



	<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 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

### **Nomination for Agent for Financial Decisions**

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

	Husband	Wife
1 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> 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 <sup>st</sup> Choice		
2 <sup>nd</sup> Choice		
3 <sup>rd</sup> Choice		

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

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

1 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> 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 <sup>st</sup> Choice	
2 <sup>nd</sup> Choice	
3 <sup>rd</sup> Choice	

**PLAN OF DISTRIBUTION**

<b>Who are the Beneficiaries of your Estate?</b>							
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

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**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?

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