



ESTATE PLANNING QUESTIONNAIRE

For Office Use Only

Agent: _____

Date Submitted: _____

CLIENT INFORMATION

Client Name: _____

Phone: _____ DOB: _____

Address: _____

City, State, Zip: _____

Email: _____

SPOUSE INFORMATION

Spouse Name: _____

Phone: _____ DOB: _____

Address: _____

City, State, Zip: _____

Email: _____

Please complete the below information and list the year that the documents were last revised:

Document	In Place?	Date
Will	___ Yes ___ No	
Power of Attorney (POA)	___ Yes ___ No	
Living Will	___ Yes ___ No	
Medical POA	___ Yes ___ No	
HIPAA	___ Yes ___ No	

Please complete the below information and list the year that the documents were last revised:

Document	In Place?	Date
Will	___ Yes ___ No	
Power of Attorney (POA)	___ Yes ___ No	
Living Will	___ Yes ___ No	
Medical POA	___ Yes ___ No	
HIPAA	___ Yes ___ No	

TRUSTS

Please provide information regarding any Trusts that you or your spouse currently have.

Trust Name	Date	Type / Purpose	Additional Notes

ESTATE INFORMATION

Do you currently have an attorney? ___ Yes ___ No If yes, list attorney's contact information below.

Name: _____ Phone #: _____

Company _____ Email: _____

List any major life changes since you have last updated your documents (marriage, divorce, children, retirement, etc.):

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ASSET INFORMATION

Please list all information as it relates to any life insurance policies on you and your spouse (if applicable).

Policy Owner	Amount	Policy Type	Beneficiary and %	Company	Policy Date

Please list an estimated value for the assets listed below. Use additional space provided if needed.

Asset	Owner	Value
Primary Residence		
Vacation Home		
Investment Property (1)		
Investment Property (2)		
Investment Property (3)		
Qualified Annuity (1)		
Qualified Annuity (2)		
Personal Property Total		

Asset	Owner	Value
Employer Plan (401k)		
Employer Plan (401k)		
Client IRA (total)		
Spouse IRA (total)		
Other:		
Other:		
Other:		
Other:		

Estimated Net Worth: _____

ADDITIONAL INFORMATION

Do you want 100% of your assets transferred to your Spouse? ___ Yes ___ No

Provide a summary of the current Contingent Beneficiaries on your current insurance policies, retirement plans, and annuities.

Do you have minor children? ___ Yes ___ No

Do you have any adult children? ___ Yes ___ No

Are you currently involved in gifting programs to your children or grandchildren? ___ Yes ___ No If yes, provide details below:

In the event of an emergency, do all your family members over the age of 18 have a power of attorney for health care and financial decision? ___ Yes ___ No Are you named in that POA? ___ Yes ___ No ___ Some ___ Uncertain

List your top 3 planning objectives:

- 1) _____
- 2) _____
- 3) _____