

Law Firm of Gary C. Johnson

FACT FINDER



Client Name: _____

Advisor Name: _____

Date: _____

To My Valued Clients:

You have estate planning needs that are unique: you deserve to have an estate plan tailored specifically for you and your situation. I look forward to the opportunity to work with you in developing just such a plan. Whether your goals are tax savings, proper estate distribution, or other goals, I am confident we will form a plan to meet your needs.

Effective estate planning requires that all relevant information concerning your personal, family and financial situation be assembled. This form has been prepared to aid you in organizing that information. If insufficient space is provided for any information, please include it on a separate sheet. By accurately completing this worksheet you will be providing me with much of the background information concerning your estate that will assist me in providing the highest level of service to you. Please call me with questions.

The information must be as accurate as possible. If you are uncertain about exact information, tell your attorney that and give your best assessment. If your attorney believes that exact information is required, he or she will ask you to be more precise. You may provide as much or as little information as you want. We recognize that this questionnaire is a fairly intrusive document. Keep in mind, however, that the more complete the information is, the better it will equip you and your lawyer throughout the planning process to come up with the best possible estate planning alternatives. Feel free to copy pages to include more information.

Please attach photocopies of all supporting documents. **I DO NOT WANT ORIGINALS UNLESS I SPECIFICALLY ASK FOR THEM!!!** Feel free to attach additional information on separate sheets of paper.

CONFIDENTIALITY: As is true in any communication between a lawyer and a client, the information reported here will be held in strictest confidence and released to no one without your prior consent.

The information may be used to prepare a preliminary illustration. Any illustration provided will be designed to educate you, but will not represent a formal design recommendation, nor will it represent any particular product or investment.

Your attorney will use the information you provide to:

- Help you organize personal and financial information so you can assess your current estate plans and evaluate whether changes are desired or required
- Provide your attorney with the information needed to make a similar analysis
- Help you evaluate any planning recommendations. The estate plan is YOURS, not your attorney's, and you must be satisfied that it is workable.

WE WILL:

Discover

We will talk about where you are now and where you want to be. We will develop a partnership that best fits your needs

Consult

We will discuss your progress toward your goals, changes in your situation and opportunities that may be right for you.

Act

We will make decisions based on sound recommendations and we will take action to move you toward your legal and financial objectives.

Together, we will plan for your legacy.

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Checklist of What To Bring

Please bring the following items when you meet with us. Checkmark each item you bring.

- Completed this "Fact Finder"
- Latest paycheck stubs and bank statements.
- All pertinent information regarding present investments such as stocks, bonds, mutual funds, certificates, annuities, etc. (i.e. maturity dates, yields, copies of investment statements). These can be obtained from your broker, trust companies, investment companies, banks, and other agencies. Bring the most recent statements.
- Latest employee benefit statements and booklets.
- Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care, rental property, umbrella, funeral, etc.
- All pertinent and most recent information regarding mortgages or loans (i.e. original balance, current balance, interest rate, term, etc.) including credit card balances.
- Income tax returns (past three years). Also all gift tax returns, if applicable.
- Copies of legal documents (i.e. wills, trusts, pre and post nuptial agreements, divorce decrees, powers of attorney, Buy-Sell Agreement(s), etc.).
- Information on unique financial events or situations (i.e. major purchases, debt refinancing, expected inheritance, etc.).
- If applicable, business financial statements and tax returns for last two years, articles of incorporation, buy/sell agreement, and group employee benefit package.
- All pertinent information regarding assets owned by dependent children or parents that will be used to meet goals.
- Pension plans, 401(k) and other qualified plans.
- Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), plot deeds, etc.
- Existing Financial Plan, if any.
- Other relevant documents

Directions Complete this form by supplying your best estimate of the fair market value of the categories of assets and liabilities listed below. If you have a recent personal financial statement, you may include that with this checklist.

Your Personal Information

Personal Information

| | Client 1 (Include whether US Citizen Y or N ¹) | Client 2 (Include whether US Citizen Y or N ²) please include maiden name |
|---|---|---|
| Name (full legal name) | _____ | _____ |
| Preferred name (nickname) | _____ | _____ |
| Home address NOTE: if you live elsewhere for part of the year, please identify where else and for what periods of time. | _____ _____ _____ | _____ _____ _____ |
| Home phone | _____ | _____ |
| Birth date/Place of Birth | _____ | _____ |
| Social Security Number | _____ | _____ |
| Drivers License Number | _____ | _____ |
| FAX/Email | _____ | _____ |

Employer Information

| | Client 1 | Client 2 |
|---|--|--|
| Employment Status | Employed * Self-employed * Retired Include years of service | Employed * Self-employed * Retired Include years of service |
| Occupation (if retired, previous occupation) and Title | _____ | _____ |
| Employer name | _____ | _____ |
| Employer address | _____ _____ _____ | _____ _____ _____ |
| Business phone | _____ | _____ |
| FAX/Email | _____ | _____ |

Family Members

Include children and other persons who rely on you for their support. \ Please identify whether they are (N) natural, (A) adopted or (T) not adopted but you are responsible for them. Also state whether (M) married or (S) single. \ Please provide their contact information on a separate sheet of paper if they do not live with you. Please identify if any child has any special health or disability needs. \ Identify if they are children of a prior marriage with the previous spouse's name and contact information.

Do You expect more children?

Please include place of birth on a separate sheet of paper and a copy of their birth certificate.

Name

**Relationship to Client 1/Client 2;
Social Security Number**

Birthdate

¹ Identify nationality if not a U.S. citizen

² Identify nationality if not a U.S. citizen

| | | |
|-------|-------|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

OTHER POTENTIAL BENEFICIARIES

Include parents, siblings, grandparents, grandchildren, spouses of children, relatives, or others you or your spouse may desire to benefit. Include their contact information on a separate sheet of paper.

| Name | Relationship to Client 1/Client 2; Social Security Number | Birthdate |
|-------|--|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

DESIRED BENEFICIARIES

PRIMARY

We will discuss in greater detail the amounts and percentages to go to each beneficiary. Please input preliminary amounts and percentages.

Please identify, if you know, if GSTT or 50% charity rules apply

| Name | Relationship to Client 1/Client 2; Social Security Number | Birthdate |
|-------|--|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

SECONDARY

| Name | Relationship to Client 1/Client 2; Social Security Number | Birthdate |
|-------|--|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

TERTIARY

| Name | Relationship to Client 1/Client 2; Social Security Number | Birthdate |
|-------|--|----------------|
| _____ | _____ | ____/____/____ |
| _____ | _____ | ____/____/____ |

Your Assets Information

Income Information

Please attach most recent pay stubs, income statements*. Please indicate durations**.

| | Client 1 Value | Client 2 Value |
|--------------------------|----------------|----------------|
| Gross Employment | _____ | _____ |
| Taxable Self-Employment | _____ | _____ |
| Taxable IRA Distribution | _____ | _____ |
| Roth IRA Distribution | _____ | _____ |
| Other Taxable | _____ | _____ |
| Other Non-Taxable | _____ | _____ |

*Income Sources are: 1 - Alimony 2 - Bonus 3 - Child Support 4 - Inheritance 5 - Loan Receipts 6 - Part-Time Income 7 - Rental Income 8 - Royalties 9 - Self-Employment 10 - Other Taxable 11 - Other Tax Exempt 12 - Employment

How will this income be applied to other parts of the program? (Check one of the following)

_____ Apply Entered Income in All Years (This choice applies the entered gross income in all year)

_____ Apply Entered Income in Retirement Only (This choice applies the gross income in the Retirement years only)

_____ Apply Entered Income in Retirement and Entered Income Net of Expenses in Pre-Retirement (This choice applies entered income gross of expenses in the Retirement years, and net of expenses in the Pre-Retirement years.)

**Durations are: 1 - Owner Life 2 - Adjusted Owner Life 3 - Joint Life 4 - Period Certain 5 - Pre-Retirement 6 - Post-Retirement 7 - P/C Owner Death

_____ Do Not Apply Income to any Non Cash Flow Calculations (This choice applies the entered income into the Cash Flow analysis only, not into any other planning module)

Investments Information

Please attach most recent statements for all investments. Put total amounts in this worksheet. *Put more detail in Attachment A.*

Please identify estimated rate of return, if applicable.

| | Client 1 Value | Client 2 Value |
|------------------------------------|----------------|----------------|
| Checking Account(s) (avg. balance) | _____ | _____ |
| Money Market Account | _____ | _____ |
| Collectibles | _____ | _____ |
| Notes Receivable | _____ | _____ |
| CD's | _____ | _____ |
| Stocks | _____ | _____ |
| Bonds | _____ | _____ |
| Mutual Funds | _____ | _____ |

Partnerships

Trusts (include type: e.g. Crummey Trust, ILIT, GRUT, GRAT, Unified Credit, etc.)

Automobiles

Unlisted Securities (not publicly traded)

Equity In Business (esp. closely held businesses such as Family Limited Partnerships, S-Corporations, etc.)

Other (specify)

Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.
Please indicate both original cost ["basis"] and present fair market value.
If investment property, indicate your estimate of property and rental income/expenses growth rates.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

TE = Tenancy by the entirety
TC = Tenancy In Common
JT = Joint Tenancy
H = Husband Only
LT = Land Trust
W = Wife Only

Client 1/Value

Client 2/Value

Principal Residence

Secondary Residence(s)

Vacant Land

Commercial Property

Investment Real Estate (owned)

Investment Real Estate (leased)

Agricultural Property

Have you ever lived in or owned real estate in Arizona (), California (), Idaho (), Louisiana (), Nevada (), New Mexico (), Texas (), or Washington ()?

Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please identify if you have taken any loans against these policies.

Please identify if these policies have any "Accidental Death" provisions.

Put more detail in Attachment A

| Face Amount | Company | Insured | Beneficiary & Secondary Beneficiary | Owner |
|-------------|---------|---------|-------------------------------------|-------|
|-------------|---------|---------|-------------------------------------|-------|

LIFE

Term

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Whole

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Variable

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Universal

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Group

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

Disability

Individual

Group

Long Term Care

Individual

Group

Health/Major Medical

Individual

Group

Auto

Homeowners/Renters

Umbrella Policies

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Retirement Assets

Please identify if you have made any Grandfather Elections, SEPP, or other elections.

| Type/Account #/Trustee | Owner Client 1/Value | Owner Client 2/Value |
|---|----------------------|----------------------|
| 401(k)/403(b)/401(b) | | |
| Annuities (include beneficiary, payment per \$1,000, start date, guaranteed # of years, cost basis, and frequency) | | |
| IRA's | | |
| Roth IRA's | | |
| Keogh Plan | | |
| SEP Plan | | |
| SIMPLE Plan | | |
| Pension and Profit Sharing Plans | | |
| Deferred Compensation | | |
| Stock Options | | |
| Expected Inheritance (within next 10 years) | | |
| Trusts | | |
| QTIP's | | |
| Powers of Appointment | | |

Your Personal Liabilities Information

Liabilities Information

Please attach most recent statements for all liabilities. Put total amounts in this worksheet. Include Interest Rates and monthly payment obligation.

Please put joint liabilities in Client 1 column and ID as Joint. ID Client 1 sold obligations.

NOTE: Credit cards are often used to pay expenses. DO NOT PUT PAYMENTS IN BOTH LIABILITIES AND EXPENSES

Client 1

Client 2

Notes Payable

Automobile Loan(s)

Mortgage

Second Mortgage

Third Mortgage

Line Of Credit

Credit Card _____

Credit Card _____

Credit Card _____

Loans (include loans against your business, insurance and brokerage accounts)

Pledges to Charities

Other (specify)

Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

Please do NOT INCLUDE REAL ESTATE TAXES OR INSURANCE. This amount should be principal and interest only. NOT PITI.

Client 1/ Payment

Client 2/Payment

Principal Residence

Secondary Residence(s)

Investment Real Estate (owned)

Investment Real Estate (leased)

Partial Interests

Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

Type/Policy #/Insurance Co.

Client 1/ Payment

Client 2/Payment

Your Expenses Information

Expenses Information

Put MONTHLY amounts in here. Identify if you use YEARLY amounts. Please include estimated durations.**

*Expenses are: 1 - Alimony 2 - Car/Travel 3 - Charitable Gifts 4 - Dues and Memberships 5 - Fees 6 - Household 7 - Medical 8 - Other Insurance Premiums 9 - Property Taxes 10 - Recreation/Entertainment 11 - Rent 12 - Other

**Durations are: 1 - Owner Life 2 - Adjusted Owner Life 3 - First Life 4 - Adjusted First Life 5 - Joint Life 6 - Adjusted Joint Life 7 - Period Certain 8 - Pre-Retirement 9 - post-Retirement 10 - P/C Owner Death

Client 1

Client 2

| | | |
|---|-------|-------|
| Cable / TV / On - Line | _____ | _____ |
| Dining | _____ | _____ |
| Dues | _____ | _____ |
| Entertainment | _____ | _____ |
| Gift to charities | _____ | _____ |
| Gifts to family and others | _____ | _____ |
| Hobbies | _____ | _____ |
| Recreation | _____ | _____ |
| Subscriptions | _____ | _____ |
| Travel | _____ | _____ |
| Other Discretionary: Pets | _____ | _____ |
| Other Discretionary: Allowances | _____ | _____ |
| Other Discretionary: Kids Sports / Adult Sports | _____ | _____ |
| Other Discretionary: Cigars/Cigarettes | _____ | _____ |
| Other Discretionary: | _____ | _____ |
| Other Discretionary: | _____ | _____ |
| Other Discretionary: | _____ | _____ |
| Other Discretionary: | _____ | _____ |

Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

Client 1

Client 2

| | | |
|---------------------------------------|-------|-------|
| Principal Residence | _____ | _____ |
| Secondary Residence(s) | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| Investment Real Estate (owned) | _____ | _____ |

Investment Real Estate (leased)

Business phone

Email

Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

Type/Policy #/Insurance Co.

Owner Client 1

Owner Client 2

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Current Budget Worksheet

| | | CURRENT | | RETIREMENT | |
|--|-----------------------------|-----------------|----------------|-----------------|----------------|
| | | Monthly Expense | Annual Expense | Monthly Expense | Annual Expense |
| Mortgage or Rent Payments | | \$ | \$ | \$ | \$ |
| Utilities, including Cable, Telephone, etc. | | | | | |
| Food | | | | | |
| Clothing | | | | | |
| Car / Travel Expenses | | | | | |
| Insurance Payments | Home & Auto | | | | |
| | Health | | | | |
| | Life | | | | |
| | Disability & LTC | | | | |
| Child Care Costs / Education | | | | | |
| Medical Expenses | | | | | |
| Recreation & Entertainment | | | | | |
| Charitable Contributions | | | | | |
| Debt Payments | | | | | |
| Alimony, Child Support, Separate Maintenance | | | | | |
| Other Expenses: including pet care, personal care, sports, etc. | | | | | |
| Savings / Investments | | | | | |
| Savings for Education | | | | | |
| Retirement Plan / IRA Contributions | | | | | |
| Other Discretionary Expenses | | | | | |
| Total Expenses (should equal net income) | | \$ | \$ | \$ | \$ |

Your Goals

Investments Goals

Please identify realistic desired rates of return

Client 1

Client 2

Checking Account(s)

Money Market Account

Collectibles

Accumulation/Education Goals

(are other resources available?)

CD's

Stocks

Bonds (taxable or tax free?)

Mutual Funds

Partnerships

Trusts

Estate Goals

Please identify how important these goals are to you. 1 = low, 10 = high.

Client 1

Client 2

What are your Estate Planning Objectives? (Please attach a separate sheet of paper)

How soon would you like to complete a will or trust?

Is there a specific deadline, such as an upcoming trip, surgery, etc

Reducing my Estate Taxation

Reducing my Income Taxation

Reducing my Exposure to Litigation

Protecting my Assets from my Children's Ex-Spouses & Creditors

Reducing the Amount of Risk in my Portfolio, without Reducing Return

Ensuring my Spouses Lifestyle Needs are met After my Death

Providing for the Education Needs of Children and/or Grandchildren

Avoiding Making my Estate Plan Too Complex and Costly

Transfer of Business or Farm Assets

To Avoid Probate

Guardianship for Children

Health or Educational Concerns

To distribute assets to heirs

Avoiding squabbles after my death _____

Providing for specific children (i.e. spendthrift, special needs, disabled, incompetent, etc.) Children without good business abilities. _____

Special financial, educational or medical needs of surviving spouse and children. _____

How would you dispose of your estate at your death if there were no such thing as estate or inheritance taxes? _____

In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance of their vocation or profession? _____

Describe any personal objectives that override possible adverse tax consequences. _____

Do you have a safe deposit box? Please identify where. _____

Any Other Concerns? _____

Protection Goals

Please identify your percentage of coverage desired.

| Type | Client 1 | Client 2 |
|---------------------|----------|----------|
| Income | _____ | _____ |
| Mortgage | _____ | _____ |
| Monthly Expenses | _____ | _____ |
| Education | _____ | _____ |
| Accumulation Goals | _____ | _____ |
| Generational Wealth | _____ | _____ |

There are more questions. See The Estate Planning Questions starting at page 25.

Your Business Information

Business Information

| | Client 1 <small>(Include whether US Citizen Y or N)</small> | Client 2 <small>(Include whether US Citizen Y or N) please include maiden name</small> |
|--|---|--|
| Name (full legal name) | _____ | _____ |
| Type of Organization <small>(Sole Proprietor, S-Corp, C-Corp, LLC, PA, etc.)</small> | _____ | _____ |
| Headquarters address | _____ | _____ |
| State and date of incorporation | _____ | _____ |
| Corporate affiliates (parent and or subsidiary companies) | _____ | _____ |
| Headquarters address | _____ | _____ |
| Licensed to do business in Colorado? | _____ | _____ |
| Succession Planning Complete? | _____ | _____ |
| Business Risk Analysis Complete? | _____ | _____ |
| Corporate affiliates (parent and or subsidiary companies) | _____ | _____ |
| State and date of incorporation | _____ | _____ |
| Fictitious business name(s) | _____ | _____ |
| Ownership Interest (Percentage or Investment Amount) | _____ | _____ |

Key Employee Information

Include Business address, Home telephone number, Work telephone number, Mobile telephone number Fax number, email for all.

| | | |
|--|-------|-------|
| General Counsel | _____ | _____ |
| Chief Financial Officer | _____ | _____ |
| Insurance Agent/Information Officer in charge of risk/insurance | _____ | _____ |
| Outside broker | _____ | _____ |
| CGL carrier(s) and date(s) | _____ | _____ |
| Auto carrier(s) and date(s) | _____ | _____ |
| Employer's liability carrier(s) and date(s) | _____ | _____ |
| Workers' comp carrier(s) and date(s) | _____ | _____ |
| Business phone | _____ | _____ |
| Business FAX/Email | _____ | _____ |

Miscellaneous Information

Where and to whom should attorney's billings be sent?

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Business Financial Information

Please attach your most recent financial statements and tax returns.

| | Client 1 | Client 2 |
|--|----------|----------|
| Cash and Cash Equivalent Accounts | _____ | _____ |
| Business Interests | _____ | _____ |
| Notes and Accounts Receivable | _____ | _____ |
| Tax Shelters | _____ | _____ |
| Employee Benefits | _____ | _____ |
| % of Business Owned | _____ | _____ |
| Book Value | _____ | _____ |
| Market Value of Share Owned | _____ | _____ |
| Value of Separate Accounts Receivable | _____ | _____ |
| Total Value of Real Estate | _____ | _____ |
| Buy-Sell Agreements? | _____ | _____ |
| Gross Income Last Year | _____ | _____ |
| Gross Expenses Last Year | _____ | _____ |
| Inventory Value | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |

Your Business Liabilities Information

Liabilities Information

Please attach most recent statements for all liabilities. Put total amounts in this worksheet. Include Interest Rates and monthly payment obligation.

Please put joint liabilities in Client 1 column and ID as Joint. ID Client 1 sold obligations.

Notes Payable

Automobile Loan(s)

Mortgage

Second Mortgage

Third Mortgage

Line Of Credit

Credit Card _____

Credit Card _____

Credit Card _____

Loans (include loans against your business, insurance and brokerage accounts)

Pledges to Charities

Investment Loans (leveraging)

Other (specify)

Client 1

Client 2

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Real Estate

Include Real Estate documents, including deeds, leases, mortgages, insurance, property valuation (ad valorem statements from your county assessor), etc.

If owned jointly, please indicate value in the Client 1 column and identify ownership type: joint tenancy, tenants in common, etc.

Please do NOT INCLUDE REAL ESTATE TAXES OR INSURANCE. This amount should be principal and interest only. NOT PITI.

Client 1/ Payment

Client 2/Payment

Principal Residence

Secondary Residence(s)

Investment Real Estate (owned)

Investment Real Estate (leased)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Partial Interests

Insurance Policies

Include Insurance policies or summary of coverage statements for life, disability, auto, home, major medical, long term care/nursing home, rental property, umbrella, Split Dollar, etc.

Please include policies held on the life of others, if applicable

Include owner, beneficiary and insured

Type/Policy #/Insurance Co.

Client 1/ Payment

Client 2/Payment

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

FINANCIAL PLANNING QUESTIONS

Planning Objectives and Goals

What are your short-term financial and investment objectives? _____

What are your long-term objectives? _____

Do you have grandchildren? _____

If so, are you going to want to be, or need to be, financially involved in their education? _____

If your parents are living, do you expect to become financially responsible for them at some point? _____

Retirement Goals

_____ Retirement at age _____ with your spouse's retirement at age _____

_____ Provide retirement income of \$ _____ per year for you and your spouse

_____ Minimize income taxes during retirement

_____ Optimize use of tax-qualified retirement savings

Education Funding Goals

_____ Provide child(ren) education funds for grade school

_____ Provide child(ren) education funds for college

_____ Provide child(ren) education funds for graduate or professional school

Capital Needs Upon Client's Death

_____ Provide sufficient resources to pay off all debt

_____ Provide sufficient resources to pay off the mortgage or provide housing

_____ Provide funds for final expenses (funeral, medical and professional fees)

_____ Provide for Education funding for child(ren)

_____ Provide resources to maintain current or desired standard of living for spouse's lifetime

_____ Gift to Charity(ies)

Capital Needs Upon Spouse's Death

_____ Provide sufficient resources to pay off all debt

_____ Provide sufficient resources to pay off the mortgage or provide housing

_____ Provide funds for final expenses (funeral, medical and professional fees)

_____ Provide for Education funding for child(ren)

_____ Provide resources to maintain current or desired standard of living for spouse's lifetime

_____ Gift to Charity(ies)

Needs Upon Client's Disability

_____ Provide Income of \$ _____ per month in the event of Client's Disability

_____ Provide Income in the event of Client's disability at age _____.

_____ Review existing Disability Income Insurance Coverage on Client.

Needs Upon Spouse's Disability

_____ Provide Income of \$ _____ per month in the event of Spouse's Disability

_____ Provide Income in the event of Spouse's disability at age _____.

_____ Review existing Disability Income Insurance Coverage on Spouse.

Client's Distribution Planning Objectives

_____ Take amount sufficient to satisfy annual retirement income goals

_____ Take minimum required distributions only starting at age _____

_____ Defer distribution to age 70.5

_____ Take lump sum of \$ _____ at age _____

_____ Begin distribution at age _____ (pre 59.5) without penalty for a period of _____ years

_____ Each year withdraw \$ _____ tax-qualified retirement assets

_____ Each year withdraw _____ % of tax-qualified retirement assets

_____ Evaluate-Designate naming your spouse or children as primary beneficiary(ies) after your death

_____ Evaluate-Designate naming children or other as secondary beneficiary(ies) after your death

Spouse's Distribution Planning Objectives

_____ Take amount sufficient to satisfy annual retirement income goals

_____ Take minimum required distributions only starting at age _____

_____ Defer distribution to age 70.5

_____ Take lump sum of \$ _____ at age _____

- _____ Begin distribution at age _____ (pre 59.5) without penalty for a period of _____ years
- _____ Each year withdraw \$_____ tax-qualified retirement assets
- _____ Each year withdraw _____ % of tax-qualified retirement assets
- _____ Evaluate-Designate naming your spouse or children as primary beneficiary(ies) after your death
- _____ Evaluate-Designate naming children or other as secondary beneficiary(ies) after your death

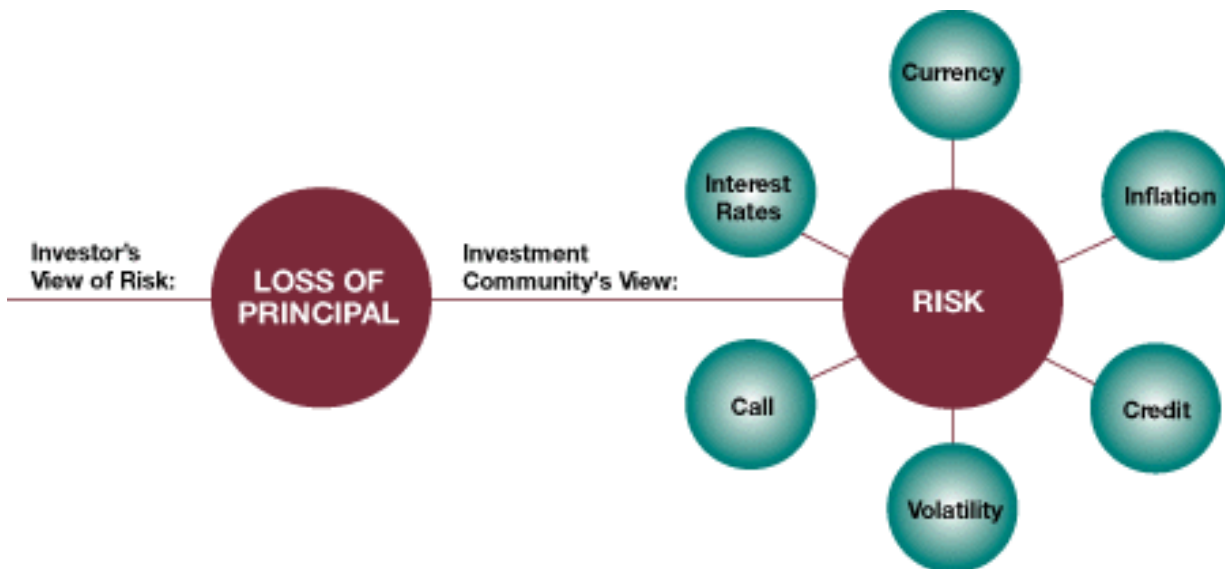
Risk Tolerance

Please consider your tolerance to risk. We will discuss this issue in more detail when we meet again. We will determine whether your risk tolerance is conservative, moderately conservative, conservative, moderately aggressive, or aggressive and propose solutions based on your risk tolerance.

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

The least understood part of investing is often the relationship between risk and return -- and how to position a portfolio on that spectrum.

"Do-it-yourself" investors often consider only one type of risk: loss of principal. Investors who work with an advisor usually have a better understanding of the six basic types of investment risk.



A financial advisor can help you determine your risk tolerance and assist you in selecting the investments that suit your financial needs at every stage of your life.

Beneficiary Education Information

Beneficiary Name: _____ **Birth Date:** _____

Do you want to maintain control over the Beneficiary's funds? Yes/No SSN: _____

Beneficiary Fund Information

Fund Balance: \$ _____ Rate of Return: _____ % Annual Addition or Savings Amount: \$ _____

Additions Start Year: _____ Duration of Additions: _____ Years

Applicable Income Tax Rate (circle one): Tax Exempt / Beneficiary's Rates / Client's Rates

After education planning is complete, Transfer Unspent Beneficiary Funds To (circle one):

Beneficiary / Family Education Fund / Client's Liquid, Non-Qualified Assets

If Insufficient Beneficiary and Family Education Funds, Then Use Liquid, Non-qualified Assets: Yes / No

Child/Beneficiary Education Costs

| | Starting Age | Starting Year | # of Years | Annual Cost (Today's \$) |
|---------------|--------------|---------------|------------|--------------------------|
| Pre-school | _____ | _____ | _____ | \$ _____ |
| Primary | _____ | _____ | _____ | \$ _____ |
| Secondary | _____ | _____ | _____ | \$ _____ |
| College | _____ | _____ | _____ | \$ _____ |
| Graduate | _____ | _____ | _____ | \$ _____ |
| Post-graduate | _____ | _____ | _____ | \$ _____ |

Beneficiary Name: _____ **Birth Date:** _____

Beneficiary Fund Information

Fund Balance: \$ _____ Rate of Return: _____ % Annual Addition or Savings Amount: \$ _____

Additions Start Year: _____ Duration of Additions: _____ Years

Applicable Income Tax Rate (circle one): Tax Exempt / Beneficiary's Rates / Client's Rates

After education planning is complete, Transfer Unspent Beneficiary Funds To (circle one):

Beneficiary / Family Education Fund / Client's Liquid, Non-Qualified Assets

If Insufficient Beneficiary and Family Education Funds, Then Use Liquid, Non-qualified Assets: Yes / No

Child/Beneficiary Education Costs

| | Starting Age | Starting Year | # of Years | Annual Cost (Today's \$) |
|---------------|--------------|---------------|------------|--------------------------|
| Pre-school | _____ | _____ | _____ | \$ _____ |
| Primary | _____ | _____ | _____ | \$ _____ |
| Secondary | _____ | _____ | _____ | \$ _____ |
| College | _____ | _____ | _____ | \$ _____ |
| Graduate | _____ | _____ | _____ | \$ _____ |
| Post-graduate | _____ | _____ | _____ | \$ _____ |

Retirement Planning Information

Retirement Need Applied: Entered or Cash Flow (When Cash Flow is selected, the Retirement Need is determined using the expenses entered in the Income/Expenses panel.)

Ages

Retirement Age:

Client

Spouse

Retirement Planning Death Age:

Retirement Goals

Annual Retirement Need: (An after-tax Value in Today's Dollars): \$

Duration of Income Need (choose one): Client Life / Period Certain / Client Life and Period Certain / Joint & Survivor / Joint & Survivor and Period Certain

Joint and Survivor %: % Period Certain (Years)

Additional Post-Tax Annual Income Applied to Annual Retirement Need: \$

Client's Start Age:

Wage Duration (Years):

Social Security Benefits

Inflation of Social Security Benefits Pre-Retirement _____% Post-Retirement _____%

Client's Benefits

Select an evaluation method to determine the client's PIA (choose one):* None / Calculated / Entered

Enter the PIA or Unadjusted Benefit Amount: \$

Begin Benefits at the Client's (choose one): Earliest Possible (age 62) / Retirement Age / SSRA (Social Security Retirement Age)

Social Security Adjuster % (% of overall benefits to include in the analysis):

Include \$255 Death Benefit: Yes / No

Wage History Adjustment 10 Year Average or Entered If Entered, then: National Wage Average _____%

Spouse's Benefits

Taxable Wage Base _____%

Select an evaluation method to determine the client's PIA (choose one)*: None / Calculated / Entered

Enter the PIA or Unadjusted Benefit Amount: \$

Begin Benefits at the Client's (choose one): Earliest Possible (age 62) / Retirement Age / SSRA (Social Security Retirement Age)

Social Security Adjuster % (% of overall benefits to include in the analysis):

Include \$255 Death Benefit: Yes / No

Wage History Adjustment 10 Year Average or Entered If Entered, then: National Wage Average _____%

Base _____%

Taxable Wage

*Note:

Social Security Method: If "calculated" is selected, we calculate an individual's Social Security benefits according to the Old Age, Survivors and Disability Insurance program (OASDI) of the Social Security Act and the individual's entered wage history.

Client's Distribution Planning

Age to Start elective distributions from all Qualified Plans and IRA assets _____

Distribution Method – (choose one) Minimum Required / \$ Amount / % Amount / Interest Only / Amount sufficient to satisfy the Annual Retirement Need / Annuitized

If \$ Amount, enter the Annual Distribution Amount Desired: \$ _____

If % Amount, enter the Annual Distribution % Desired: _____

Exempt from 10% Premature Distribution Tax Payments: Yes / No _____

Lump Sum Distributions (from all qualified asset sources)

Method (choose one): None / Specific \$ Amount / Percent of Total Qualified Assets

Specific \$ Amount: \$ _____ Percent of Total Qualified Assets: _____ %

Pay Date (choose one): Participant's Death / Second Death (of client & spouse) / Calendar Year _____

Use 10 Year Averaging: Yes / No _____

Substantially Equal Periodic Payment Options [IRC Section 72(t)]

Distribution Method (choose one): Minimum Distributions / Amortization / Annuity Factor

Use Life Expectancy of (choose one): Participant Only / Participant-Spouse / Participant-Beneficiary

"Reasonable Interest Rate" Assumption Pursuant to Notice 89-25 (%): _____ %

Age to start 72t Distributions _____

Years distributions will be made _____

Minimum Required Distribution (MRD) Options

MRD begins when the participant attains age 70.5? Yes / No

Defer first MRD until April 1st of the year following the year the participant attains age 70.5: Yes / No

Rollover Qualified Assets to spouse's IRA after participant's death?: Yes / No

Will the surviving spouse defer the first MRD from the rollover to age 70.5?: Yes / No

| Beneficiaries for MRD calculations | % as Primary | Rollover % / Contingent |
|------------------------------------|--------------|-------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Spouse's Distribution Planning

Age to start elective distributions from all Qualified Plans and IRA assets _____

Distribution Method – (choose one) Minimum Required / \$ Amount / % Amount / Interest Only / Amount sufficient to satisfy the Annual Retirement Need / Annuitized

If \$ Amount, enter the Annual Distribution Amount Desired: \$ _____

If % Amount, enter the Annual Distribution % Desired: _____

Exempt from 10% Premature Distribution Tax Payments: Yes / No

Lump Sum Distributions (from all qualified asset sources)

Method (choose one): None / Specific \$ Amount / Percent of Total Qualified Assets

Specific \$ Amount: \$ _____ Percent of Total Qualified Assets: _____ %

Pay Date (choose one): Participant's Death / Second Death (of client & spouse) / Calendar Year _____

Use 10 Year Averaging: Yes / No

Substantially Equal Periodic Payment Options [IRC Section 72(t)]

Distribution Method (choose one): Minimum Distributions / Amortization / Annuity Factor

Use Life Expectancy of (choose one): Participant Only / Participant-Spouse / Participant-Beneficiary

"Reasonable Interest Rate" Assumption Pursuant to Notice 89-25 (%): _____ %

Age to start 72t Distributions _____

Years distributions will be made _____

Minimum Required Distribution (MRD) Options

MRD begins when the participant attains age 70.5? Yes / No

Defer first MRD until April 1st of the year following the year the participant attains age 70.5: Yes / No

Rollover Qualified Assets to spouse's IRA after participant's death?: Yes / No

Will the surviving spouse defer the first MRD from the rollover to age 70.5?: Yes / No

| Beneficiaries for MRD calculations | % as Primary Beneficiary | Rollover %/Contingent |
|------------------------------------|--------------------------|-----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Survivor's Capital Needs

| | Upon the Death of: | Client | Spouse |
|---|--------------------|--------|-------------|
| Survivor's Annual Income Need: | | | |
| During Child-Raising Years*: | \$ | _____ | \$ _____ |
| Between Child-Raising Years & Retirement*: | \$ | _____ | \$ _____ |
| During Retirement Years*: | \$ | _____ | \$ _____ |
| Immediate Cash Needs: | | | |
| Final Expenses: (i.e. medical, legal, probate costs) | \$ | _____ | \$ _____ |
| Debt Obligations*: (i.e. credit card, personal loans...) | \$ | _____ | \$ _____ |
| Mortgage / Housing*: | \$ | _____ | \$ _____ |
| Education Fund*: | \$ | _____ | \$ _____ |
| Survivor's Information: | | | |
| Survivor's Retirement Age:* | \$ | _____ | \$ _____ |
| Survivor's Death Age* | | _____ | _____ |
| Survivor's Net Annual Income:* | | _____ | _____ |
| Age Survivor's Income Starts:* | | _____ | _____ |
| Duration (Years) Income Available:* | | _____ | _____ |
| Other Resources: | | | |
| Life Insurance Available upon Death*: | \$ | _____ | \$ _____ |
| Include Social Security? | | Y / N | Y / N |
| Capital Utilization Method to Use: Liquidation or Preservation* | | | |
| | | L / P | L / P |
| What Rate of Return do you want to use for Present Value Calculations? | | | |
| | | _____ | % _____ |

***Note:**

Education Fund: This can be calculated based on the education information entered. The calculated value is equal to the present value of all future education costs.

Capital Utilization Method: *Liquidated* -- determines the resources required for the survivor's capital needs using both interest and principal; and *Preserved* -- determines the principal amount required to provide interest income equal to the survivor's capital needs without depleting the principal capital.

Disability Needs Analysis

Like most people, the ability to earn a living is probably your greatest financial resource. Earnings enable you to accumulate assets, maintain or improve your lifestyle, save for retirement and build a solid financial foundation. Disability due to illness or accident can drastically change this. Disability can not only stop your earnings but also impair your ability to accrue retirement and social security benefits. You may be forced to use savings and existing retirement funds to meet your needs during disability. You may also be forced to sell assets to meet those needs. The impact can be devastating. A strategy to minimize the financial impact of a long-term disability is crucial.

| | Upon the Disability of: | |
|---------------------------------------|--------------------------------|---------------|
| | Client | Spouse |
| Disability Start Age* | | |
| Duration of Disability* | | |
| Monthly Income Need* | \$ | \$ |
| Resources to Apply to the Need | | |
| Social Security Benefits | Y / N | Y / N |
| Non-Qualified Assets | Y / N | Y / N |
| Qualified Assets | Y / N | Y / N |
| Wages of Non-Disabled Person | | |
| Annual Wage* | \$ | \$ |
| Start Age* | | |
| Duration of Wages* | Yrs. | Yrs. |

Notes: An * indicates this value has been entered previously in this questionnaire.

The following values are optionally used as the default values”

| | |
|-------------------------------------|--|
| Start Age* | The current Age. |
| Duration of Disability* | The difference between the current age and planning death age as entered in the retirement section. |
| Monthly Income Need* | The current annual wages of both the client and spouse less taxes and divided into 12 months. |
| Annual Wage of Non-Disabled Person* | The current annual wage of the non-disabled person. |
| Start Age for Wages* | The current age of the non-disabled person. |
| Duration of Wages* | The difference between the current age and last wage age of the non-disabled person. (As entered in the Client and Spouse Information section) |

ESTATE DISTRIBUTION DESIRES

ESTATE PLANNING PROVISIONS

There are several types of agents involved in an estate. In general, choose an agent with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment "smarts." If you choose co-agents, you should consider choosing them for how well their individual strengths compliment each other. Include Name, address, telephone, relationship

A **Personal Representative** (also known as an "executor" or "administrator") handles your estate after you pass away. You may name your spouse, child, relative, friend, or financial institution as Personal Representative. Please name a primary and alternate Personal Representative.

A **Trustee** manages assets for the benefit of another person. For example, you may appoint a Trustee to manage assets for your children until they reach a designated age. The Trustee can be a person or financial institution that you trust to manage and distribute your assets. You may designate a Trustee even if you do not have children, but desire to give property to a minor or incompetent person.

A **Guardian** is responsible for the day-to-day care of minor or incompetent children if the natural parents are deceased. Please name a primary and alternate Guardian if you have minor children. The Guardian and Trustee may be the same person. Skip this section if you do not have natural or adopted children.

A **Health Care Agent** is a person appointed to make medical decisions on your behalf in the event that you become incapacitated is referred to as a "Patient Advocate". The most important decision that a Patient Advocate may make is to terminate life support in the event that you become terminally ill. A Patient Advocate is appointed in a "Health Care Directive" (often referred to as a "Living Will"). The authority of a Patient Advocate terminates when you pass away. Please name a primary and alternate Patient Advocate.

A person with a **Durable Power of Attorney** allows them to make personal and financial decisions on your behalf in the event that you become incapacitated. A Power of Attorney terminates when you pass away. Please appoint a primary and alternate agent to act for you.

| Personal Representative | Yourself | Spouse |
|--|----------|--------|
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |

| Trustee | Yourself | Spouse |
|---|----------|--------|
| <p>The trustee can be individuals or an organization (such as a bank or specialist trust organization). A trustee is supervised by the Court and has very strict obligations to wisely manage the money for the benefit of your children. If the trustee wastes the money, your children, through their guardian, can sue the trustee. The money in trust can only be used for necessities such as housing, food, clothing, medical treatment and education of your children. The typical trust provides that when your youngest child turns 21, the assets of the trust are distributed to all of your children. Do you want to name a trustee separate from the Guardian?</p> | | |
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |
| Guardians for your Minor Children | Yourself | Spouse |
| <p>Hopefully, the person or persons you name as guardian is also responsible enough to handle any money you leave for your children. However, there are people who are good with children but terrible with money. If this sounds familiar, you can name one person as guardian "of the person" of your children (so they are raised in a loving household) but name someone else as "trustee" of the money you have left for your children.</p> | | |
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |
| Health Care Agent | Yourself | Spouse |
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |
| Power of Attorney | Yourself | Spouse |
| <p>In the event you are rendered unconscious or comatose, whom do you want to act as your agent for your financial and personal matters? (Usually you name your spouse.) The appointment of another person in a Durable Power of Attorney allows them to make personal and financial decisions on your behalf in the event that you become incapacitated. A Power of Attorney terminates when you pass away. Please appoint a primary and alternate agent to act for you.</p> | | |
| <p>Have you ever given a power of attorney to another? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, to whom and when?</p> | | |

| | | |
|--|-----------------|---------------|
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |
| Identity of "Next Friend" Person who checks on well-being of special needs person, other than the trustee of the special needs trust. | Yourself | Spouse |
| Primary (name, address and telephone number) | | |
| Successor (name, address and telephone number) | | |
| | | |

Will your choice of any of these agents be affected by the marriage, divorce, remarriage or relocation of the persons named above? _____

Disposition of Estate

What are your general desires as to the disposition of your estate? Indicate any specific gifts of items or cash you wish to make.

1. SPECIFIC GIFTS. This is where you specify specific gifts to specific people. Do you want to make a specific gift of cash or property to another person or entity? If so, please designate the cash gifts here. If you desire to give special items of personal property to an heir, then we will include a "Personal Property Memorandum" with your will. The Personal Property Memorandum is a separate list of property that is included with your plan of distribution by reference in the Will. The list may be updated without changing your entire Will. You should avoid listing personal property, such as jewelry, art, etc., that is better handled by a "handwritten list" or "memorandum" signed by you and regularly updated because you may give those items away prior to your death.

| Describe Gift | Name and Address of Recipient | Relationship to Recipient |
|---------------|-------------------------------|---------------------------|
| | | |
| | | |
| | | |

2. PRIMARY BENEFICIARIES. Please use this space to designate one or more primary beneficiaries of your property after specific gifts are distributed. If you are married, you may use the default selections. If you are not married, or if the default selections do not fit your situation, please indicate your primary beneficiary and their relationship to you in the space provided.

- All to spouse; then equally between children, and if a child didn't survive, the deceased child's children would take the share of the deceased child.
- All to spouse, then equally between surviving children.
- All to spouse, then to _____

3. ALTERNATE BENEFICIARIES. If none of your primary beneficiaries survive you, then your property will be given to an alternate beneficiary. Please designate one or more alternate beneficiaries, their relationship to you, and the amount of property that you want them to receive.

| Describe Gift | Name and Address of Recipient | Relationship to Recipient |
|---------------|-------------------------------|---------------------------|
| | | |
| | | |
| | | |

AGE OF DISTRIBUTION. If you do establish a trust to allow a third party to manage assets for beneficiaries, then it is necessary for you to decide when the beneficiaries will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as ½ at age 25 and the balance at age 30, or a at 21, a at 25, and a at 35. You may use any age or combination of ages that you choose.

GIFT/CHARITABLE STRATEGIES

Items of property you wish to be distributed to specific persons or organizations, religious groups, charities, universities, etc. Charitable gifts are limited by the 50% rule. Ability to donate property (capital gain and non-capital gain property.) Carry-forward rules are available.

PREVIOUS GIFTS

(DO NOT INCLUDE GIFTS TO A CHARITY OR GIFTS OF LESS THAN \$10,000)

| Name of Recipient | Nature of Gift | Value | Date of Gift | Gift Tax Return Filed |
|-------------------|----------------|-------|--------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |

Comments:

| |
|--|
| |
| |
| |

| Organ Donation | Yourself | Spouse |
|--|--|--|
| Do you wish to be an organ/tissue donor? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| If yes, have you signed an organ donor card or indicate on your driver's license that you intend to be an organ donor? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Have you told your family about your intention to be an organ donor? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you wish to leave instructions regarding burial or cremation? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Do you feel strongly about so-called "right to die" issues? | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no |

AGENT QUESTIONS

Is executor to receive a fee? _____ Substitute executor? _____
 How much or how determined?

Is Trustee to receive a fee? _____ Substitute Trustee? _____
 How much or how determined?

Is executor or substitute executor to be bonded?

Is executor to have broad/general powers?
 Power to sell or partition? _____ Any limits? _____

Is Trustee or substitute trustee to be bonded? _____

Are (Executor) (Trustee) to be free of liability except for fraud or criminal acts? _____

Is the home to be insured out of the trust? _____ or out of the Estate? _____.

Is the (executor)(trustee) to sell it? _____

Can trustee make charitable gifts? _____

Can the fiduciary buy assets from the estate or loan money to estate? Only with approval of Heirs?

Explain:

OTHER MATTERS

CONTRACTUAL Are wills to be contractual so that neither spouse can change them later? (Note: These contractual wills normally end up in litigation. Consideration has to be given to assets accumulated afterwards and the effect it has on the right of the spouse to sell or mortgage the property.) Explain your desires:

NO-CONTEST CLAUSE Is any heir to lose his inheritance if he contests the will and/or trust? Or contests the powers of the executor/trustee? Or contests the appointment of the executor/trustee? Explain your desires.

DISCLAIMERS If a designated heir disclaims all or any part of your estate, do you want that disclaimed property to go to that party's children _____, or to go to the other named parties as if the disclaimer had no descendants_____?

DIVORCE AGREEMENTS If you have had a divorce, sometimes the parties agree that the children of that marriage will be included in the spouse's future wills or estates. If so, it is imperative that a copy of the divorce papers be brought for examination. The review of such documents by the attorney will necessitate the charging of an additional hourly rate over the quoted fee.

DISTRIBUTION OPTIONS

If both parents die in a common accident, indicate how the Trust Estate is to be held and at what ages minor children should receive their share of your estate.

- **Option 1 – One Pot** - The entire trust estate is held in one pot and used for support, education and maintenance of the children until either the youngest child reaches the first distribution age. At that time, a specified percentage of the pot is distributed to each child in equal shares. The remainder is distributed at specified percentage amounts at specified distribution ages, in equal shares.
- **Option 2 – Separate Shares** – Upon the death of the parents, the trust estate is divided into one share for each child, and each share is held and administered as a separate trust. All costs of support, education and maintenance come out of each child's separate share. Each child's share is distributed to him or her at the specified distribution age(s) and in the specified distribution percentage(s).
- **Option 3 – One Pot/Separate Share Combination** – The entire trust estate is held in one pot and used for support, education and maintenance of the children until either the oldest or youngest child reaches the first distribution age. At that point, the trust estate is divided into separate shares for each child. From that point on, all costs of support, education and maintenance come out of each child's separate share. Each child's share is distributed to him or her at the specified distribution age(s) and in the specified distribution percentage(s).

Comment - The age range of the children should be taken into consideration when deciding which of the foregoing distribution options would be most equitable. For example, if there is a difference of 5 or more years between the youngest and the oldest child, Option 1 would probably be more equitable. If the trust estate is divided into separate shares immediately on death or at the time the oldest child reaches a specified distribution age, the expenses for support, education and maintenance of the youngest child will be deducted only from his or her share of the trust estate and could conceivably reduce the youngest child's share to the point where there will not be sufficient funds remaining for his or her college education or there would be no funds remaining after paying for the youngest child's college education. The oldest

child may have a larger amount of funds remaining for college education and for use after his or her education is complete because a smaller portion of the oldest child's share would have been used for his or her support, education and maintenance while he or she was a minor.

Spousal Survival - What assets to spouse, if he/she survives for (30) (60) days: (your choice is _____ days surviving period)

All community property? _____ If not, list on separate page what he/she is to inherit and which is to go to others.

All separate property? _____ If not, list on separate page what he/she is to inherit and which is to go to others.

Children's Trust - Create trust for minors or provide for outright distribution(s) of your estate?

- Minor if age (18)(19)(20)(21)(_____).
- When is minor to receive his/her share of the trust estate?
- Income earned during period -- is it to be (retained intact) (used for school, clothing, car, food, housing, medical, _____)
- Trust assets - can they be sold? _____ Home sold? _____ Car sold? _____ Other _____
- Can trust assets (all) (some, as necessary) be used up annually to care for minors? Restriction: _____
- If more than one minor, is there to be (ONE TRUST) (SEPARATE TRUSTS FOR EACH)?
- Can Trustee expend more income for one minor because of need? _____ Restrictions: _____
- If more than one trust, can assets be owned jointly? _____
- Can the income be commingled? _____ How: _____
- If minor dies before reaching required age, who is to receive that share: _____
- If any of the children named as contingent beneficiaries predecease you or fail to survive you for 30 days, are the then living descendants (your grandchildren) to receive that child's inheritance? _____; or, is such share to go to the named children who survive you for 30 days? _____. If neither apply, set forth details on supplemental sheet.

ULTIMATE BENEFICIARIES

How your estate should be distributed in the event neither your spouse nor your children survive you. (Residuary Estate)

SPECIAL FAMILY CONSIDERATIONS

- Any other family concerns or issues you may have:
- Special Financial or Health concerns about spouse, children, other beneficiaries?
- Prior marriages:
- Children of prior marriages:
- Handicapped child or other beneficiary (mental or physical):
- Beneficiaries with special needs or problems:

CHILD WITH DISABILITY OPTIONS

- Special Needs Trust established while parents are living?
- Special Needs Trust established by will only?

DISINHERITING – Name those you wish to disinherit and reasons for it (reasons will generally not appear in the Will):

Disinherit any illegitimate children? _____
Children where parental rights are terminated? _____

FUNERAL SERVICE DESIRES

Do you have burial or funeral instructions?

| church | funeral home | cremation | masonic | military | Other: |
|--------|--------------|-----------|---------|----------|--------|
| | | | | | |

Do you want (spouse) (executor) to:

- determine type and cost of service? _____
- Headstone? _____
- Funeral insurance? _____

LEGAL ISSUES

- Have you ever consulted another lawyer about this case?
- Have you been served with any papers concerning this case?
- Do you have any documents relating to this case (e.g., correspondence, invoices)?
- Where are your files or papers relating to this case?
- Are you aware of any witnesses or people with knowledge of the facts of this case?
- Have you made any statements to anyone concerning this case?
- Referred by _____
- Have you consulted another (outside) counsel about this case? If so, name _____
- Have you been served with any papers concerning this case? Describe briefly _____
- Have you conducted any internal investigation concerning this case? Who/when _____
- Have you made any statements to anyone outside the company concerning this case? To whom/when/what _____
- Any history of health problems? _____
- What do you feel is a reasonable annual growth rate estimate for your estate? _____
- If appropriate, would you consider the use of an "Irrevocable Trust" as part of your estate plan?
- If appropriate, would you consider the use of a Family Limited Partnership or Limited Liability Company (and its ongoing costs) as part of your state plan?
- If appropriate, would you consider making large gifts to your children (or in trust for their benefit), if it possibly meant losing control over the assets (or cash) that you gifted, as part of your estate plan?
- If appropriate, would you consider the use of Life Insurance as part of your estate plan?

IMPORTANT: IT IS WISE FOR YOU TO PREPARE AN INVENTORY OF YOUR ASSETS, INCLUDING LIFE INSURANCE, ANNUITIES, RETIREMENT PLANS, INVESTMENTS, PROPERTIES--REAL AND PERSONAL--TO DETERMINE WHETHER OR NOT YOU HAVE A POSSIBLE TAXABLE ESTATE. AT PRESENT TIME (2002), a \$1,000,000.00 ESTATE IS NOT TAXABLE, BUT OVER THAT SUM IS TAXABLE. UNLESS OTHERWISE SO INSTRUCTED, YOUR ATTORNEY WILL NOT BE PERFORMING AN ESTATE TAX EVALUATION IN DRAFTING YOUR WILL.

Estate Planning Information

| | Client | Spouse |
|--|---------------|---------------|
| Do you have a will? | Yes / No | Yes / No |
| If Yes: What are the Dates of the Wills? | | |
| Type of Will? (Simple, Complex, or Other) | | |
| Have you or your spouse ever made or plan to make substantial gifts to family members? | Yes / No | Yes / No |
| Do you have or are you the beneficiary of a trust? | Yes / No | Yes / No |
| If Yes: What are the Date(s) of the Trust(s)? | | |
| Prior Taxable Gifts Made | \$ | \$ |
| | | |
| Annual Gifts | | |
| Split Gifts | Yes / No | |
| Amount of Annual Gifts: | \$ | \$ |
| | | |
| Starting Year for Gifts to begin: | | |
| Duration for Gifts to be made (Years): | Years | Years |
| | | |
| # of Donees | | |
| One Time Gift Options | | |
| Amount | \$ | \$ |
| | | |
| Start Year | | |
| Gifts to Spouse | | |
| Amount | \$ | \$ |
| | | |
| Start Year | | |
| Are you or any member of your family the beneficiary of a trust? | Yes / No | Yes / No |
| If Yes: Amount Expected | \$ | \$ |
| | | |
| Are you or any member of your family expected to receive gifts and/ or an inheritance? | Yes / No | Yes / No |
| If yes: Amount Expected | \$ | \$ |
| | | |
| Date Expected | | |
| Forgiveness of Loans If you have you loaned any money to a member of your family or to a close friend, you can make that loan a gift through your estate and forgive the loan upon your death. If so, please set forth the name, address and loan amount for such person: | | |
| Have you or any family member ever created a trust? | Yes / No | Yes / No |
| If Yes, please provide details as to the type of trust, type of asset, beneficiaries of the trust, and value of the assets: | | |

Are you satisfied with your current estate Plan?

Yes / No

Does it meet both your current and future objectives? Yes / No
 If not, what areas of the plan would you like to see revised? _____

Do you hope to leave a substantial estate to your heirs? Yes / No
 To whom do you wish to leave your wealth? _____

Is there a particular institution – a church, school, or charity – that means a great deal to you and to which you would like to leave a meaningful legacy?

Do you foresee any special needs for any members of your family? _____

How important is it that the surviving spouse has access and control of the funds left to him or her? _____

If you have been previously married, list resulting obligations: _____

| Please Answer the Following Questions | Husband/Single | | Wife | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Are any of your children not from your current marriage? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Do you own a farm or business? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes, do any of your children work in the business with you? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| If yes, does the child working in the business have an ownership interest in the business? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Have you entered into any agreements with your spouse (such as pre-nuptial or community property agreement)? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Do you own a long-term care (nursing home) insurance policy? | <input type="checkbox"/> yes | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> no |

Estate Planning Objectives

- _____ Maximize amount to heirs
- _____ Minimize estate administrative costs
- _____ Pay off all debts
- _____ Minimize federal estate taxes

- _____ Provide for estate liquidity
- _____ Establish fund for education needs
- _____ Consult legal counsel to obtain or update Will
- _____ Develop plan(s) for annual gifts
- _____ Develop plan(s) for charitable giving
- _____ Other _____

Estate Planning Assumptions

| | Client | Spouse |
|--|----------|----------|
| Age at Death | _____ | _____ |
| Reverse Death Ages | _____ | _____ |
| Final Expenses | | |
| Specified Dollar Amount | \$ _____ | \$ _____ |
| Percentage Amount (% of Gross Estate) | _____ % | _____ % |
| Liabilities | \$ _____ | \$ _____ |
| Inheritance / Gift Interest Rate* | _____ % | _____ % |
| Sponge / Pickup Tax Yes / No | | |
| State Death Tax Rate | Gift % | Estate % |

***Note:**

Type of Will – *Simple* (all assets pass to surviving spouse), *Complex* (all assets pass to surviving spouse less the \$ amount transferred to the unified credit shelter).

Split Gifts – Annual gifts by one person but considered made by two people for gift tax treatment.

Inheritance / Gift Interest Rate – The rate (pre-tax) at which gifts made and assets placed in either the credit shelter trust or life insurance trust grows between the time the gifts or trust are funded and the second death.

RECORD OF PRIOR MARRIAGES

Include Case number if divorced and attach a copy of the Separation Agreement

| Name Of Former Spouse | Cause of Termination | Date | City/State | County |
|-----------------------|----------------------|------|------------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECORD OF PRIOR GIFTS

| Name Of Beneficiary | Amount | Date | Gift Tax Paid | Donor |
|---------------------|--------|------|---------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Assumptions

Life Assumptions

| | Client 1 | Client 2 |
|--|----------|----------|
| Retirement Age | _____ | _____ |
| Annual Inflation Rate | _____ | _____ |
| Annual Inflation Rate for Education | _____ | _____ |
| Annual Inflation Rate for Long Term Care | _____ | _____ |

Estate Assumptions

| | | |
|--|---|---|
| Age at Death | _____ | _____ |
| Reverse Death Ages | _____ | _____ |
| Final Expenses | | |
| Specified Dollar Amount | \$ _____ | \$ _____ |
| Percentage Amount (% of Gross Estate) | _____ % | _____ % |
| Liabilities | \$ _____ | \$ _____ |
| Inheritance / Gift Interest Rate* | _____ % | _____ % |
| Sponge / Pickup Tax | Yes/ No | Yes/ No |
| State Death Tax Rate | Estate % _____ | Gift % _____ |
| *Note: | Inheritance / Gift Interest Rate – The rate (pre-tax) at which gifts made and assets placed in either the credit shelter trust or life insurance trust grows between the time the gifts or trust are funded and the second death. | Split Gifts – Annual gifts by one person but considered made by two people for gift tax treatment. |
| Type of Will – Simple (all assets pass to surviving spouse), Complex (all assets pass to surviving spouse less the \$ amount transferred to the unified credit shelter). | | |

Financial Priorities

| | Client 1 | Client 2 |
|--|----------|----------|
| Cash Reserves | _____ | _____ |
| Achieve Financial Independence | _____ | _____ |
| Provide Education Funds | _____ | _____ |
| Accumulation Goal(s) | _____ | _____ |
| Protection Goal(s) | _____ | _____ |
| Minimize Estate Taxes and Provide for your Heirs | _____ | _____ |
| Obtain the greatest return on investments given your risk profile | _____ | _____ |

| Other Advisors | | | | |
|------------------------------------|-------------|----------------------------|----------------|---------------------------|
| | Name | Address & Email | Phone # | Years with Advisor |
| Accountant | | | | |
| Attorney | | | | |
| Financial Planner | | | | |
| Life Insurance Agent | | | | |
| Casualty Agent | | | | |
| Disability Agent | | | | |
| Long Term Care Agent | | | | |
| Physician | | | | |
| Other Financial Consultants | | | | |
| Broker | | | | |
| Banker | | | | |
| Trustee | | | | |
| Guardian | | | | |
| Other Advisors | | | | |
| | | | | |

Describe your relationship(s) with your advisors, children, beneficiaries, etc.

ATTACHMENT A - DETAIL

Annuity and Pension Information

| Asset Name | Asset Type | Owner | Age Benefit Starts | Taxable | Income Duration | Period Certain (# Years) | Joint & Survivor (%) | COLA % | Basis in Contract | Benefit Amount (\$ / Year) |
|------------|------------|-------|--------------------|---------|-----------------|--------------------------|----------------------|--------|-------------------|----------------------------|
| | | | | | | | | | \$ | \$ |
| | | | | | | | | | \$ | \$ |
| | | | | | | | | | \$ | \$ |
| | | | | | | | | | \$ | \$ |
| | | | | | | | | | \$ | \$ |
| | | | | | | | | | \$ | \$ |

Asset Type – Enter a number to indicate type: 1 - Qualified Annuity 2 - Non-Qualified Annuity 3 - Defined Benefit Plan 4 - Pension Plan 5 - TSA 6 - Other

Income Duration – Choose from: 1 - Period Certain 2 - Client Life 3 - Client Life and Period Certain 4 - Joint & Survivor 5 - Joint & Survivor and Period Certain

Assets - Bonds

| Description | *Owner | Face Value | Client Value | Spouse Value | Tax Exempt | Purchase Price | Purchase Date | Maturity Date | Coupon Rate% |
|-------------|--------|------------|--------------|--------------|------------|----------------|---------------|---------------|--------------|
| | | \$ | \$ | \$ | Y/N | \$ | | | |
| | | \$ | \$ | \$ | Y/N | \$ | | | |
| | | \$ | \$ | \$ | Y/N | \$ | | | |
| | | \$ | \$ | \$ | Y/N | \$ | | | |
| | | \$ | \$ | \$ | Y/N | \$ | | | |

*1 – Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common 5 - Community Property

Assets – Non-Qualified (Cash Savings, Deferred Annuity, Family Education Fund, Investment Savings, Mutual Funds, Other Liquid, Stock)

| Description | *Asset Type | **Owner | Total Value | Tax Exempt | Purchase Date | Capital Growth Rate | | | | | LTCG Realized | % of LTCG Reinvested | Annual Additions Pre-Retirement | | | |
|-------------|-------------|---------|-------------|------------|---------------|---------------------|-----------------|------------------|----------------------|-----------------------|---------------|----------------------|---------------------------------|-----------|----------------------------------|--|
| | | | | Basis | Value Date | Pre-Retirement | Post-Retirement | Current Dividend | Dividend Growth Rate | % Dividend Reinvested | | | Fixed Amount | % of Wage | Adds in All Pre-Retirement Years | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |
| | | | \$ | Y/N | | | | | | | | | | | | |
| | | | \$ | | | | | | | | | | | | | |

*1 - Cash Savings 2 - Deferred Annuity 3 - Family Education Fund 4 - Investment Savings 5 - Mutual Funds 6 - Other Liquid 7 - Stock
 **1 - Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common - Community Property

| Assets – Qualified/Roth IRA (Qualified Plans, Traditional IRA's, Roth IRA's, Other Qualified) | | | | | | | | | | | | | | | | |
|---|-------------|-------|-------------|------------|----------------|-------|----------------|-----------------|-----------------------------|---------------------------|-----------|---------------|----------------|-----------|------------------------------|------------|
| Description | *Asset Type | Owner | Total Value | Value Date | Year Roth Est. | Basis | Growth Rate | | Employee Contributions | | | Tax Treatment | Employer Match | | Other Employer Contributions | |
| | | | | | | | Pre-Retirement | Post-Retirement | In All Pre-Retirement Years | Fixed Contribution Amount | % of Wage | | % of Wage | \$ Amount | % of Wage | Start Year |
| | | CL/SP | \$ | | | \$ | | | | | | | | | | |
| | | CL/SP | \$ | | | \$ | | | | | | | | | | |
| | | CL/SP | \$ | | | \$ | | | | | | | | | | |
| | | CL/SP | \$ | | | \$ | | | | | | | | | | |

*1 - Qualified Plans 2 - Traditional IRA's 3 - Roth IRA's 4 - Other Qualified CL = Client 1; SP = Client 2

| Assets – Business Interest/Other Illiquid/Personal Property/Real Estate | | | | | | | | | |
|---|-------------|---------|-------------|---------------|------------|-------|----------------|-----------------|----------------------|
| Description | *Asset Type | **Owner | Total Value | Purchase Date | Value Date | Basis | Growth Rate | | Principle Residence? |
| | | | | | | | Pre-Retirement | Post-Retirement | |
| | | | \$ | | | \$ | | | Yes or No |
| | | | \$ | | | \$ | | | Yes or No |
| | | | \$ | | | \$ | | | Yes or No |
| | | | \$ | | | \$ | | | Yes or No |
| | | | \$ | | | \$ | | | Yes or No |

*1 - Business Interest 2 - Other liquid 3 - Personal Property 4 - Real Estate

**1 - Client 2 - Spouse 3 - Joint WROS 4 - Tenancy in Common 5 - Community Property CL = Client 1; SP = Client 2

| Assets – Stock Options | | | | | | | | | | | | | | | |
|------------------------|-------|----------------|---------------------|-------------|--------------|-----------------|-------------|------|-------------------|----------------|---------------|----------------|----------|-----------------|-----------|
| Description | Owner | Shares Granted | Current Share Price | Growth Rate | Date Granted | Expiration Date | Option Type | | | *Exercise Type | Exercise Date | Exercise Price | Dividend | Divid Grow Rate | Sale Date |
| | | | | | | | ISO | NQSO | Tax NQSO at Grant | | | | | | |
| | | | \$ | | | | | | | | \$ | \$ | % | | |
| | | | \$ | | | | | | | | \$ | \$ | % | | |
| | | | \$ | | | | | | | | \$ | \$ | % | | |
| | | | \$ | | | | | | | | \$ | \$ | % | | |

Exercise Type: 1. Exercise and Sell Shares 2. Exercise and Hold Shares 3. Exercise and Sell enough shares to cover costs and taxes.

| Disability Income Protection Policies | | | | | | | | | |
|---------------------------------------|-------------|---------|-----------------|-------------------|--------|------------------------|--------------------|---------|-------------------------|
| Policy Name | Policy Type | Insured | Monthly Benefit | Tax Free Benefits | COLA % | Maximum Benefit Period | Elimination Period | Premium | Other Features (Riders) |
| | | | \$ | | | | | \$ | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Policy Type – Enter a number to indicate type: 1 - Individual 2 - Group

Other Features – Examples of rider(s): 1 - Own Occupation 2 - Residual 3 - Partial Benefits, etc.

| Long Term Care Insurance Policies | | | | | | | | |
|-----------------------------------|-------------|---------|--------------------|-----------------|------------------------|--------------------|---------|-------------------------|
| Policy Name | Policy Type | Insured | Max. Daily Benefit | Inflation Rider | Maximum Benefit Period | Elimination Period | Premium | Other Features (Riders) |
| | | | \$ | | | | \$ | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Policy Type – Enter a number to indicate type: 1 - Individual 2 - Group