



ESTATE PLANNING
INTAKE FORM

CLIENT #1

CLIENT #2

Name:

Name:

Name as you want it to appear on document, if different:

Mailing Address:

City:

State:

Zip:

Phone Number:

Phone Number:

Email Address:

Email Address:

Date of Birth:

Date of Birth:

US Citizen: Yes

No

Yes

No

Occupation:

Occupation:

Did you sign a pre- or post-marital agreement?:

Yes

No

Name of CPA/Accountant:

Referred by:

Is this an amendment or restatement of an existing trust?

Yes

No

FIDUCIARIES

Personal Representatives/Trustees - As Personal Representative, the people you name would be responsible for paying your last illness and burial expenses, probating any assets that you own outside of a Trust, and ensuring the appointment of the guardians and conservators of your minor children, if any. They were formally known as the “executors” of an estate. As Trustee, the people you name would be responsible for the management and investment of all Trust assets, including determining the amount and frequency of distribution to the beneficiaries of the Trust. These are the people who handle all business and financial decisions.

First:

Second:

Third:

Guardians (for minor and/or disabled children) - These individuals would be responsible for raising your minor children (children under 18) as well as any disabled children. Guardians would not be responsible for the assets you leave your children, unless they are also named the Trustees. They would be responsible for educational, housing, and medical decisions.

First:

Second:

Third:

FIDUCIARIES

Medical Power of Attorney - If you were physically unable to make medical decisions on your behalf during your lifetime (this may include consent to, refuse, or withdraw any healthcare such as care to prolong life), who would you want to make those decisions for you?

First for Client 1:

Phone Number:

Address:

Second for Client 1:

Phone Number:

Address:

First for Client 2:

Phone Number:

Address:

Second for Client 2:

Phone Number:

Address:

Life Support - Choose one of the following:

I choose to let my agent decide. I have chosen my agent carefully. I have talked with my agent about my health care wishes. I trust my agent to make the health care decisions for me that I would make under the circumstances.

I choose to prolong life. Regardless of my condition or prognosis, I want my health care team to try to prolong my life as long as possible within the limits of generally accepted health care standards.

I choose not to receive care for the purpose of prolonging life, including food and fluids by tube, antibiotics, CPR, or dialysis being used to prolong my life. I always want comfort care and routine medical care that will keep me as comfortable and functional as possible, even if that care may prolong my life.

Consent to Participate in Medical Research - I would like to participate in medical research or clinical trials, even if I may not benefit from the results.

Yes

No

Organ Donation - If I have not otherwise agreed to organ donation, I would like to donate my organs for the purpose of organ transplantation.

Yes

No

Cremation - I would like to be cremated instead of a traditional burial.

Yes

No

Financial Power of Attorney - Is there anyone you want to empower to make financial decisions on your behalf if you were incapacitated? (Note: A Financial Power of Attorney is a very powerful document and should only be given to individuals you have absolute confidence in. It is very beneficial if you are out of town or become disabled and cannot make such current decisions.) This is usually the same person as who you elect for your personal representative/successor trustee - the person who makes business/financial decisions after you pass away.

First:

Second:

Third:

GENERAL QUESTIONS

If You Have Children

At what age(s) or milestone (Ex. Graduate college, marriage, first house, etc.) do you want your children to be able to control assets you leave to them?

- Specific Age(s): _____

- Additional Instructions/Other Requests: _____

For Everyone

Common Disaster: If you and all the members of your immediate family (spouse, children, and grandchildren) were to die and there were still assets in your estate(s), the proceeds should go to (select one):

- Your extended family (default).
- Charity. If so, name(s) of charity(ies): _____

- Specific individuals. If so, whom? _____

ADDITIONAL INFORMATION NEEDED FROM ADVISOR

Balance Sheet - List of Assets, Liabilities, and Current Titling

Cash Flow Summary - Retirement Income Projections/Expectations

Operating Agreements for any Business Entities

Life Insurance Policy Statements

Existing Trust/Estate Planning Documents

Copies of Pre/Post Nuptial Agreements

Any Additional Relevant Information for Financial/Estate Planning

Do they have or need a gun trust? (Silencer, short barreled rifle, etc.)

Philanthropy goals

Blank rows for additional information.