Estate Planning Fact Finder

Prepared for: ____

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Provided by:

____

Date:

____

Family Information

	Name	Age	Health Problems or Special Needs, if Any
Client	____________________	_______	________________________________
Spouse	____________________	_______	________________________________
Children	____________________	_______	________________________________
	____________________	_______	________________________________

Residence Address ________________________ Telephone (___) _________

____

Your Occupation ___________________________ Employer _________________

Business Address ___________________________ Telephone (___) _________

____

Spouse's Occupation ________________________ Employer _________________

Business Address ___________________________ Telephone (___) _________

____

Attorney ___________________________________ Telephone (___) _________

Accountant _________________________________ Telephone (___) _________

Other Professional Advisor ____________________ Telephone (___) _________

Financial and Estate Planning Objectives

Be specific. (Examples: survivor income; minimize estate taxes; pass the business on to children; make a charitable bequest)

____

____

____

____

Is there anything else I should know about your family, your plans and objectives, obligations or anything that is of particular concern? _____________________________

____

____

____

Current Estate Plan

Do you have a will? Yes ___ No ___ Dated ________________

Does your spouse have a will? Yes ___ No ___ Dated ________________

Provisions of your and your spouse's wills: ____________________________________

Simple Will, all to surviving spouse Yes ___ No ___

A will with provisions for a trust Yes ___ No ___

Were you and your spouse married in another state? Yes ___ No ____

If yes, where? ____

Do you or your spouse own a residence or business in another state? ______________

Are you, spouse or children the beneficiaries of any trust? (Describe)

Describe any existing trusts or any special bequests (such as to a charity or others):

Post-Death Monthly Income Objectives

Monthly Income to Spouse/Family $___________ for ______ years

then $___________ for ______ years

Presently covered by Social Security: Self (Yes/No) _____ Spouse (Yes/No) _____

Other monthly income sources available? (Describe)

Education Fund Per Child $_____________

Emergency Fund $_____________

Mortgage Payoff Fund $_____________

Other Needs (Describe)

Retirement Plans

Retirement Monthly Income Objective: $_____________

Planned Retirement Age: Client ______ Spouse ______

		Projected Monthly Benefit	Death Value
Qualified Plans:	Client's Life	$_____________	$_____________
	Spouse's Life	$_____________	$_____________

Nonqualified Salary Continuation Plans? (Describe benefits)

Other Funds Available for Retirement? (Describe)

Annual Income

Client	Salary $______	Bonus $_______	Other $_______	Tax Bracket _______%
Spouse	Salary $______	Bonus $_______	Other $_______	

Assets and Liabilities

Assets

* Jointly owned and community property assets and liabilities are generally split equally between the spouses

	Current Fair Market Value ($) Self	Spouse	Value in Quick/ Forced Sale	Should this asset be disposed of at 1st death? (Yes/No)
Residence				
Other Real Estate				
Business Interest				
Marketable Securities				
Checking and Savings				
Life Insurance Owned on Your Life				
Cash Value of Life Insurance Policies Owned on Others				
Personal Property				
Retirement Funds				
Revocable Trusts				
Future Inheritance				
Other Assets				
Subtotal				

Liabilities

Mortgage on Residence				
Other Mortgages				
Consumer Loans				
Other Debts				
Subtotal				
TOTAL (Assets – Liabilities)				

Life Insurance

Company	Insured	Owner	Beneficiary	Total Face Amount	Cash Value	Type*	Loan Outstanding	Annualized Premium

* (P)ermanent, (U)niversal, (V)ariable, (T)erm, (G)roup, (C)redit Life, (M)ortgage Life, (S)econd-to-die

Health Insurance

Disability Income Insurance

Benefit Period:
Waiting Period:
Monthly Benefit:

Long-Term Care Insurance

Benefit Period:
Waiting Period:
Benefit Amount:
Maximum Benefit:

Other Health Insurance

Describe:

Notes

Important Information

This fact finder serves to help identify your financial needs and priorities and may be used in developing proposed solutions consistent with your needs and objectives. In completing this fact finder, you are entrusting our organization with certain personal and confidential financial data. We recognize that our relationship with you is based on trust and we hold ourselves to the highest standards in the safekeeping and use of your confidential information.

The information, general principles and conclusions presented in this report are subject to local, state and federal laws and regulations, court cases and any revisions of same. While every care has been taken in the preparation of this report, neither VSA, L.P. nor The National Underwriter Company is engaged in providing legal, accounting, financial or other professional services. This report should not be used as a substitute for the professional advice of an attorney, accountant, or other qualified professional.