

Estate Planning Study

Confidential Personal and Financial Information Data Form

For

Date_____

The information collected and maintained in this document will be held in the utmost confidentiality. It will not be shared except as may be required by law or as may be authorized in writing by the client.

Please submit completed document to The Business Planning Group.

Case Manager

Personal Data

Client

Spouse

Personal Information

Full Legal Name	_____	_____
Nickname or "Go By" Name	_____	_____
Date of Birth	_____	_____
Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Physical Address	_____	
Mailing Address (if different)	_____	
Telephone – Home	_____	
Telephone – Business	_____	
Telephone – Cell	_____	
Fax (Home or Business)	_____	
Email	_____	

Consultants/Advisors

Accountant – CPA	_____
Attorney	_____
Investment	_____

Notes / Comments / Concerns

Family Data

Children / Grandchildren Information

Child #1 Full Name of Child #1 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Child #2 Full Name of Child #2 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Child #3 Full Name of Child #3 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Children / Grandchildren Information

Child #4 Full Name of Child #4 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Child #5 Full Name of Child #5 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Child #6 Full Name of Child #6 _____
Gender/Date of Birth _____
Address _____
Parent (if not both) _____
Marital Status/Spouse Name _____
Grandchildren: _____
Name / Age _____
Parent (if not both) _____

Any Special Needs _____

Assets



	Value	Liability	Owner Indiv/Joint	Notes
<u>Non-Income Producing–To Be Kept</u>				
Home	_____	_____	_____	_____
Automobiles	_____	_____	_____	_____
Personal Property	_____	_____	_____	_____
Other Real Estate	_____	_____	_____	_____
Cash / Checking Account	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____
<u>Non-Income Producing–Plan to Sell</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Notes / Comments / Concerns

Assets - (Continued)

	Value	Income Produced	Owner	Acct# / Notes
<u>Tax Qualified Retirement Plans</u>				
Company Retirement/Pension	_____	_____	_____	_____
Deferred Compensation	_____	_____	_____	_____
401k	_____	_____	_____	_____
401k	_____	_____	_____	_____
IRA	_____	_____	_____	_____
IRA	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL	_____	_____	Annual Contributions _____	

Income Producing Assets

Certificate of Deposit	_____	_____	_____	_____
Certificate of Deposit	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Securities	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Annuities	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Life Insurance (Cash Value)	_____	_____	_____	_____
Other	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

Total Estate _____ **Total Liabilities** _____ **Total Net Worth** _____

Notes / Comments / Concerns

Income & Estate – Facts and Objectives



	Client	Spouse
<u>Current Income</u>		
Social Security	_____	_____
Employer Retirement	_____	_____
_____	_____	_____
_____	_____	_____
Retirement Bundle	_____	_____
401k	_____	_____
IRA	_____	_____
Investment	_____	_____
Employment	_____	_____
Total	_____	_____
	Combined Total _____	

<u>Income Tax Paid Estimated</u>		
Most recent tax year	_____	_____
Prior tax year	_____	_____
Prior tax year	_____	_____

<u>Estate Distribution Objectives</u>		
If Spouse Survives	_____	_____
	_____	_____
If Spouse Does Not Survive	_____	_____
	_____	_____

Focus of Study/Preview

➤ Retirement Income - Security

- Preserve Retirement Income of \$_____ To Age _____
- Preserve Spouse Retirement Income of \$_____ To Age _____
- Plan for Inflation Offset of _____ %
- Other_____

➤ Assets - Preservation

- Protect from Market Loss
- Preserve for Future Retirement Needs
- Preserve for Spouse
- Preserve for Children
- Preserve for Grandchildren
- Preserve for Others _____
- Plan to leave to Charity _____ Amount_____
- Other_____

➤ Taxes - Reduction

- Reduce Income Taxes on Retirement Income
- Reduce Income Taxes on Social Security
- Reduce or Remove Estate Transfer Tax
- Other_____