

Confidential Estate Planning Profile

Prepared for:

Prepared by:

Contents	Page
Personal Information	2
Family Information	3
Current Estate Plan	4
Inventory of Assets	5
Inventory of Liabilities	6
Life Insurance Inventory	7
Employee Benefit Plans	8
Professional Advisors	9
Planning Priorities and Objectives	10 - 11
Financial Information	12
Business Ownership Information	13
Document Checklist	14
Important Information	15

Personal Information

Husband

Name: _____ Date of Birth: ___/___/___
Height/Weight: ___ft___inches/___lbs. Tobacco Use?: Yes No
Social Security No.: _____ U.S. Citizen?: Yes No
Cell Phone No.: _____ Personal E-Mail: _____
Occupation: _____ Hazardous?: Yes No
Employer: _____ Title: _____
Annual Compensation: _____ Year Started.: _____
Business Address: _____
Business Phone No.: _____ Business E-Mail: _____
Paying Alimony?: Yes No Amount? _____ For How Long? _____
Paying Child Support?: Yes No Amount? _____ For How Long? _____

Wife

Name: _____ Date of Birth: ___/___/___
Height/Weight: ___ft___inches/___lbs. Tobacco Use?: Yes No
Social Security No.: _____ U.S. Citizen?: Yes No
Cell Phone No.: _____ Personal E-Mail: _____
Occupation: _____ Hazardous?: Yes No
Employer: _____ Title: _____
Annual Compensation: _____ Year Started.: _____
Business Address: _____
Business Phone No.: _____ Business E-Mail: _____
Paying Alimony?: Yes No Amount? _____ For How Long? _____
Paying Child Support?: Yes No Amount? _____ For How Long? _____

Marriage

Date of Marriage: _____
Is there a pre- or post-nuptial agreement? Yes No

Residence

Street Address: _____
City, State, Zip: _____
Phone No.: _____

Family Information

Children						
Name	Date of Birth	Marital Status (S, M or D)			Any Children? (Y or N)	
_____	___/___/____	S	M	D	Y	N
_____	___/___/____	S	M	D	Y	N
_____	___/___/____	S	M	D	Y	N
_____	___/___/____	S	M	D	Y	N
_____	___/___/____	S	M	D	Y	N

Husband's Family				
	Name	Age	Estimated Net Worth	Any Support Provided?
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Other	_____	_____	_____	_____

Wife's Family				
	Name	Age	Estimated Net Worth	Any Support Provided?
Father	_____	_____	_____	_____
Mother	_____	_____	_____	_____
Other	_____	_____	_____	_____

Other Dependents			
Name	Age	Relationship	Any Support Provided?
_____	_____	_____	_____
_____	_____	_____	_____

Gifts and Inheritances	
Does the husband expect to receive any gifts or inheritances?	Yes No
If so, from whom? _____	For how much? _____
Does the wife expect to receive any gifts or inheritances?	Yes No
If so, from whom? _____	For how much? _____

Special Needs
Are there any dependents with disabilities/special needs? If so, who? What estate planning provisions have been/should be made?

Current Estate Plan

Wills		
	Yes	No
Does the husband have a will?		
Does the wife have a will?		
Date written/last reviewed: _____/_____/_____		
Trusts		
	Husband	Wife
Type of Marital Deduction Clause:		
None		
100% to Surviving Spouse		
Credit Trust (Optimal)		
Specific Dollar Amount	_____	_____
Specific Percentage of Estate	_____%	_____%
Other: _____		
Has a guardian/caretaker been named for minor children?	Yes	No
Who?: _____		
Has a caretaker been named for any pets?	Yes	No
Who?: _____		
Gifts		
	Yes	No
Does the husband have a trust?		
Type: _____		
Purpose: _____		
Beneficiaries: _____		
Assets/Value: _____		
Does the wife have a trust?		
Type: _____		
Purpose: _____		
Beneficiaries: _____		
Assets/Value: _____		
Gifts		
	Husband	Wife
Pre-1977 Taxable Gifts:		
Total Amount Given	_____	_____
Gift Taxes Paid	_____	_____
Post-1976 Taxable Gifts:		
Total Amount Given	_____	_____
Gift Taxes Paid	_____	_____
Planned Future Gifts to: _____	_____	_____
Planned Charitable Bequests to: _____	_____	_____

Inventory of Assets

Assets (Valued at Today's Fair Market Value)						
Type of Asset	Owned by:				Available to Pay Estate Settlement Costs?	
	Husband	Wife	Joint Tenancy	Community Property		
Cash and Savings:						
Checking Account(s)	_____	_____	_____	_____	Y	N
Savings Account(s)	_____	_____	_____	_____	Y	N
CDs	_____	_____	_____	_____	Y	N
Savings Bonds	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Investments:						
Stocks	_____	_____	_____	_____	Y	N
Bonds	_____	_____	_____	_____	Y	N
Mutual Funds	_____	_____	_____	_____	Y	N
Limited Partnerships	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Real Estate:						
Residence	_____	_____	_____	_____	Y	N
Vacation Home	_____	_____	_____	_____	Y	N
Rental/Investment	_____	_____	_____	_____	Y	N
Farm/Ranch	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Business Interests:						
Business Value	_____	_____	_____	_____	Y	N
Machinery/Equipment	_____	_____	_____	_____	Y	N
Accounts Receivable	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Benefit Plans:						
Survivor Benefits	_____	_____	_____	_____	Y	N
Vested Pension Benefits	_____	_____	_____	_____	Y	N
IRA(s)	_____	_____	_____	_____	Y	N
Annuities	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Personal Property:						
Household Goods	_____	_____	_____	_____	Y	N
Cars/Boats	_____	_____	_____	_____	Y	N
Jewelry/Furs	_____	_____	_____	_____	Y	N
Collectibles	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Total Assets:	_____	_____	_____	_____		

Inventory of Liabilities

Liabilities						
Type of Liability	Owed by:				To Be Paid at Death?	
	Husband	Wife	Joint Tenancy	Community Property		
Mortgages	_____	_____	_____	_____	Y	N
Installment Loans	_____	_____	_____	_____	Y	N
Charge Accounts	_____	_____	_____	_____	Y	N
Credit Cards	_____	_____	_____	_____	Y	N
Personal Notes	_____	_____	_____	_____	Y	N
Business Debt	_____	_____	_____	_____	Y	N
Accounts Payable	_____	_____	_____	_____	Y	N
Other: _____	_____	_____	_____	_____	Y	N
Total Liabilities:	_____	_____	_____	_____		
Notes						

Life Insurance Inventory

On Husband's Life					
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company	_____	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____	_____
Type	_____	_____	_____	_____	_____
Death Benefit	_____	_____	_____	_____	_____
Premium	_____	_____	_____	_____	_____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____	_____
Outstanding Loan	_____	_____	_____	_____	_____
On Wife's Life					
	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company	_____	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____	_____
Type	_____	_____	_____	_____	_____
Death Benefit	_____	_____	_____	_____	_____
Premium	_____	_____	_____	_____	_____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Cash Value	_____	_____	_____	_____	_____
Outstanding Loan	_____	_____	_____	_____	_____
Notes					

Employee Benefit Plans

Retirement Benefits: Husband					
Entitled to Benefits from:	Projected Retirement Benefit	Death Benefit	% Vested	Present Value	Annual Contribution (if any)
Defined Benefit Plan	_____	_____	____%	_____	_____
Defined Contribution Plan	_____	_____	____%	_____	_____
Profit-Sharing Plan	_____	_____	____%	_____	_____
401(k) Plan	_____	_____	____%	_____	_____
SEP Plan	_____	_____	____%	_____	_____
IRA	_____	_____	____%	_____	_____
Non-Qualified Deferred Compensation	_____	_____	____%	_____	_____
Veterans Benefits	_____	_____	____%	_____	_____
Other: _____	_____	_____	____%	_____	_____
Retirement Benefits: Wife					
Entitled to Benefits from:	Projected Retirement Benefit	Death Benefit	% Vested	Present Value	Annual Contribution (if any)
Defined Benefit Plan	_____	_____	____%	_____	_____
Defined Contribution Plan	_____	_____	____%	_____	_____
Profit-Sharing Plan	_____	_____	____%	_____	_____
401(k) Plan	_____	_____	____%	_____	_____
SEP Plan	_____	_____	____%	_____	_____
IRA	_____	_____	____%	_____	_____
Non-Qualified Deferred Compensation	_____	_____	____%	_____	_____
Other: _____	_____	_____	____%	_____	_____
Other Benefit Plans: Husband and Wife					
Type of Benefit Plan	Husband		Wife		
	Covered?	Value at Death	Covered?	Value at Death	
Split Dollar Plan		_____		_____	
Reverse Split Dollar Plan		_____		_____	
Death Benefit Only Plan		_____		_____	
Stock Option Plan		_____		_____	
Veterans Benefits		_____		_____	
Other: _____		_____		_____	

Professional Advisors

Attorney: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
Accountant: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
Life Insurance Agent: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
P&C Insurance Agent: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
Stockbroker: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
Financial Planner: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
Trust Officer: _____ Firm Name: _____ Phone: _____ Street Address: _____ City, State, Zip: _____
With whom do you consult before making a financial decision? _____

Planning Priorities and Objectives

To Provide for Survivor Cash Needs		
	At Husband's Death	At Wife's Death
Final Expense Fund <ul style="list-style-type: none"> ➤ Medical Expenses ➤ Funeral Expenses ➤ Debt Liquidation ➤ Estate Settlement Costs ➤ Federal and State Death Taxes ➤ Bequests 	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Housing Fund <ul style="list-style-type: none"> ➤ Mortgage Liquidation; or ➤ Rent Payment Fund 	_____ _____ per mo.	_____ _____ per mo.
Education Fund <ul style="list-style-type: none"> ➤ Per Child Funding; or ➤ Lump Sum Funding 	_____ per child _____	_____ per child _____
Emergency Fund	_____	_____
Personal Services Fund <ul style="list-style-type: none"> ➤ Child Care ➤ Household Duties ➤ Home and Yard Maintenance 	_____ _____ _____	_____ _____ _____
To Provide for Survivor Income Needs		
At Husband's Death	At Wife's Death	
Monthly Survivor Income Objective: To Wife with Dependent Children _____ To Wife Alone _____ Husband Covered by Social Security? Yes No	Monthly Survivor Income Objective: To Husband with Dependent Children _____ To Husband Alone _____ Wife Covered by Social Security? Yes No	
To Provide for a Comfortable Retirement		
Planned Retirement Age:	Husband _____	Wife _____
Monthly Retirement Income Objective:		_____

Planning Priorities and Objectives

To Provide for Funds in the Event of a Disability				
Monthly Disability Income Objective: <p style="text-align: center;">OR</p> Disability Income Replacement Percentage: Currently Available Short-Term Disability Income: Currently Available Long-Term Disability Income: Covered by Social Security?:	Husband	Wife		
	_____	_____		
	_____ %	_____ %		
	_____	_____		
	_____	_____		
	Y N	Y N		
To Provide Education Funding				
Child's Name	Age Funding to Begin	Years of Funding	Annual Education Costs	Any Current Per Child Savings *
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
* Alternatively, Current Family Education Fund Balance _____				
To Achieve Specific Estate Planning Objectives				
	High Priority	Medium Priority	Low Priority	No Priority
Reducing Estate Settlement Costs				
Providing Sufficient Estate Liquidity				
Preserving the Value of the Estate				
Planning for Orderly Disposition of a Business Interest				
Making Specific Bequests				
Other: _____				
In your own words, what is your most important estate planning objective?				

Financial Information

Current Monthly Income		
	Husband	Wife
Salary/Bonus:	_____	_____
Commissions:	_____	_____
Dividends/Interest:	_____	_____
Rent:	_____	_____
Salary/Bonus:	_____	_____
Other: _____	_____	_____

Investment Philosophy

Which Statement Best Describes the Client's Tolerance for Investment Risk?

Willing to accept reduced growth potential in return for preservation of principal (*low risk tolerance*).

Willing to accept some risk of loss of principal in return for moderate growth potential (*moderate risk tolerance*).

Willing to accept higher risk of loss of principal in return for higher growth potential (*high risk tolerance*).

Notes

Business Ownership Information

(To Be Completed by Business Owners Only)


Business Information	
Name of Business:	_____
Street Address:	_____
City, State, Zip:	_____
Business Phone Number:	_____
Business Fax Number:	_____
Business E-Mail Address:	_____

Ownership Information			
Type of Business:	<p style="margin-left: 20px;">Sole Proprietorship</p> <p style="margin-left: 20px;">Partnership</p> <p style="margin-left: 20px;">Corporation</p> <p style="margin-left: 20px;">S-Corporation</p> <p style="margin-left: 20px;">Professional Corporation</p> <p style="margin-left: 20px;">Limited Liability Company</p>		
Percent of Ownership:	_____%		
Estimated Value:	_____		
Is there a business continuation agreement in effect?	<table style="margin-left: 20px; border: none;"> <tr> <td style="width: 100px;">Yes</td> <td style="width: 100px;">No</td> </tr> </table>	Yes	No
Yes	No		
Are there other business planning needs?	<table style="margin-left: 20px; border: none;"> <tr> <td style="width: 100px;">Yes</td> <td style="width: 100px;">No</td> </tr> </table>	Yes	No
Yes	No		

Document Checklist

Legal Documents			
Wills Trusts Pre- or Post-Nuptial Agreement Other: _____		Husband	Wife
Tax Returns			
Personal Income Tax Returns Gift Tax Returns Other: _____		Husband	Wife
Employee Benefit Booklets			
Pension and/or Profit-Sharing Plan 401(k) Plan Group Insurance Disability Insurance Other: _____		Husband	Wife
Insurance Policies			
Husband		Wife	
Company	Policy No.	Company	Policy No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Business Ownership			
Buy-Sell Agreement Section 303 Stock Redemption Agreement Previous Business Valuation/Appraisal Business Tax Returns Other: _____		Husband	Wife

Received by: _____ Date: _____



This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.

© VSA, LP All rights reserved (VSA ff-06 ed. 08-09)