

CONFIDENTIAL QUESTIONNAIRE (SHORT FORM)

I. CLIENT (YOU OR THE PERSON FOR WHOM THE PLANNING IS BEING IMPLEMENTED)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ SOCIAL SECURITY No. _____

_____ PHYSICAL/MENTAL
CONDITION _____

HOME PHONE: _____ MILITARY SERVICE (Y/N): _____

CELL PHONE: _____ CITIZENSHIP: _____

WORK PHONE: _____

E-MAIL: _____

MARRIED/WIDOWED/SEPARATED/DIVORCED:

II. CLIENT'S SPOUSE/SIGNIFICANT OTHER (STATE IF FIRST OR SECOND MARRIAGE FOR BOTH)

NAME: _____ DATE OF BIRTH/DEATH: _____

ADDRESS: _____ SOCIAL SECURITY No. _____

_____ PHYSICAL/MENTAL
CONDITION _____

HOME PHONE: _____ MILITARY SERVICE (Y/N) _____

CELL PHONE: _____ CITIZENSHIP: _____

WORK PHONE: _____

E-MAIL: _____

MARRIED/WIDOWED/SEPARATED/DIVORCED:

III. CONTACT PERSON IF NOT THE CLIENT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ BEST CONTACT
NUMBER: _____

IV. LIVING AND DECEASED CHILDREN (INDICATE IF DECEASED BY PLACING "D" NEXT TO NAME)

*** IF YOU HAVE NO CHILDREN LIST NIECES/NEPHEWS/GRANDCHILDREN AND MAKE A NOTE TO ME**

1. DATE OF BIRTH/DEATH: _____
NAME: _____
ADDRESS: _____ CHILD OF A
PRIOR MARRIAGE: YES _____ NO _____
ADOPTED CHILD: YES _____ NO _____
HOME PHONE: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: YES _____ NO _____
CELL PHONE: _____ EXPLAIN: _____
WORK PHONE: _____
E-MAIL: _____

2. DATE OF BIRTH/DEATH: _____
NAME: _____
ADDRESS: _____ CHILD OF A
PRIOR MARRIAGE: YES _____ NO _____
ADOPTED CHILD: YES _____ NO _____
HOME PHONE: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: YES _____ NO _____
CELL PHONE: _____ EXPLAIN: _____
WORK PHONE: _____
E-MAIL: _____

3. DATE OF BIRTH/DEATH: _____
NAME: _____
ADDRESS: _____ CHILD OF A
PRIOR MARRIAGE: YES _____ NO _____
ADOPTED CHILD: YES _____ NO _____
HOME PHONE: _____ DOES THIS CHILD
HAVE SPECIAL NEEDS: YES _____ NO _____
CELL PHONE: _____ EXPLAIN: _____
WORK PHONE: _____
E-MAIL: _____

MAKE COPIES OF THIS SHEET AND ATTACH AS NECESSARY

V. ASSETS

A. SUMMARY STATEMENT

Asset	“C” - Client “S” - Spouse/Other “J” - Joint “T” - Trust	Financial Institution	Amount (Cash Value for Life Insurance)
CHECKING/SAVINGS			
BROKERAGE ACCOUNTS			
INDIVIDUAL STOCKS AND BONDS			
RETIREMENT ACCOUNTS			
LIFE INSURANCE			
ANNUITIES – NON QUALIFIED			
ANNUITIES – QUALIFIED			

B. REAL ESTATE (PROVIDE COPIES OF DEEDS)

Owner	Address	Fair Market Value	Mortgage Balance	Cost Basis

V. INCOME

A. SUMMARY STATEMENT

Type	“C” - Client “S” - Spouse/Other “J” - Joint “T” - Trust	Payor	Amount
SOCIAL SECURITY	_____	_____	_____
PENSION	_____	_____	_____
RENTAL INCOME	_____	_____	_____
ANNUITIES - QUALIFIED	_____	_____	_____
ANNUITIES – NON QUALIFIED	_____	_____	_____
REQUIRED MINIMUM DISTRIBUTION	_____	_____	_____
OTHER	_____	_____	_____

VI. PROFESSIONAL ADVISORS

* WE SOMETIMES NEED TO COMMUNICATE WITH YOUR TAX PREPARER AND/OR FINANCIAL ADVISOR IN ORDER TO EXPLAIN YOUR PLANNING. PLEASE PROVIDE THEIR CONTACT INFORMATION BELOW.

TAX PREPARER CONTACT INFORMATION

FINANCIAL ADVISOR CONTACT INFORMATION

NAME: _____

NAME: _____

COMPANY: _____

COMPANY: _____

ADDRESS: _____

ADDRESS: _____

WORK PHONE: _____

WORK PHONE: _____

E-MAIL: _____

E-MAIL: _____

C. TRUSTEE (SPECIFY TYPE OF TRUST HERE _____)

*** MAKE ADDITIONAL COPIES OF THIS SECTION IF WE ARE PREPARING MULTIPLE TRUSTS AND YOU ARE NOMINATING DIFFERENT TRUSTEES OF EACH TRUST**

A Trustee is responsible for carrying out the terms of a trust. There are many types of trust. Common types of trust that we may be preparing are revocable trusts to avoid probate; Medicaid trusts for asset protection purposes; underage beneficiary trusts for minor beneficiaries and supplemental needs trust for disabled beneficiaries. If applicable to your planning, who would you like to nominate as Trustee?

1. _____ 2. _____
(PRIMARY) (SUCCESSOR)

OR

1. (PRIMARY)	2. (SUCCESSOR)
NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
_____	_____
HOME PHONE: _____	HOME PHONE: _____
CELL PHONE: _____	CELL PHONE: _____
WORK PHONE: _____	WORK PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

D. POWER OF ATTORNEY AND STATUTORY GIFTS RIDER

An agent under a power of attorney and statutory gifts rider steps into your shoes for financial purposes and can generally do anything you can do from a financial perspective, especially if you lose your capacity. If applicable to your planning, who would you like to nominate as agent?

1. _____ 2. _____
(PRIMARY) (SUCCESSOR)

OR

1. (PRIMARY) 2. (SUCCESSOR)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

E. HEALTH CARE PROXY

An agent under a health care proxy can make medical decision on your behalf if you cannot. If applicable to your planning, who would you like to nominate as health care agent?

1. _____ 2. _____
(PRIMARY) (SUCCESSOR)

OR

1. (PRIMARY) 2. (SUCCESSOR)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

HOME PHONE: _____ HOME PHONE: _____

CELL PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK PHONE: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

