



# WealthPLAN

A Law Practice Dedicated to Family Wealth Preservation

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## CONFIDENTIAL ESTATE PLANNING CLIENT INFORMATION

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DATE: \_\_\_\_\_ REFERRED By: \_\_\_\_\_

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### SECTION I. PERSONAL DATA

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PLEASE USE CARE. YOUR DOCUMENTS WILL BE DRAFTED USING THE NAMES AS YOU PROVIDE THEM ON THIS FORM.

YOUR NAME: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

Other Names Used \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

SPOUSE'S/PARTNER'S NAME: \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

Other Names Used \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Date and Place of Marriage Date: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Street Address

City

State

Zip

County

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Personal e-mail \_\_\_\_\_ Cell \_\_\_\_\_

*(Please \*\* the location at which you prefer to receive email/messages/correspondence)*

**CLIENT:**

PLACE OF EMPLOYMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business e-mail \_\_\_\_\_

**SPOUSE/PARTNER:**

PLACE OF EMPLOYMENT \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_ Business e-mail \_\_\_\_\_

**CHILDREN**

**BIRTHDATES**

**MARITAL STATUS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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## SECTION II. PROFESSIONAL CONTACTS

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ACCOUNTANT: \_\_\_\_\_

( ) \_\_\_\_\_

PHONE

ADDRESS

YES, I am interested in a referral to other accountants

FINANCIAL PLANNER/ADVISOR: \_\_\_\_\_

( ) \_\_\_\_\_

PHONE

ADDRESS

YES, I am interested in a referral to other financial planners/advisors

LIFE INSURANCE AGENT: \_\_\_\_\_

( ) \_\_\_\_\_

PHONE

ADDRESS

YES, I am interested in a referral to other life insurance agents

OTHER LEGAL COUNSEL: \_\_\_\_\_

( ) \_\_\_\_\_

PHONE

ADDRESS

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## SECTION III. PERSONAL ASSETS

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Attach copy of grant deed and account statements when possible

**REAL PROPERTY:**

ADDRESS	TITLE (joint tenancy, community property, etc.)	LOAN BALANCE	FAIR MARKET VALUE (est.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BANK ACCOUNTS:**

BANK NAME	TITLE	ACCOUNT NO.	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BROKERAGE ACCOUNTS:**

NAME	TITLE	ACCOUNT NO.	BALANCE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**RETIREMENT ACCOUNTS:**

PARTICIPANT	PLAN TYPE (IRA, 401K, etc.)	ACCT. BAL.	BENEFICIARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**BUSINESS INTERESTS, PARTNERSHIPS, ETC.** (Please describe and give estimated value)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER ASSETS:**

DESCRIPTION	ESTIMATED VALUE
_____	_____
_____	_____
_____	_____
_____	_____

**LIFE INSURANCE:**

OWNER	INSURED	FACE AMOUNT	BENEFICIARY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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## SECTION IV. FIDUCIARIES

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Name the person(s) whom you wish to act in the following capacities:

**TRUSTEE** The person(s)/entity you wish to act as successor Trustee of your Trust to administer and distribute Trust property for the benefit of your beneficiaries.)

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BACKUP TRUSTEE

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXECUTOR** The person who will be responsible for administering your Will

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BACKUP EXECUTOR

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN/PERSON** The person(s) with whom any minor child would reside

**RELATIONSHIP**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

BACKUP GUARDIAN/PERSON

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**GUARDIAN/ESTATE** The person(s) who has power to manage a minor child's finances

**RELATIONSHIP**

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**BACKUP GUARDIAN/ESTATE**

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## SECTION V. OTHER INFORMATION

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Please provide any other information or concerns, whether personal or financial, of which we should be aware:

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