ATTORNEY REVIEW FEE = $295

EPS *Portfolios* eDATA-KIT

OFFICE USE ONLY
STATE:
- ☐ **TWO WEEKS:**
- ☐ **THREE WEEKS:**
- ☐ **RUSH BY:**

Client Number

~ ATTORNEY REVIEW QUESTIONNAIRE ~

____
Client Name

ADD ASSETS, # __

LIST VALUES UNDER CURRENT OWNER
NOTE: If entered on computer, numbers will automatically add.

READ FIRST - Double-click for info

	Client	Spouse	Jointly
REAL ESTATE ➧ Also Installment Contracts			
Residence	$ ________	$ ________	$ ________
Other Properties # __	$ ________	$ ________	$ ________
PERSONAL PROPERTY			
Personal Property	$ ________	$ ________	$ ________
TITLED ASSETS			
Bank Accounts # __	$ ________	$ ________	$ ________
Brokerage Accounts # __	$ ________	$ ________	$ ________
Mutual Funds # __	$ ________	$ ________	$ ________
Stocks # __	$ ________	$ ________	$ ________
Bonds # __	$ ________	$ ________	$ ________
Life Insurance (Death Benefit) # __	$ ________	$ ________	$ ________
Business Value	$ ________	$ ________	$ ________
Deferred Annuities # __	$ ________	$ ________	$ ________
IRA's, etc. # __	$ ________	$ ________	
SUB TOTAL	$ 0 (A)	$ 0 (B)	$ 0 (C)

GROSS ESTATE (A)+(B)+(C) = $ 0

LIABILITIES:

Mortgages, loans, etc.	$ ________	$ ________	$ ________

For Liabilities, use negative numbers, e.g. –1

NET ESTATE = $ 0

Financial Advisor Name:
Address:
City: State: Zip:
Phone: FAX:
E-mail:

A) CLIENT (& SPOUSE) PERSONAL INFORMATION

Your Trust name is: ______________________________ ☐ Restatement of Trust U A D: __________

Client: ☐ MRS. ☐ MR. ☐ MS. ______________________________ - __________ - __________
First Name Initial Last Name Social Security No. Date of Birth

Spouse: ______________________________ - __________ - __________
First Name Initial Last Name Social Security No. Date of Birth

Marital Status: ☐ Married - Indicate date of marriage: __________ ☐ Single ☐ Divorced ☐ Widowed

Client is citizen of __________ Spouse is citizen of __________

Resident Address: (Street) ______________________________ (City) ____________________

(County) ______________________________ (State) __________ (Zip) __________

☐ Mailing Address is different *or* ☐ Signing *Portfolio* in another County & State - Provide in Miscellaneous - see last page

Telephone: ____________________ - __________ ____________________ - __________
Home No. Hours to call Work No. Hours to call

B) PRIMARY BENEFICIARIES OF TRUST (AFTER SURVIVING SPOUSE)

- List name, age, & relationship of beneficiaries. List ALL children; ***even if to get 0%***!
- Indicate percentage each is to receive from Client's share (C/Share) & Spouse's share (S/Share))
- On the Relationship line use codes provided below.
- Use M or F (e.g. NCHM or NCHF) to indicate a male or female:

NCH = Child of Client & Spouse
CCH = Client's Child
SCH = Spouse's Child
ACH = Adopted Child
CAC = Client's Adopted Child
SAC = Spouse's Adopted Child
CSC = Client's Step-Child
SSC = Spouse's Step-Child

NGC = Natural Grandchild
CGC = Client's Grandchild
SGC = Spouse's Grandchild
CSG = Client's Stp-Grndchild
SSG = Spouse's Stp-Grndchild
CNP = Client's Nephew
SNP = Spouse's Nephew
CNC = Client's Niece

SNC = Spouse's Niece
CBR = Client's Brother
SBR = Spouse's Brother
CST = Client's Sister
SST = Spouse's Sister
CPT = Client's Parent
SPT = Spouse's Parent
FRN = Friend of Client(s)

1) ______________________________ - __________ - __________ - __________ / __________%
First Name Initial Last Name Date of Birth Relationship C / Share S / Share

2) ______________________________ - __________ - __________ - __________ / __________%
First Name Initial Last Name Date of Birth Relationship C / Share S / Share

3) ______________________________ - __________ - __________ - __________ / __________%
First Name Initial Last Name Date of Birth Relationship C / Share S / Share

4) ______________________________ - __________ - __________ - __________ / __________%
First Name Initial Last Name Date of Birth Relationship C / Share S / Share

TOTAL 100% 100%

☐ If more beneficiaries add to Miscellaneous -Click HERE

C) WHAT IS IMPORTANT TO YOU (AND YOUR SPOUSE)

Instructions: Check any boxes that are appropriate for you. If a question pertains to a specific beneficiary or beneficiaries, indicate by listing the person as B1, B2, etc. (refer to section B)) on line provided.

1) ☐ You want your spouse to RECEIVE ALL your assets at your death.

2) ☐ Your spouse can have the right to change your beneficiaries after your death.

3) ☐ You want your spouse to be able to USE (also have income from) your assets at your death. When your spouse dies, your assets are to go to YOUR children or other heirs.

4) ☐ You want to give a specific asset to a beneficiary(s). ________________

5) ☐ You want assets to be distributed in stages, i.e. ages: ___, ___, ___ or Other LIST BELOW ↓

6) ☐ You have one or more beneficiaries that should not receive assets at this time: ________________
because of ☐ Substance abuse ☐ Irresponsible ☐ Other: ________________________________
This beneficiary could have assets at age: ___ or ☐ When they meet a certain cretiera. LIST BELOW ↓

7) ☐ You would like assets that go to a beneficiary(s) to protected from creditors, divorce proceedings, etc.

8) ☐ You want these ↑ assets to be managed for a beneficiary(s). ↑

9) ☐ Or the beneficiary(s) is capable of managing these assets now *or* ☐ when they reach age___ . ________________

10) ☐ Also, you want to provide incentives for this beneficiary(s) (#9 or 10)to be able to receive assets. LIST BELOW ↓

11) ☐ You want one or more beneficiaries to be a grandchild currently under age 18 LIST BELOW ↓

12) ☐ You would like to provide incentives for this ↑ beneficiary(s) to be able to get certain assets. LIST BELOW ↓

13) ☐ One or more beneficiaries are NOT to receive any of your assets. ________________

14) ☐ You have an asset(s) you want someone to ONLY be able to USE, then it goes to someone else. LIST BELOW ↓

15) ☐ You have one or more beneficiaries that have special educational, medical or physical needs. ________________
They are currently: ☐ Receiving Government benefits

16) ☐ You have a parent(s) who you want to be taken care of if you die first. LIST BELOW ↓

17) ☐ You would like to set up an educational trust or another type of trust to benefit you grandchildren.

18) ☐ You want to leave assets to a charity - chruch, organizaiton, etc. LIST BELOW ↓

19) ☐ You have an IRA, 401k, etc. whose values EXCEED 50% of your total estate.

20) ☐ You want to "STRETCH" your IRA for one or more beneficiaries. ________________

21) ☐ You want to lower your Federal Estate Tax liability.

22) ☐ You have some other objectives - please explain: USE TAB AT END OF LINE

____

____

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D) SUCCESSOR TRUSTEE APPOINTMENTS

BACK TO FIRST PAGE

List Successor Trustee Appointees in order of priority and show relationship to you..

i) ______________________________ / ______________
First Name Initial Last Name Relationship - Use codes from question **B)**

ii) ______________________________ / ______________
First Name Initial Last Name Relationship - Use codes from question **B)**

iii) ______________________________ / ______________
First Name Initial Last Name Relationship - Use codes from question **B)**

iv) ______________________________ / ______________
First Name Initial Last Name Relationship - Use codes from question **B)**

1) ☐ Appointee **(i)** shall serve alone; the other Appointee(s) shall serve *in succession* in the event that Appointee **(i)** is unable or unwilling to serve.

2) ☐ Appointees shall *all* serve together; in the event that an Appointee is unable or unwilling to serve, then the other Appointee(s) shall serve (together).∗

3) ☐ Appointee **(i)** shall serve alone; *both* Appointees **(ii)** and **(iii)** shall serve together in the event that Appointee **(i)** is unable or unwilling to serve.∗

4) ☐ Appointees **(i)** and **(ii)** shall serve together; Appointee **(iii)** shall serve in the event that *either* Appointee **(i)** *or* Appointee **(ii)** is unable or unwilling to serve.∗

5) ☐ Appointees **(i)** and **(ii)** shall serve together; Appointee **(iii)** shall serve in the event that *neither* Appointee **(i)** *nor* Appointee **(ii)** is able or willing to serve.∗

6) ☐ Appointees **(i)** and **(ii)** shall serve together; Appointee **(iii)** shall serve in the event that Appointee **(i)** is unable or unwilling to serve; Appointee **(iv)** shall serve if Appointee **(ii)** is unable or unwilling to serve (at least one Co-Trustee from family of each Grantor).∗

E) MISCELLANEOUS

TELL US MORE HERE: ______________________________ USE TAB

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