



Abundance through discipline, knowledge, and planning . . .

**RETIREMENT DISTRIBUTION & ESTATE PLANNING
CONFIDENTIAL QUESTIONNAIRE**

Date: _____

A. PERSONAL

Husband

Wife

1. Name _____
(Please include middle initials)

2. Address (Permanent) _____ (Seasonal) _____

3. Telephone
a. Home _____
b. Work _____
c. Email _____

4. Birth Date _____

5. SS No. _____

6. Marriage Date _____

7. Place of Marriage _____

8. Citizenship _____

B. PRIOR MARRIAGES (if applicable)

1. Former Spouse _____
2. Marriage Date _____
3. Terminated by
Death/Divorce on _____
4. Obligations to
or from former
spouse _____
5. Child support _____
6. Separate
Maintenance _____

In the event of divorce, please provide a copy of the Decree of Dissolution any related Agreements.

C. CHILDREN (Please indicate if child of prior marriage)

1. Living Children of Husband:

- a. Name _____
Birth Date _____
- b. Name _____
Birth Date _____
- c. Name _____
Birth Date _____
- d. Name _____
Birth Date _____

2. Deceased Child of Husband {Do you have any deceased children, with surviving children (i.e., grandchildren); if so, please list}

3. Living Children of Wife:

- a. Name _____
Birth Date _____
- b. Name _____

Birth Date _____

c. Name _____

Birth Date _____

d. Name _____

Birth Date _____

4. Deceased Children of Wife {Do you have any deceased children, with surviving children (grandchildren); if so, please list}

D. DEPENDENTS

Are there any persons (other than minor children) who are partially or wholly dependent upon either husband or wife for support now or possibly in the future?

E. EXISTING WILL OR LIVING TRUST

1. Have you ever executed a Will or Living Trust? _____

2. If yes, who prepared these documents? _____

3. Please furnish a copy of any Will or Living Trust you have executed.

F. INTERSPOUSAL AGREEMENTS

1. Have you ever executed a Community Property Agreement? _____

2. Have you ever executed any other agreements between yourself and your spouse regarding your property? _____

3. Please furnish a copy of any Agreements.

G. TRUSTS

1. Does any member of your family receive income from any trust? _____

If yes, who created the trust? _____

2. Please furnish copies of all instruments relating to the trusts, as well as a current list of trust assets and statement of income.

H. INSURANCE

1. Are there any Long Term Care Insurance Policies for you or your spouse? Please provide a copy of any policies.
2. Are there any life insurance policies in existence on the life of either spouse? _____
3. If so, please provide information regarding:
 - a. Name of Company (ies) _____

 - b. Type of Insurance _____

 - c. Amount of Cash Surrender Value _____

 - d. Designated Beneficiary (ies) _____

I. JOINT TENANCY ASSETS

Do you own any real or personal property as joint tenants with each other or third parties? _____

If so, please describe _____

J. RETIREMENT BENEFITS

Is either spouse a participant in a retirement plan? _____

Husband's retirement benefits:

<u>Type of Plan</u>	<u>Current Value</u>	<u>Beneficiary Designation</u>
IRAs	_____	_____
401(k)	_____	_____
Keogh	_____	_____

403(b)	_____	_____
Profit Sharing	_____	_____
Other	_____	_____

Wife's retirement benefits:

<u>Type of Plan</u>	<u>Current Value</u>	<u>Beneficiary Designation</u>
IRAs	_____	_____
401(k)	_____	_____
Keogh	_____	_____
403(b)	_____	_____
Profit Sharing	_____	_____
Other	_____	_____

K. GIFTS AND/OR INHERITANCES

1. Is husband, wife, or children likely to receive any gifts or inheritances?

2. Does the husband or wife make, or intend to make regular gifts to any person? _____

If yes, please describe _____

I. PLANNING OBJECTIVES AND PRIORITIES

Please describe any significant planning objectives or priorities you may have. These may include bequests that you would like to make to family members and friends, as well as any charitable gifts you wish to make. Attach an additional page if more room is required. _____

M. ASSET SCHEDULE (Please indicate if any asset is separate property of either husband or wife and approximate current value)

	<u>Current Value</u>	<u>Basis if known</u>
1. Your home	\$ _____	\$ _____
2. Other real estate	\$ _____	\$ _____

3. Savings/investments	\$ _____	\$ _____
4. Qualified Retirement Plans/ IRAs	\$ _____	\$ _____
5. Life Insurance/annuities	\$ _____	\$ _____
6. Business assets	\$ _____	\$ _____
7. Personal property*	\$ _____	\$ _____
8. Other	\$ _____	\$ _____
9. <u>LESS</u> Liabilities	\$ (_____)	\$ (_____)
10. Net Worth (Approximate)	\$ _____	

N. TENTATIVE WILL PROVISIONS TO BE DISCUSSED WITH ATTORNEY

1. Personal Representative(s) (Administers Will During Probate)

1st Choice _____

2nd Choice _____

2. Trustee(s) (Manages estate for the benefit of beneficiaries)

1st Choice _____

2nd Choice _____

3. Guardian(s) of Minor(s) (Raises children who are not yet age 18)

1st Choice _____

2nd Choice _____

4. Distribution of Trust Estate

a. Age of youngest child before distribution

b. Age of distribution

1. First portion _____

2. Second portion _____

3. Third portion _____

5. Distribution of tangible personal property _____

6. Specific Bequests _____

7. Charitable Gifts (your attorney will ask for the legal name, address, and federal tax ID number for each organization)

a. Charitable Gift 1

Organization Name _____

Address _____

Federal Tax ID Number _____

Gift Use by Organization _____

Specific Amount _____

Percentage of estate _____

Residuary/remainder of estate _____

b. Charitable Gift 2

Organization Name _____

Address _____

Federal Tax ID Number _____

Gift Use by Organization _____

Specific Amount _____

Percentage of estate _____

Residuary/remainder of estate _____

c. Charitable Gift 3

Organization Name _____

Address _____

Federal Tax ID Number _____

Gift Use by Organization _____

Specific Amount _____

Percentage of estate _____

Residuary/remainder of estate _____

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8. Funeral/Burial Arrangements (Note: We do not recommend that this provision be included in the Will because the contents of the Will are not always known to the person in charge at the time the arrangements are being made. It is suggested that if the client has specific wishes, that they be made known to the persons who would be in charge at the time of his or her death.

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9. Other specific provisions or information to be included in the Will, such as operation or provision for family business. _____

O. DURABLE POWER OF ATTORNEY

The Durable Power of Attorney is a document which is either effective upon signing or can become effective upon the proven incompetency (aka incapacity) of an individual to handle his or her own affairs. The value of this document is that it would hopefully avoid the necessity of guardianship in the event of incompetency.

1. Have you executed a power of attorney? _____
2. If you have done so, please provide a copy _____
3. Effective upon signing or incapacity? _____

P. DIRECTIVE TO PHYSICIANS (LIVING WILL)

The purpose of the Directive of Physicians is to make known the desire of the person signing the document of his wish not to have his life “artificially prolonged” in the case of any injury, disease, or terminal condition. Does client wish to have such a document prepared or discuss further?

Yes _____ No _____

Q. ORGAN DONOR INFORMATION

Do you wish to discuss organ donation at death?

Yes _____ No _____

R. ADDITIONAL PLANNING OBJECTIVES AND PRIORITIES

What other changes do you anticipate at retirement; sale of a residence or second home, purchase of a second home, increased travel, financial help for grandchildren, increased time on charitable activities, start another career?

S. WHAT INCOME DO YOU WANT TO HAVE IN RETIRMENT? _____

T. OTHER ISSUES YOU WOULD LIKE TO DISCUSS WITH YOUR ATTORNEY?

This form is provided to clients and prospective clients as a courtesy to facilitate planning. It is not intended to provide legal or financial advice. Individuals are urged to consult with their legal adviser before executing any documents that affect or impact their estate.

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