ESTATE PLANNING CONFIDENTIAL INFORMATION

Date:_____/____/______ Associate:________________________

Full Name _______________ FMLR_________________ Birthdate___/___/___ Social Security No. ___-__-____ Address (Res)___________________________________ (City)________________(St)_________(Zip)______ (Bus)____ (City)________________(St)_________(Zip______ Phone no. (Res)___________ (Bus)_________________ Occupation_______________ Employer____________ Health__________________________ Smoke? Yes / No Height_____________ Weight__________	Full Name _______________ FMLR_________________ Birthdate___/___/___ Social Security No. ___-__-____ Address (Bus)___________________________________ (City)________________(St)_________(Zip)______ Phone no. (Bus)_________________ Occupation_______________ Employer____________ Fulltime? Yes ___ No_____ Hours/Week____________ Continue? Yes / No Return? Yes / No When?____ Health__________________________ Smoke? Yes / No Height_____________ Weight__________

Children	Birthdate	Soc. Sec. #	Health	College
_________________	_____/____/______	_____-____-_______	________________	______________
_________________	_____/____/______	_____-____-_______	________________	______________
_________________	_____/____/______	_____-____-_______	________________	______________
_________________	_____/____/______	_____-____-_______	________________	______________

Other Dependents	Relationship	Age	Details
____________________________	______________________	______	___________________________
____________________________	______________________	______	___________________________

LAST FINANCIAL PLANNING

When_____________________ Result____________________________ Service___________________________

Who ______________________ Reaction____

Will: Yes / No Date____/____/____ Reviewed________________ Type____________________________

Trust: Yes / No ____

Tax Shelter: Yes / No ____

Attorney: ____

Accountant: ____

F&C: ____

Other: ____

CURRENT INSURANCE (Life, Disability, Group Medical)

	Insured	Company	Amount	Type	Owner	Beneficiary	Outlay	Equity
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________
[ ]	__________	___________	$________	_______	________	_____________	$__________	$________

SPECIAL FRINGE BENEFITS: (Retirement Plan, Stock Bonus, Deferred Compensation, etc.)

BALANCE SHEET

ASSETS	CLIENT Total	CLIENT Inc. Pro.*	PARTNER Total	PARTNER Inc. Pro.*
Market Value of Home	$______	$_______	$______	$_______
Other Real Estate	$______	$_______	$______	$_______
Personal Property	$______	$_______	$______	$_______
Death Benefit of Retirement Plan	$______	$_______	$______	$_______
Listed Securities	$______	$_______	$______	$_______
Value of IRA	$______	$_______	$______	$_______
Life Insurance (owned)	$______	$_______	$______	$_______
Business Interest	$______	$_______	$______	$_______
Checking & Savings	$______	$_______	$______	$_______
Other	$______	$_______	$______	$_______
Other	$______	$_______	$______	$_______
Other	$______	$_______	$______	$_______
Total	$______	$_______	$______	$_______

LIABILITIES	CLIENT Amount	CLIENT Payment
Mortgages on Home	$________	________
Mortgage Other RE	$________	________
Current Bills	$________	________
Notes	$________	________
Other Debts	$________	________
Total	$________	________

LIABILITIES	PARTNER Amount	PARTNER Payment
Mortgages on Home	$________	________
Mortgage Other RE	$________	________
Current Bills	$________	________
Notes	$________	________
Other Debts	$________	________
Total	$________	________

* Enter the amount of each asset that is income-producing at death.

Insur. owned by others	(client) ___________________	$___________	____________________	$__________
	(PARTNER) ___________________	$___________	____________________	$__________

INCOME

	CLIENT	PARTNER		CLIENT	PARTNER	
20___ Earned	_______	_______	Investment	_______	_______	Marginal
Projected ____ Year(s)	_______	_______	_______ Years	_______	_______	Tax Bracket _____%

MINIMUM FINANCIAL OBJECTIVES At Death of:

NEED	CLIENT	PRIORITY	PARTNER	PRIORITY	NOTES
Financial Expenses	$___________	[ ]	$___________	[ ]	___________________________
PARTNER's Life Income	$___________/YR	[ ]	$___________/YR	[ ]	___________________________
Mortgage on Home	$___________	[ ]	$___________	[ ]	___________________________
Debts/ Notes	$___________	[ ]	$___________	[ ]	___________________________
Education	$___________	[ ]	$___________	[ ]	
Disability	$___________/YR	[ ]	$___________/YR	[ ]	___________________________
Retirement (Age)	$___________/YR	[ ]	$___________/YR	[ ]	___________________________
Other	$___________/YR	[ ]	$___________/YR	[ ]	___________________________

Budget: Can set aside ___% of total income. [ ] $_____________per year [ ]

Savings: Current $_________(%) per _____________. Satisfied: Yes_________ No__________ Desired $______________

Special Considerations (plans, changes, inheritances, charities $__________/YR.)

Assumptions: Rate of Return on Assets invested for current income _____% Inflation Rate % = ________________%

NEXT APPOINTMENT: Date ______/_______/_______ Time______:_________ Place ____________________________

With Whom? ____________________ Based upon our discussion, in what two ways can I help you most?