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**Confidential**

**Estate Review & Analysis**

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# Personal Information

Client	Spouse
Name:	Name:
Date of Birth:	Date of Birth:
Annual Earned Income: \$ _____; Increase _____% Other Annual Income: \$ _____; Increase _____% Annual Expenses \$ _____; Increase _____%	Annual Earned Income: \$ _____; Increase _____% Other Annual Income: \$ _____; Increase _____% Annual Expenses \$ _____; Increase _____%
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No US Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No US Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	Occupation:
Former Marriages <input type="checkbox"/> Yes <input type="checkbox"/> No Children by Former Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Nuptial Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____	Former Marriages <input type="checkbox"/> Yes <input type="checkbox"/> No Children by Former Marriage <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Nuptial Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____
Do You Have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Will Created: _____ Provisions of Will: <input type="checkbox"/> Simple (All To Spouse/Children) <input type="checkbox"/> Credit Shelter/By-Pass Trust <input type="checkbox"/> Qualified Terminable Interest (QTIP) <input type="checkbox"/> Other (Describe) _____	Do You Have a Will? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Will Created: _____ Provisions of Will: <input type="checkbox"/> Simple (All To Spouse/Children) <input type="checkbox"/> Credit Shelter/By-Pass Trust <input type="checkbox"/> Qualified Terminable Interest (QTIP) <input type="checkbox"/> Other (Describe) _____
Have you created any trusts or implemented any other planning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable Living Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Charitable Gifts or Bequests <input type="checkbox"/> Other (Describe) _____	Have you created any trusts or implemented any other planning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable Living Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Charitable Gifts or Bequests <input type="checkbox"/> Other (Describe) _____
Have You Made Any Lifetime Gifts <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount of Taxable Gifts \$ _____	Have You Made Any Lifetime Gifts <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Amount of Taxable Gifts \$ _____
Inheritances: _____	Inheritances: _____
<b>Address:</b>	
<b>City</b>	<b>State</b>
<b>Zip Code</b>	
<b>Phone Number(s) Home:</b>	<b>Business</b>

Names of Children	Age	Parent of Child (Both/Husband/Wife)	Marital Status	Ages of Grandchildren	Active in Family Business Y / N

# Inventory of Assets & Liabilities

## *Cash & Savings (Savings, CD's, Money Market Acct., etc.)*

<u>Description</u>	<u>Owner*</u>	<u>Current Value</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
_____	_____	\$ _____ %	_____ %	_____ %
_____	_____	\$ _____ %	_____ %	_____ %
_____	_____	\$ _____ %	_____ %	_____ %
_____	_____	\$ _____ %	_____ %	_____ %

## *Investments (Mutual Funds, Publicly Traded Stocks, Bonds, etc.)*

<u>Description</u>	<u>Owner*</u>	<u>Cost Basis</u>	<u>Market Value</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %

## *Real Estate*

<u>Description</u>	<u>Owner*</u>	<u>Cost Basis</u>	<u>Market Value</u>	<u>Mortgage</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
Residence	_____	\$ _____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	\$ _____	_____ %	_____ %

## *Personal Property (Furnishings, Vehicles, Jewelry, Art & Collectibles, etc.)*

<u>Description</u>	<u>Owner*</u>	<u>Cost Basis</u>	<u>Market Value</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %
_____	_____	\$ _____	\$ _____	_____ %	_____ %

## *Retirement Plans (IRA, 401(k), Gov't. Plan, Deferred Compensation, etc.)*

<u>Type Of Plan</u>	<u>Participant</u>	<u>Current Account Value</u>	<u>Beneficiary</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
_____	_____	\$ _____	_____	_____ %	_____ %
_____	_____	\$ _____	_____	_____ %	_____ %
_____	_____	\$ _____	_____	_____ %	_____ %
_____	_____	\$ _____	_____	_____ %	_____ %

\*Owner: **H**-Husband    **W**-Wife    **J**-Joint    **C**-Community Property    **TC**-Tenants in Common

# Inventory of Assets & Liabilities

## *Closely Held Business Interests*

**Name Of Business:** \_\_\_\_\_

**Business Organization:**     Proprietorship       General Partnership       Limited Partnership  
     Ltd. Liability Co.       C Corporation       S Corporation

**Business Owners:**

<u>Name</u>	<u>Age</u>	<u>Ownership Percentage</u>	<u>Cost Basis</u>	<u>Market Value</u>	<u>Annual Income</u>	<u>Annual Appreciation</u>
_____	_____	_____ %	\$ _____	\$ _____	_____ %	_____ %
_____	_____	_____ %	\$ _____	\$ _____	_____ %	_____ %
_____	_____	_____ %	\$ _____	\$ _____	_____ %	_____ %
_____	_____	_____ %	\$ _____	\$ _____	_____ %	_____ %

**Estimated Total Value of Business:** \$ \_\_\_\_\_

**Business Buy-Sell Agreement?**     Yes Date of Agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_     No

Date of Valuation: \_\_\_\_/\_\_\_\_/\_\_\_\_

If Yes: Type of Agreement     Cross-Purchase Plan       Entity Plan       Other

What will happen to your business interest in the event of your:

Death? \_\_\_\_\_  
 Disability? \_\_\_\_\_  
 Retirement? \_\_\_\_\_

## *Personal Debts & Liabilities*

<u>Description</u>	<u>Debtor</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## *Life Insurance & Annuities*

<u>Type of Policy</u>	<u>Insured or Annuitant</u>	<u>Owner</u>	<u>Beneficiary</u>	<u>Total Death Benefit</u>	<u>Total Contract or Cash Value</u>
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	_____	\$ _____	\$ _____

# Goals & Objectives

***What are the client(s)' principal goals and objectives (check all that apply)?***

- |  |  |
|--|--|
| <input type="checkbox"/> Minimize Gift, Estate and Inheritance Taxes         | <input type="checkbox"/> Avoid Probate Administration of Estate    |
| <input type="checkbox"/> Creation of Family Legacy                           | <input type="checkbox"/> Retirement Plan Distribution Planning     |
| <input type="checkbox"/> Education Funding for Children, Grandchildren, etc. | <input type="checkbox"/> Charitable Gifts, Bequests & Philanthropy |
| <input type="checkbox"/> Reduce Income Taxes & Capital Gains Taxes           | <input type="checkbox"/> Estate Equalization Among Heirs           |
| <input type="checkbox"/> Business Continuation & Succession Planning         | <input type="checkbox"/> Additional Lifetime Income                |
| <input type="checkbox"/> Other _____   |  |

***Comments:*** \_\_\_\_\_

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## Client(s) Advisors

### Attorney:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### Accountant:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

### Agent/Producer Information

Name \_\_\_\_\_ Agency/Regional Office \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Instructions: This form should be completed and sent to the Advanced Sales Dept. C2J, Penn Mutual Life Insurance Company, 600 Dresher Road, Horsham, PA. 19044. Form can be faxed to (215) 956-7508 or e-mailed (addresses listed below). Form *must be fully and accurately completed - incomplete forms will be returned*. Attach additional sheets if necessary. Estate analysis and general recommendations, will be prepared within 7-10 days after all necessary information is received. Contact Advanced Sales Dept. at 1-800-818-8184.

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