

	<u>Husband</u>				<u>Wife</u>			
Do you presently have a will?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you presently have a trust?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are any of your children or other beneficiaries disabled/Special Needs?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you own a 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 life insurance policy?	<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
Are you interested in obtaining a quote for life or long-term care insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you work with a financial advisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you interested in a referral to a financial advisor?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

ASSETS:

	Husband	Wife	Joint
Cash in Bank	\$ _____	\$ _____	\$ _____
Retirement – Work	\$ _____	\$ _____	\$ _____
Retirement-- Personal	\$ _____	\$ _____	\$ _____
Investments (Non-retirement)	\$ _____	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____	\$ _____
Business	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____

LIABILITIES:

Mortgage	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

LIFE INSURANCE:

Work	\$ _____	\$ _____	\$ _____
Personal	\$ _____	\$ _____	\$ _____

TOTAL ASSETS \$ _____ \$ _____ \$ _____

Husband Current Salary-_____ Wife Current Salary-_____

APPOINTMENTS

Nomination for Personal Representative of your Estate/Trustee of your Trust

(Individual(s)/Company responsible for managing your assets/settling your estate after you die)

1 st Choice	
2 nd Choice	
3 rd Choice	

Nomination for Agent for Financial Decisions

(An Agent handles your financial affairs if you become incapacitated)

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

Nomination for Agent for Medical Decisions

(An Agent makes medical decisions for you if you are unable to make them for yourself)

	Husband	Wife
1 st Choice		
2 nd Choice		
3 rd Choice		

Nomination for Guardian of your Minor/Disabled Child (if applicable)

(Individual(s) responsible for raising your children after you are deceased)

1 st Choice	
2 nd Choice	
3 rd Choice	

Nomination for Trustee for Minors/Disabled Beneficiaries (if applicable)

(Individual(s)/Company responsible for managing funds long-term for your beneficiaries until you believe they are capable of managing them on their own, if applicable)

1 st Choice	
2 nd Choice	
3 rd Choice	

PLAN OF DISTRIBUTION

Who are the Beneficiaries of your Estate?							
Name	Age	Relationship	Percentage (or specific amount)	Outright? (all at once upon your death)	O R	Held in Trust? (Distributed gradually; See options below)	

If a beneficiary you've named dies before you, should his or her share go to
 _____ His or her child(ren) **OR**
 _____ To the other beneficiaries who do survive? **OR**
 _____ Other (explain) _____

AGE OF DISTRIBUTION FOR FUNDS HELD IN TRUST (if applicable)

AGE(S) YOU WANT THE BENEFICIARIES TO RECEIVE THE MONEY: All at age _____ OR
 1/2 at age _____ 1/2 at age _____ OR
 1/3 at age _____ 1/3 at age _____ 1/3 at age _____
 Other _____

Principal and/or income for health, education, maintenance and support prior to age(s) above? Yes No

PERSONAL PROPERTY

Do you want your personal effects (household items, clothing, etc.) to be distributed the same way as above? If NO, specify how you want these items distributed

BACK-UP DISTRIBUTION PLAN

If you die, leaving no spouse, children, or grandchildren, (or none of the beneficiaries indicated above survive you) how do you want your estate distributed?
