

Surprenant & Beneski, P.C.

ESTATE PLANNING WORKSHEET

(PLEASE COMPLETE THIS PACKET IN INK)

1. *We must have this Worksheet returned to us at least one week prior to our meeting.* This will ensure we have enough time to understand the specifics of your situation before our meeting.
2. If you need assistance completing the information, call our office and we will help you.
3. We don't need account numbers at this time.
4. Don't worry about total accuracy – just do the best you can.
5. Please remember that anyone you believe you need at the meeting in order to make decisions about planning should be at the meeting.

WE LOOK FORWARD TO SEEING YOU!!!

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

Surprenant & Beneski, P.C.
35 Arnold Street, New Bedford, MA 02740 – Phone: 508-994-5200 – Fax: 508-994-2227
336 South Street, Hyannis, MA 02601* – Phone: 508-477-1102
45 Bristol Drive, Easton, MA 02375* – Phone: 508-427-5400
MyFamilyEstatePlanning.com

***Direct All Correspondence to the New Bedford Office**

ESTATE PLANNING WORKSHEET

PERSONAL INFORMATION

DATE FILLED IN ___/___/___

Client #1's Name _____

PLEASE PRINT (Name you want to appear on your estate planning documents)

Also Known As _____

(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ Age _____ US Citizen? _____

Home Address _____ City _____ State ____ Zip _____

Home Telephone _____ Cell Phone Number _____

E-mail Address _____

Married? _____ Date of Marriage _____

Client #2's Name (If applicable) _____

PLEASE PRINT (Name you want to appear on your estate planning documents)

Also Known As _____

(other names used to title property and accounts)

Prefer to be called _____ Birth date _____ Age _____ US Citizen? _____

Cell Phone Number _____ E-mail Address _____

Has either of you attended any of our seminars? _____ If yes, where and when? _____

How were you referred to our office? _____

Veteran's Status

Is either of you a Veteran? Yes No If yes, whom? _____ Dates of Service _____

Current Physical and Mental Conditions for Client #1 and Client # 2:

Client # 1 _____

Client # 2 _____

Insurances for Client # 1 and Client # 2:

Health Insurance:	<u>Client # 1</u>	<u>Client # 2 (if applicable)</u>
Company	_____	_____
Individual or Family	_____	_____
Monthly Premium	_____	_____
Long Term Care Ins.	_____	_____

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Children and Family (Including Legally Adopted Children)

Full Name _____ **Sex** **DOB** _____ **Age** _____ **Parent (circle)** Ours His Hers _____ **Number of children that your child has** _____

1. _____ M F ___/___/___ _____ Ours His Hers _____

Address _____
(Number) (Street Name) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

2. _____ M F ___/___/___ _____ Ours His Hers _____

Address _____
(Number) (Street Name) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

3. _____ M F ___/___/___ _____ Ours His Hers _____

Address _____
(Number) (Street Name) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

4. _____ M F ___/___/___ _____ Ours His Hers _____

Address _____
(Number) (Street Name) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

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5. _____ M F ___/___/___ _____ Ours His Hers _____

Address _____
(Number) (Street Name) (City) (State) (Zip Code)

Home Phone (____) _____ Cell Phone (____) _____ E-mail _____

Is this child disabled? Y or N

Are you concerned with this child's ability to manage money? Y or N

Do you have any deceased children? Y or N If yes, did they leave surviving children? Y or N

Do any of your children have step-children? Y or N _____

Do you want to exclude anyone from receiving any portion of your estate? Y or N If yes, who?

ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

WHO (if anyone) do you need to be at a meeting in order for you to make decisions about your planning? Could be child, advisor, friend....

YOUR PLANNING OBJECTIVES

In your own words, briefly outline your objectives for our meeting: _____

CLIENT # 1

CLIENT # 2

Do you have a:

- | | | | | |
|---------------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trust | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Durable Power of Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Massachusetts Health Care Proxy | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HIPAA Release | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Living Will/Advance Directive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please bring copies of these documents or if possible send them in advance of meeting.

Are you making payments pursuant to a divorce or property settlement order? *Please furnish a copy* Yes No Yes No

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If married have you and your spouse signed a pre- or post-marriage contract? *Please furnish a copy* **Yes** **No** **Yes** **No**

Do you own a business? **Yes** **No** **Yes** **No**

Has either spouse ever filed federal or state gift tax returns? *Please furnish copies of these returns.* **Yes** **No** **Yes** **No**

Is either spouse currently the beneficiary of anyone else's trust? *If so, please explain below.* **Yes** **No** **Yes** **No**

ADDITIONAL INFORMATION FROM ABOVE OR ANYTHING ELSE YOU WANT TO TELL ME.

INCOME/ASSET/LIABILITY INFORMATION

Please list your income/asset/liability information in the appropriate section below.
Attach additional pages, if necessary.

INCOME:	<u>Client # 1</u>	<u>Joint</u>	<u>Client # 2</u>
Earned Monthly Income from Labor:	_____	_____	_____
Monthly Social Security Income:	_____	_____	_____
Monthly Pension Income:	_____	_____	_____
Other Monthly Income:	_____	_____	_____

REAL PROPERTY

Please list any interest in real estate including your family residence, vacation home, time share or vacant land.
(please list manner in which title held – Joint Tenant, Community Property, Separate Property, Tenant in Common)

General Description and/or Address	Owner	Market Value	Equity
_____	_____	_____	_____
_____	_____	_____	_____
	Total	_____	_____

Have you purchased or sold any property beyond your PRIMARY residence? _____

Do you receive a tax abatement for any property that you own? _____ If yes, how much is the abatement? _____

Have you recorded Homestead Declaration? Yes No

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CHECKING, SAVINGS, CD, & MONEY MARKET ACCOUNTS

TYPE: Checking Account "CA", Savings Account "SA", Certificates of Deposit "CD", Money Market "MM" (*indicate type below*). Do not include IRA's or 401(k)'s here

Please check the box below to indicate the accounts that receive your monthly income (e.g. social security, pension and/or required distributions).

Name of Institution	Type	Owner	Approximate Amount	Check off Account Income is Deposited to
_____	_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	_____	\$ _____	<input type="checkbox"/>
<i>Total</i>			\$ _____	

Note: If Account is in your name (or your spouse's name) for the benefit of a minor, please specify and give minor's name.

RETIREMENT PLANS

TYPE: Pension (P), Profit Sharing (PS), H.R. 10, IRA, SEP, 401(K), Qualified Annuity (tax-deferred annuity).

<u>Financial Institution:</u>	<u>Owner:</u>	<u>Annuitant (if applicable):</u>	<u>Beneficiary:</u>	<u>Account Balance:</u>	<u>Death Benefit, if any:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>				_____	_____

NON-QUALIFIED ANNUITIES

A non-qualified annuity is an annuity funded with after-tax dollars. While distributions from a qualified annuity are taxed as income, distributions from a non-qualified annuity are not subject to income tax in their entirety. Generally, only the capital gain is taxable.

<u>Financial Institution:</u>	<u>Owner:</u>	<u>Annuitant:</u>	<u>Beneficiary:</u>	<u>Account Balance:</u>	<u>Death Benefit, if any:</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<i>Total</i>				_____	_____

STOCKS, BONDS, MUTUAL FUNDS & BROKERAGE ACCOUNTS

TYPE: List any and all stocks and bonds you own. If held in a brokerage account, lump them together under each account. (*indicate type below*)

Stocks, Bonds, Mutual Funds or Brokerage Accounts	Type	Owner	Approximate Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>			_____

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LIFE INSURANCE POLICIES

TYPE: Term (has no cash surrender value), whole life (has a cash surrender value), split dollar, group life.

Financial Institution:	Owner:	Insured:	Type:	Beneficiary:	Cash Value, if any:	Death Benefit:
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Total _____

BUSINESS INTERESTS

TYPE: General and Limited Partnerships, Sole Proprietorships, privately owned corporations, professional corporations, oil interests, farm and ranch interests. **ADDITIONAL INFORMATION:** Give a description of the interests, who has the interest, your ownership in the interests, and the estimated value of the interests.

Total _____

MONEY OWED TO YOU

TYPE: Mortgages or promissory notes payable to you, or other moneys owed to you.

Name of Debtor	Date of Note	Maturity Date	Owed to	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			<i>Total</i>	_____

ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT

TYPE: Gifts or inheritances that you expect to receive at some time in the future; or moneys that you anticipate receiving through a judgment in a lawsuit. **Describe in appropriate detail.**

Description _____

Total estimated value _____

OTHER ASSETS

TYPE: Other property is any property that you have that does not fit into any listed category.

Type	Owner	Value
_____	_____	_____
_____	_____	_____
		<i>Total</i>

GIFTS

Have you made any gifts or transfer of property to an individual or trust within the past five years? _____

If yes, please list the amount, when and to whom were the assets transferred?

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