

In order to evaluate your preparedness to pay federal and state estate taxes, probate costs and administrative fees at death, you will need to complete this data collection form and the **Personal Client Data** form.

**Estate Plan**

General Estate Information	Client A	Client B
Hypothetical Age of Death	_____	_____
Family Business Deduction	\$ _____	\$ _____
Expenses	Client A	Client B
Final	\$ _____	\$ _____
Probate	_____ %	_____ %
Administration (fixed dollar amount)	\$ _____	\$ _____
Administration (percent of estate)	_____ %	_____ %
Estate Tax Assumptions		
Federal Estate Tax Law to Apply	<input type="checkbox"/> Current Law	<input type="checkbox"/> None
State Death Tax Law to Apply	<input type="checkbox"/> Federal Pick-up	<input type="checkbox"/> State Freeze (Specify year: _____)
	<input type="checkbox"/> Specific Amount (at first death \$ _____ and at second death \$ _____)	

**Interview Questions**

How do you feel about creating a legacy for your children and heirs? \_\_\_\_\_

Do you have a will? If so, when was it last updated? \_\_\_\_\_

Have any major life events occurred since the last update to your will? \_\_\_\_\_

Do you have a Revocable Living Trust (RLT) or a Credit Shelter Trust (CST)? \_\_\_\_\_

Do you have an Irrevocable Life Insurance Trust? If so, how many ILITs do you have? \_\_\_\_\_

Do you make gifts to your family? If so, how many gifts do you make each year? \_\_\_\_\_

Do you own property in another state? If so, what state? \_\_\_\_\_

Do you have any Charitable Bequests, Gifting and Credit details you would like to provide? \_\_\_\_\_

**Prior Gift Details**

	Client A	Client B
Taxable gifts made prior to January 1 <sup>st</sup> 1977	\$ _____	\$ _____
Taxable gifts made after December 31 <sup>st</sup> 1976	\$ _____	\$ _____
Total gift taxes already paid on above gifts	\$ _____	\$ _____
Portion of gift taxes that were paid in the three years prior to the plan date	\$ _____	\$ _____
Ownership of life insurance policies transferred and retained interests relinquished within three years of death	\$ _____	\$ _____
Federal gift tax credit already used	\$ _____	\$ _____
Generation-skipping transfer tax exemption already used	\$ _____	\$ _____
Other estate credits	\$ _____	\$ _____

**Charitable Bequests Details**

Cash Gifts to qualified charities at death

Client A Dies \$ \_\_\_\_\_  
 Client B Dies \$ \_\_\_\_\_  
 First-To-Die \$ \_\_\_\_\_  
 Second-To-Die \$ \_\_\_\_\_

*Gift and Charitable Bequest Details apply to the current estate and to all estate scenarios.*

**Retirement Objective**

If your Estate Plan includes your retirement years, the complete the Retirement Objective section.

	Client A	Client B
Retirement Begins at Age	_____	_____
Life Expectancy for Plan	_____	_____
Include Social Security Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Age to Begin Social Security Benefits*	<input type="checkbox"/> Normal Retirement Age <input type="checkbox"/> Age _____ (not less than 62)	<input type="checkbox"/> Normal Retirement Age <input type="checkbox"/> Age _____ (not less than 62)

\* Normal Retirement Age is 66 if birth year is between 1943 and 1959, and age 67 if birth year is after 1959.

**Retirement Income Needs**

	Age	Monthly Need	Additional Monthly Need
Phase 1	Retirement	\$ _____	\$ _____
Phase 2	_____	\$ _____	\$ _____
Phase 3	_____	\$ _____	\$ _____
Phase 4	_____	\$ _____	\$ _____
Phase 5	_____	\$ _____	\$ _____
	Increase Need By	_____ %	_____ %

**Your Preferences**

What percent of your total monthly income would be needed for retirement, excluding loan payments? (e.g., 70%, 85%) \_\_\_\_\_ %

**Interview Questions**

What kinds of activities do you envision in your retirement? \_\_\_\_\_  
 Do you foresee health issues during retirement? \_\_\_\_\_  
 How much do you want to rely on Social Security for income? \_\_\_\_\_  
 If you have a partner, what changes would be made at first death? \_\_\_\_\_

Notes:

**Survivor Cash Needs**

If your Estate Plan assumes there will be survivor needs then complete the two Survivor sections.

	<u>Client A's Death</u>	<u>Client B's Death</u>
Dependent Care	\$ _____	\$ _____
Cash Bequests	\$ _____	\$ _____
Emergency Reserve Fund	\$ _____	

*Liabilities to Pay*

List the reference codes of the liabilities you wish to be paid off in a survivor analysis.

Client A's Death \_\_\_\_\_

Client B's Death \_\_\_\_\_

**Survivor Income Needs**

*Client A's Death*

<u>Client B's Age*</u>	<u>Monthly Need (1)</u>	<u>Monthly Need (2)</u>	<u>Survivor's Earnings</u>
Today	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Increase Need Annually By _____ %	_____ %		
Age to Receive Social Security Retirement Benefit	_____		
Minimum Asset Balance to Retain	\$ _____		

\* If single, enter the number of years from today, rather than Client B's age, to indicate when income needs will change.

*Client B's Death*

<u>Client A's Age</u>	<u>Monthly Need (1)</u>	<u>Monthly Need (2)</u>	<u>Survivor's Earnings</u>
Today	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Increase Need Annually By _____ %	_____ %		
Age to Receive Social Security Retirement Benefit	_____		
Minimum Asset Balance to Retain	\$ _____		

**Your Preferences**

What percent of your total monthly income would be needed for survivor needs with dependents at home? (e.g., 70%) \_\_\_\_\_ %

What percent of your total monthly income would be needed for survivor needs without dependents at home? (e.g., 50%) \_\_\_\_\_ %

**Asset Assignment**

All qualified and non-qualified investment assets entered into this plan (with the exception of 529, Coverdell and UTMA/UGMA accounts) are considered to be available to meet retirement and survivor income needs. If there are accounts that you do not wish to be used for these objectives, indicate the reference codes below.

Retirement \_\_\_\_\_

Survivor: Client A Dies \_\_\_\_\_

Survivor: Client B Dies \_\_\_\_\_

**Key Asset Designation**

**Surplus Income Asset:** Specify which asset should receive excess income, including RMD, after total needs have been met.

**Lump Sum Asset:** Specify which asset should receive amounts from insurance, lump-sum income sources, proceeds from the sale of hard assets, etc.

**Distribution Order**

What order do you intend to make distributions from your accounts?

- I intend to distribute from my accounts and holdings with the goal of deferring income taxes.
- I intend to ensure that there are no undue estate consequences from passing qualified plans to heirs.
- I intend to distribute in the following custom order. In the section below, enter the account reference codes next to the desired number. If more than one account is listed next to the same number, this indicates that distributions will be made from these accounts simultaneously.

Order #	Account/Holding Reference #	Order #	Account/Holding Reference #
1	_____	6	_____
2	_____	7	_____
3	_____	8	_____
4	_____	9	_____
5	_____	10	_____

**Asset Sales**

If you intend to sell assets as part of this plan, then list the details here. If you intend to downsize (or upsize) your residence, you can indicate that here as well. Any proceeds from a sale will be added to your retirement assets.

Hard Asset Ref #	When Will You Sell?	Estimated Closing Costs	Commissions	Primary Residence? <sup>1</sup>	Downsize Residence <sup>2</sup>	Survivor Needs <sup>3</sup>
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies
_____	_____	\$ _____	_____ %	<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> CL-A Dies <input type="checkbox"/> CL-B Dies

<sup>1</sup> Indicate if this is the primary residence for tax purposes.

<sup>2</sup> If you plan to downsize your residence, indicate the size of the replacement home. The percent will be applied to the value of the home at the time of sale.

<sup>3</sup> Indicate if the sale should take place immediately in the event of a premature death of either Client A or Client B.

**Asset Allocation & Portfolio Returns**

Describe your plans for the allocation of your portfolio over the life of this analysis. Do you have differing allocation objectives for each goal?

**Declaration**

I declare that I have reviewed the information collected in this data sheet and that the investment data is correct to the best of my knowledge.

Client A Printed Name

Signature

Date

Client B Printed Name

Signature

Date