

# Advanced Planning Confidential Questionnaire - Personal Planning



AGENT	Name: _____ Agent Code: _____ GO Name: _____ 2nd Agent: _____ Agent Code: _____ GO Name: _____ Phone (w): _____ Phone (c): _____ Highest Level of Council: _____ Year(s) Achieved: _____ CA/ AR Insurance License # (Required for all California/Arkansas Clients): _____ Eagle IAR?:    Yes    No    Registered Rep.:    Yes    No Agent Address: _____ _____
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## GENERAL INFORMATION

- Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
 State of Domicile: \_\_\_\_\_ U.S. Citizen?  Yes  No (If No, list country: \_\_\_\_\_ )  
 Occupation: \_\_\_\_\_ Health: \_\_\_\_\_  Smoker  Non-Smoker
- Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
 State of Domicile: \_\_\_\_\_ U.S. Citizen?  Yes  No (If No, list country: \_\_\_\_\_ )  
 Occupation: \_\_\_\_\_ Health: \_\_\_\_\_  Smoker  Non-Smoker

3. Children & Other Beneficiaries:

Name	Age	Relation*	Status (S/M/D**)	Estimated Income	Net Worth	# of Children

\* **C**hildren      **G**randchildren      **O**ther (please specify if from **P**rior marriage and/or **A**dopted)  
 \*\* **S**ingle      **M**arried      **D**ivorced

- If you or your spouse have been previously married, please list any children of the marriage(s) and describe any on-going obligations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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5. Clients' Parents:

	Living?	Age	Health	Dependent on You for Support?	Potential Inheritance?
Client's Father	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	
Client's Mother	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	
Spouse's Father	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	
Spouse's Mother	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No	

6. Have you and your spouse lived in a Community Property state while married?  Yes  No

AK\* AZ CA ID LA NM NV TX WA WI Years \_\_\_\_\_

\*Alaska is a Community Property state if parties voluntarily elect it

**CURRENT PLANNING DOCUMENTS**

7. Estate Planning Documents: If your client or client's spouse has any of the following documents, please enter the requested details in the applicable sections.

	Client	Spouse
<b>Will</b>	Date: __/__/____ State: _____ Terms: <input type="checkbox"/> Simple <input type="checkbox"/> Credit Shelter <input type="checkbox"/> Pour-Over Marital Deduction: <input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> QTIP <input type="checkbox"/> DSUE, Amount _____	Date: __/__/____ State: _____ Terms: <input type="checkbox"/> Simple <input type="checkbox"/> Credit Shelter <input type="checkbox"/> Pour-Over Marital Deduction: <input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> QTIP <input type="checkbox"/> DSUE, Amount _____
<b>Revocable Trust</b>	Date: __/__/____ State: _____ Terms: <input type="checkbox"/> Simple <input type="checkbox"/> Credit Shelter <input type="checkbox"/> Pour-Over Marital Deduction: <input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> QTIP <input type="checkbox"/> None	Date: __/__/____ State: _____ Terms: <input type="checkbox"/> Simple <input type="checkbox"/> Credit Shelter <input type="checkbox"/> Pour-Over Marital Deduction: <input type="checkbox"/> Outright <input type="checkbox"/> Trust <input type="checkbox"/> QTIP <input type="checkbox"/> None
<b>Power of Attorney</b>	Date: __/__/____	Date: __/__/____
<b>Health Care Proxy/Power</b>	Date: __/__/____	Date: __/__/____
<b>Living Will</b>	Date: __/__/____	Date: __/__/____
<b>Irrevocable Life Insurance Trust</b>	Date: __/__/____	Date: __/__/____

8. Please describe any pre-nuptial or post-nuptial agreements held by you or your spouse: \_\_\_\_\_

9. Other Documents: \_\_\_\_\_

**ADVISOR INFORMATION**

10. Attorney: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

11. Accountant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

12. Other Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

13. Which of the above advisors will participate in your planning? \_\_\_\_\_

14. Is he/she an Estate & Trust Specialist?  Yes  No

15. May we call him/her to discuss your planning with you on the line?  Yes  No

**FINANCIAL INFORMATION**

**16. Assets**

	<i>Client(s) Name or Initials</i>	<i>Agent Name</i>		
	Market Value*	Cost Basis (if available)	Owner**	Growth Rate (if different than overall rate in Question #19)
<i>Cash Equivalents:</i>				
<i>Marketable Securities:</i>				
<i>Residence(s):</i>				
<i>Real Estate Investments:</i>				
<i>Business Interests**:</i>				
<i>Other Investments:</i>				
<i>Antiques &amp; Collectibles:</i>				
<i>Personal Prop. &amp; Autos:</i>				

\*REQUIRED (estimation is acceptable)

\*\*OWNER: H (Husband), W (Wife), J (Joint), TC (Tenants-In-Common), CP (Community Property), TO (Trust Officer)

**17. Assets (cont'd) – Retirement Accounts & Annuities\***

	Current Value	Basis	Owner/ Participant	Designated Beneficiary
<b>TOTAL</b>				

\*Please attach statement(s) if available & include type, e.g.: IRA, Roth IRA, SEP, SAR-SEP, TSA, Profit Sharing, Pension Plan, 401(k), Annuity, Non-Qualified Deferred Compensation, Non-Qualified Annuity, etc.

**18. Liabilities**

<i>Collateral</i>	<i>Principal Balance</i>	<i>Interest Rate</i>	<i>Maturity Date</i>	<i>Total Annual Payment</i>
Loans:				
Other Debts:				
<b>TOTAL</b>				

- 19. Net Worth is expected to grow at \_\_\_\_% per year (3% - 6% is customary). Or enter individual growth rate in Q16.
- 20. Client Preference for Estate Tax Computation:  0 growth  5 yrs  10 yrs  15 yrs  20 yrs (if under age 55)
- 21. List specific highly appreciating assets for potential transfer options: \_\_\_\_\_  
\_\_\_\_\_
- 22. List any real estate owned outside the state or country, and its location (administration complexity): \_\_\_\_\_  
\_\_\_\_\_

**23. Life Insurance**

Type <small>(e.g. WL, VUL, Term, etc.)</small>	Insurance Provider	Owner	Insured	Beneficiary	Keep?*	Cash Value	Policy Loan	Annual Premium	Net Benefits at Death

\*Click if owner wants to keep/retain for cash value access (example: owner wants to retain his/her SLIRP for retirement income & does not wish to move the policy to an ILIT or SLAT, due to complexity or significant cash value of the gift)

**Totals**

**Total Assets:** ..... \_\_\_\_\_

**- Total Liabilities:** ..... \_\_\_\_\_

**= Net Worth:** ..... \_\_\_\_\_

**+ Life Insurance:** ..... \_\_\_\_\_

**= Taxable Estate:** ..... \_\_\_\_\_

24. How would you rate the general level of your investment knowledge?

**Client:**  High  Medium  Low      **Spouse:**  High  Medium  Low

25. Annual Income

**Client:** (earned W-2 income) \_\_\_\_\_ + (all other) \_\_\_\_\_ = (total) \_\_\_\_\_

**Spouse:** (earned W-2 income) \_\_\_\_\_ + (all other) \_\_\_\_\_ = (total) \_\_\_\_\_

**Total Gross Income:** \_\_\_\_\_

Marginal Income Tax Rates: Fed. \_\_\_\_\_% State: \_\_\_\_\_% **Net Annual Income:** \_\_\_\_\_

26. How much **discretionary income** do you have? (net income exceeding lifestyle expenses) \_\_\_\_\_

27. Will your **earnings/income change significantly** over the next several years? If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

28. Please describe any **significant financial events** you foresee occurring in the next few years (i.e., sale of capital assets, sale of home, IRA distributions, children entering college, parental care): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Planned age of retirement: Client: \_\_\_\_\_ Spouse: \_\_\_\_\_ Why? \_\_\_\_\_

30. **Pre-tax** retirement income needed for lifestyle: \$ \_\_\_\_\_

**CURRENT & FUTURE ESTATE PLANNING**

31. What are your overall estate planning **objectives**? Is there anything you'd like to change in current plan? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Please mark any important planning needs / concerns:

- Long Term Care Needs       Income Needs of Loved Ones       Provide Special Care for Someone
- Provide Equally for Children       Provide for Grandchildren       Provide for Others (not descendants)
- Annual Exclusion Gifting       Prior Taxable Gifts (if so, please note year and amount below)
- Charitable Gifting       Low Basis Assets (Below 50%)
- Financial Concerns for Children/Others (spending, divorce, creditors, lifestyle, etc.)

Explanatory notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

