, if any:	Loan Balance, if any: