



Confidential Estate Planning Profile

Prepared for: _____

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Provided by:

Date:

Personal Information

Husband

Name: _____ Date of Birth: ___/___/___
Height/Weight: ___ft___inches/___lbs. Tobacco Use?: Yes No
Social Security No.: _____ U.S. Citizen?: Yes No
Cell Phone No.: _____ Personal E-Mail: _____
Occupation: _____ Hazardous?: Yes No
Employer: _____ Title: _____
Annual Compensation: \$ _____ Year Started.: _____
Business Address: _____
Business Phone No.: _____ Business E-Mail: _____
Paying Alimony?: Yes No Amount? \$ _____ For How Long? _____
Paying Child Support?: Yes No Amount? \$ _____ For How Long? _____

Wife

Name: _____ Date of Birth: ___/___/___
Height/Weight: ___ft___inches/___lbs. Tobacco Use?: Yes No
Social Security No.: _____ U.S. Citizen?: Yes No
Cell Phone No.: _____ Personal E-Mail: _____
Occupation: _____ Hazardous?: Yes No
Employer: _____ Title: _____
Annual Compensation: \$ _____ Year Started.: _____
Business Address: _____
Business Phone No.: _____ Business E-Mail: _____
Paying Alimony?: Yes No Amount? \$ _____ For How Long? _____
Paying Child Support?: Yes No Amount? \$ _____ For How Long? _____

Marriage

Date of Marriage: _____
Is there a pre- or post-nuptial agreement? Yes No

Residence

Street Address: _____
City, State, Zip: _____
Phone No.: _____

Family Information

Children

Name	Date of Birth	Marital Status			Any Children?	
		(S, M or D)			(Y or N)	
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N
_____	___/___/___	S	M	D	Y	N

Husband's Family

	Name	Age	Estimated Net Worth	Any Support Provided?
Father	_____	_____	\$ _____	\$ _____
Mother	_____	_____	\$ _____	\$ _____
Other	_____	_____	\$ _____	\$ _____

Wife's Family

	Name	Age	Estimated Net Worth	Any Support Provided?
Father	_____	_____	\$ _____	\$ _____
Mother	_____	_____	\$ _____	\$ _____
Other	_____	_____	\$ _____	\$ _____

Other Dependents

Name	Age	Relationship	Any Support Provided?
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Gifts and Inheritances

Does the husband expect to receive any gifts or inheritances? Yes No
 If so, from whom? _____ For how much? _____
 Does the wife expect to receive any gifts or inheritances? Yes No
 If so, from whom? _____ For how much? _____

Special Needs

Are there any dependents with disabilities/special needs? If so, who? What estate planning provisions have been/should be made?

Current Estate Plan

Wills

	Yes	No
Does the husband have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Does the wife have a will?	<input type="checkbox"/>	<input type="checkbox"/>
Date written/last reviewed: _____/_____		
Type of Marital Deduction Clause:	Husband	Wife
None	<input type="checkbox"/>	<input type="checkbox"/>
100% to Surviving Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Credit Trust (Optimal)	<input type="checkbox"/>	<input type="checkbox"/>
Specific Dollar Amount	\$ _____	\$ _____
Specific Percentage of Estate	_____ %	_____ %
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has a guardian/caretaker been named for minor children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who?: _____		
Has a caretaker been named for any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who?: _____		

Trusts

	Yes	No
Does the husband have a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Type: _____		
Purpose: _____		
Beneficiaries: _____		
Assets/Value: _____ \$ _____		
Does the wife have a trust?	<input type="checkbox"/>	<input type="checkbox"/>
Type: _____		
Purpose: _____		
Beneficiaries: _____		
Assets/Value: _____ \$ _____		

Gifts

	Husband	Wife
Pre-1977 Taxable Gifts: Total Amount Given	\$ _____	\$ _____
Gift Taxes Paid	\$ _____	\$ _____
Post-1976 Taxable Gifts: Total Amount Given	\$ _____	\$ _____
Gift Taxes Paid	\$ _____	\$ _____
Planned Future Gifts to: _____	\$ _____	\$ _____
Planned Charitable Bequests to: _____	\$ _____	\$ _____

Inventory of Assets

Assets (Valued at Today's Fair Market Value)

Type of Asset	Owned by:				Available to Pay Estate Settlement Costs?	
	Husband	Wife	Joint Tenancy	Community Property		
Cash and Savings:						
Checking Account(s)	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Savings Account(s)	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
CDs	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Savings Bonds	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Investments:						
Stocks	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Bonds	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Mutual Funds	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Limited Partnerships	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Real Estate:						
Residence	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Vacation Home	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Rental/Investment	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Farm/Ranch	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Business Interests:						
Business Value	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Machinery/Equipment	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Accounts Receivable	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Benefit Plans:						
Survivor Benefits	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Vested Pension Benefits	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
IRA(s)	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Annuities	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Personal Property:						
Household Goods	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Cars/Boats	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Jewelry/Furs	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Collectibles	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Total Assets:	\$ _____	\$ _____	\$ _____	\$ _____		

Inventory of Liabilities

Liabilities

Type of Liability	Owed by:				To Be Paid at Death?	
	Husband	Wife	Joint Tenancy	Community Property		
Mortgages	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Installment Loans	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Charge Accounts	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Credit Cards	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Personal Notes	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Business Debt	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Accounts Payable	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	Y	N
Total Liabilities:	\$ _____	\$ _____	\$ _____	\$ _____		

Notes

Life Insurance Inventory

On Husband's Life

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company	_____	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____	_____
Type	_____	_____	_____	_____	_____
Death Benefit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Premium	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Cash Value	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Outstanding Loan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

On Wife's Life

	Policy 1	Policy 2	Policy 3	Policy 4	Policy 5
Company	_____	_____	_____	_____	_____
Policy Number	_____	_____	_____	_____	_____
Type	_____	_____	_____	_____	_____
Death Benefit	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Premium	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Owner	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____
Cash Value	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Outstanding Loan	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Notes

Employee Benefit Plans

Retirement Benefits: Husband

Entitled to Benefits from:	Projected Retirement Benefit	Death Benefit	% Vested	Present Value	Annual Contribution (if any)
<input type="checkbox"/> Defined Benefit Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Defined Contribution Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Profit-Sharing Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> 401(k) Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> SEP Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> IRA	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Non-Qualified Deferred Compensation	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	\$ _____	____ %	\$ _____	\$ _____

Retirement Benefits: Wife

Entitled to Benefits from:	Projected Retirement Benefit	Death Benefit	% Vested	Present Value	Annual Contribution (if any)
<input type="checkbox"/> Defined Benefit Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Defined Contribution Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Profit-Sharing Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> 401(k) Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> SEP Plan	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> IRA	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Non-Qualified Deferred Compensation	\$ _____	\$ _____	____ %	\$ _____	\$ _____
<input type="checkbox"/> Other: _____	\$ _____	\$ _____	____ %	\$ _____	\$ _____

Other Benefit Plans: Husband and Wife

Type of Benefit Plan	Husband		Wife	
	Covered?	Value at Death	Covered?	Value at Death
Split Dollar Plan	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Reverse Split Dollar Plan	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Death Benefit Only Plan	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Stock Option Plan	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Veterans Benefits	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____
Other: _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	\$ _____

Professional Advisors

Attorney: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Accountant: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Life Insurance Agent: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

P&C Insurance Agent: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Stockbroker: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Financial Planner: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

Trust Officer: _____

Firm Name: _____ Phone: _____
Street Address: _____
City, State, Zip: _____

With whom do you consult before making a financial decision? _____

Planning Priorities and Objectives

To Provide for Survivor Cash Needs

	At Husband's Death	At Wife's Death
Final Expense Fund		
➤ Medical Expenses	\$ _____	\$ _____
➤ Funeral Expenses	\$ _____	\$ _____
➤ Debt Liquidation	\$ _____	\$ _____
➤ Estate Settlement Costs	\$ _____	\$ _____
➤ Federal and State Death Taxes	\$ _____	\$ _____
➤ Bequests	\$ _____	\$ _____
Housing Fund		
➤ Mortgage Liquidation; or	\$ _____	\$ _____
➤ Rent Payment Fund	\$ _____ per mo.	\$ _____ per mo.
Education Fund		
➤ Per Child Funding; or	\$ _____ per child	\$ _____ per child
➤ Lump Sum Funding	\$ _____	\$ _____
Emergency Fund	\$ _____	\$ _____
Personal Services Fund		
➤ Child Care	\$ _____	\$ _____
➤ Household Duties	\$ _____	\$ _____
➤ Home and Yard Maintenance	\$ _____	\$ _____

To Provide for Survivor Income Needs

At Husband's Death	At Wife's Death
Monthly Survivor Income Objective: To Wife with Dependent Children \$ _____ To Wife Alone \$ _____ Husband Covered by Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Survivor Income Objective: To Husband with Dependent Children \$ _____ To Husband Alone \$ _____ Wife Covered by Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No

To Provide for a Comfortable Retirement

Planned Retirement Age:	Husband _____	Wife _____
Monthly Retirement Income Objective:		\$ _____

Planning Priorities and Objectives

To Provide for Funds in the Event of a Disability

	Husband	Wife
Monthly Disability Income Objective:	\$ _____	\$ _____
OR		
Disability Income Replacement Percentage:	_____ %	_____ %
Currently Available Short-Term Disability Income:	\$ _____	\$ _____
Currently Available Long-Term Disability Income:	\$ _____	\$ _____
Covered by Social Security?:	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

To Provide Education Funding

Child's Name	Age Funding to Begin	Years of Funding	Annual Education Costs	Any Current Per Child Savings *
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____
* Alternatively, Current Family Education Fund Balance				\$ _____

To Achieve Specific Estate Planning Objectives

	High Priority	Medium Priority	Low Priority	No Priority
Reducing Estate Settlement Costs	_____	_____	_____	_____
Providing Sufficient Estate Liquidity	_____	_____	_____	_____
Preserving the Value of the Estate	_____	_____	_____	_____
Planning for Orderly Disposition of a Business Interest	_____	_____	_____	_____
Making Specific Bequests	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____

In your own words, what is your most important estate planning objective?

Financial Information

Current Monthly Income

	Husband	Wife
Salary/Bonus:	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____
Dividends/Interest:	\$ _____	\$ _____
Rent:	\$ _____	\$ _____
Salary/Bonus:	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____

Investment Philosophy

Which Statement Best Describes the Client’s Tolerance for Investment Risk?

- Willing to accept reduced growth potential in return for preservation of principal (*low risk tolerance*).
- Willing to accept some risk of loss of principal in return for moderate growth potential (*moderate risk tolerance*).
- Willing to accept higher risk of loss of principal in return for higher growth potential (*high risk tolerance*).

Notes

Business Ownership Information

(To Be Completed by Business Owners Only)

Business Information

Name of Business: _____

Street Address: _____

City, State, Zip: _____

Business Phone Number: _____

Business Fax Number: _____

Business E-Mail Address: _____

Ownership Information

Type of Business: Sole Proprietorship

Partnership

Corporation

S-Corporation

Professional Corporation

Limited Liability Company

Percent of Ownership: _____%

Estimated Value: \$_____

Is there a business continuation agreement in effect? Yes No

Are there other business planning needs? Yes No

Document Checklist

Legal Documents

	Husband	Wife
Wills	_____	_____
Trusts	_____	_____
Pre- or Post-Nuptial Agreement	_____	_____
Other: _____	_____	_____

Tax Returns

	Husband	Wife
Personal Income Tax Returns	_____	_____
Gift Tax Returns	_____	_____
Other: _____	_____	_____

Employee Benefit Booklets

	Husband	Wife
Pension and/or Profit-Sharing Plan	_____	_____
401(k) Plan	_____	_____
Group Insurance	_____	_____
Disability Insurance	_____	_____
Other: _____	_____	_____

Insurance Policies

Husband		Wife	
Company	Policy No.	Company	Policy No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Business Ownership

	Husband	Wife
Buy-Sell Agreement	_____	_____
Section 303 Stock Redemption Agreement	_____	_____
Previous Business Valuation/Appraisal	_____	_____
Business Tax Returns	_____	_____
Other: _____	_____	_____

Received by: _____ Date: _____

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.

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