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# ESTATE PLAN

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CONFIDENTIAL  
TRUST WORKBOOK



# TRUST WORKBOOK

## TRUST INFORMATION

Name: \_\_\_\_\_  
For Example: The Doe Family Trust

Trust Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Trust Type: \_\_\_\_\_

## PERSONAL INFORMATION

Explanation of abbreviations on the form: DOB=Date of Birth, M=Male, F=Female, SSN=Social Security Number, Y=Yes, N=No.

CLIENT 1 (Full Name): \_\_\_\_\_ Gender: M F

SSN: \_\_\_\_\_ US Citizen: Y N US Resident: Y N

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

FAX: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Married: Y N

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

Name of Father: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Mother (Maiden): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

CLIENT 2 (Full Name): \_\_\_\_\_ Gender: M F

SSN: \_\_\_\_\_ US Citizen: Y N US Resident: Y N

Birth Date: \_\_\_\_\_ Birth Place: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Name of Mother (Maiden): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Is the document joint with Client 1: Y N

## CHILDREN

List all your children, whether living or deceased, regardless of whether they will be included as beneficiaries. Your children will be included in your estate planning to ensure that no child is forgotten, even if disinherited. In the case of a disabled child, please select "yes" when the child is eligible for Social Security Income or any state aid. Use complete names, i.e., first name, middle name or initial and last name.

Explanation of abbreviations on the form: B=Both clients' child, C1=Client 1's child and C2=Client 2's child.

Name	DOB	Gender		Parent		Disabled		Deceased		Beneficiary		
		M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N
_____	____/____/____	M	F	B	C1	C2	Y	N	Y	N	Y	N

## ORIGINAL TRUSTEE INFORMATION

For a living trust, the trustors (people creating the trust) are normally the original trustees. Occasionally, a co-trustee who is not a trustor may be named to serve with an original trustee if the trustee is in failing health. If so, use the additional trustee section to name the co-trustee. For an irrevocable trust, the trustors do not serve as original trustees. If you want more than two original trustees, use the additional trustee section.

Original Trustee: \_\_\_\_\_ Original Trustee: \_\_\_\_\_

Additional Original Trustees: \_\_\_\_\_

If this is not a living trust, do you want to pick a Managing Trustee: Y N

Managing Trustee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## SURVIVING TRUSTEE INFORMATION

If there are co-trustees, the surviving original trustee(s) is normally selected to serve upon the death or incompetence of one of them. If you wish a different selection, use the section below:

Upon the death an original trustee, do you want the survivor(s) to be surviving Trustee(s): Y N

If Client 1 is the first to die: \_\_\_\_\_

If Client 2 is the first to die: \_\_\_\_\_

## SUCCESSOR TRUSTEE INFORMATION

Successor trustees are the individuals who will manage and distribute the trust estate upon the death or incompetence of the original trustees. The successor trustees may serve together or in succession. Typically successor trustees are adult children, close family or friends. Note: If you have a disabled child receiving government benefits, he or she should not be named as successor trustee.

A disabled individual, who is eligible for government benefits (Social Security Income or any government aid) must not be named as Successor Trustee as this may disqualify that disabled individual from eligibility for Social Security Income or governmental aid.

Successor Trustee(s): \_\_\_\_\_

\_\_\_\_\_  
(If trustee is a minor child, note when child is to begin service and the length of service of any interim trustee.)

Alternate Successor Trustee(s): \_\_\_\_\_

\_\_\_\_\_  
(If co-successor trustees, note whether all or any of co-trustees have to cease to act for alternate successor trustee to serve. Also, note if one alternate is a special replacement for another co-trustee.)

Second Alternate Successor Trustee(s): \_\_\_\_\_

\_\_\_\_\_  
(If co-successor trustees, note whether all or any of alternate co-trustees have to cease to act for second alternate successor trustee to serve. Also, note if one second alternate is a special replacement for another co-trustee.)

**ARE SUCCESSOR TRUSTEES FOR CLIENT 2 DIFFERENT THAN THE TRUSTEES FOR CLIENT 1?    Y    N**

**IF YES, USE A SEPARATE SHEET.**

## ANCILLARY DOCUMENTS

### GUARDIANSHIP

Identifies who you want to be guardian for your dependent or disabled children upon your demise. The guardian does not have to be the same selection as the successor trustee. If you are remarried and both of you have children from a former marriage, you may wish to appoint separate guardians for your respective children. The natural parent of the child is normally selected as the primary guardian. It is preferable to chose only one guardian.

#### Client 1

Any minor or disabled children?:    Y    N

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

#### Client 2

Any minor or disabled children?:    Y    N

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

## LAST WILL AND TESTAMENT

Identifies who you want to probate your estate in the event there are any assets not in the trust upon your death. The will is commonly known as a Pour-Over Will since the personal representative takes the assets through the probate process and then transfers them into the trust. It is recommended that you name at least one alternate. Only one person may serve at a time.

### Client 1

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

### Client 2

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

## FINANCIAL DURABLE POWER OF ATTORNEY

Identifies who you want to manage any assets which have not been transferred to the trust in the event of your incapacity. Circle when you want the power of attorney to become effective. Note it will only be valid while you are still living. It is recommended that you name at least one alternate. Only one person may serve at a time.

### Client 1

Takes effect: Immediately    Upon Disability

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

### Client 2

Takes effect: Immediately    Upon Disability

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

## MEDICAL DURABLE POWER OF ATTORNEY

Identifies who will make medical decisions on your behalf if you are unable to make them for yourself. This power of attorney becomes effective immediately but can only be exercised when you are incapacitated. In addition, the power of attorney allows your health care agent to consult with medical personnel concerning your condition and authorizes your agent to act on your behalf under the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It is recommended that you name at least one alternate. Only one person may serve at a time.

### Client 1

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

### Client 2

Primary: \_\_\_\_\_

Alternate 1: \_\_\_\_\_

Alternate 2: \_\_\_\_\_

Alternate 3: \_\_\_\_\_

Alternate 4: \_\_\_\_\_

## FAMILY HOME AS SEPARATE PROPERTY

If the family home is considered the separate property of either party, complete this section. If not, skip this section.

The family home is the separate property of: \_\_\_\_\_ Client 1                      \_\_\_\_\_ Client 2

If the owner of the separate property is the first to die:

\_\_\_\_\_ may the surviving spouse/partner live in the house until his/her death?    Y    N

\_\_\_\_\_ may the surviving spouse/partner continue to live in the house if he/she remarries?    Y    N

\_\_\_\_\_ will the surviving spouse/partner's residential rights cease if he/she stops living there?    Y    N

**Warning:** If the family home is the separate property of one spouse, you should consider granting the survivor the right to reside in the home until his or her death. You may limit the rights granted to the surviving spouse; however, if the residential rights cease prior to his or her death, then the family home is not eligible for the unlimited marital deduction and this may create an unfavorable tax consequence.

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## SPECIAL BEQUESTS

A special bequest is a specific gift to an individual, institution or charity which is given prior to the allocation and distribution to the primary beneficiaries. It may be specified as an amount, a percentage or a particular asset. Taxes will not be allocated to the special bequests unless you indicate otherwise. Personal effects should not be listed here as these items can be listed on your memorandum regarding personal property in your binder.

You need to decide if the gift is to be given at your death or the death of your spouse if you are the first to die. You also need to decide what happens to the gift if the special beneficiary dies. Does the gift go to the issue of the deceased beneficiary or lapse and go back into the estate for the primary beneficiaries? (Issue refers to the children and/or grandchildren of the deceased beneficiary.) Further you need to decide if there are any special conditions to be satisfied before the gift is given.

Do you want special beneficiaries to pay estate taxes, if any, on the bequest?    Y    N

### Client 1

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Note for additional bequests, attach a separate sheet to this Workbook**

## Client 2

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ **Bequest:** \_\_\_\_\_

Make the gift : \_\_\_\_\_ on the death of the surviving trustor \_\_\_\_\_ at my death

If the recipient is not living, the bequest shall: \_\_\_\_\_ Lapse \_\_\_\_\_ be made to the issue of the recipient

Conditions on making the gift: \_\_\_\_\_

**Note for additional bequests, attach a separate sheet to this Workbook**

## PRIMARY BENEFICIARIES

Identifies who you want to receive your property on your death or, if a joint trust, on the death of the surviving spouse/partner. Your property is divided in shares after the special bequests and taxes have been paid and should be listed as a percentage or fraction of your estate. In addition, you need to decide when the primary beneficiary is to receive his or her share (distribution) and who is to receive the share if the primary beneficiary dies before receiving all of his or her share (reallocation).

When you reallocate your estate on the death of a primary beneficiary, the selection is called a contingent beneficiary. The designation can be general (issue, remaining primary beneficiaries) or specific (named individuals or charities). (Issue refers to the children and/or grandchildren of the deceased beneficiary.) You need to further decide when the contingent beneficiary is to receive his or her share (distribution) and who is to receive the share if the contingent beneficiary dies (reallocation).



Circle your choice and complete the information in blank spaces, if needed. For the reallocation, list the choices in order of preference, e.g. 1, 2, etc.

\*Are your children the only beneficiaries: Y N Do you want include future children: Y N

\*If there are 2 clients, is the allocation and distribution the same for both clients: Y N NA

\*Is the allocation to the beneficiaries equal: Y N NA

\*Is the distribution to the beneficiaries the same: Y N NA

\*Is the reallocation the same for all beneficiaries: Y N NA

The distribution will be made on your death or, if a joint trust, on the death of the surviving spouse/partner unless you want to postpone the trust division until your children reach a specified age. Postpone distribution: Y N

If so, make: when the youngest child is age: \_\_\_\_\_ OR when the oldest child is age: \_\_\_\_\_

Distribution to the Primary Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries \_\_\_\_\_ Named individuals \_\_\_\_\_  
Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries \_\_\_\_\_ Named individuals \_\_\_\_\_  
Other: \_\_\_\_\_

**IF YOU ANSWERED NO TO ANY OF THE QUESTIONS WITH AN ASTERISK, THEN YOU WILL NEED TO FILL OUT THE FOLLOWING BENEFICIARY LIST.**

## Beneficiary List

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35

\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries

\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**Beneficiary:** \_\_\_\_\_ Disabled: Y N Share: \_\_\_\_\_

Distribution to the Primary Beneficiary: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if Primary Beneficiary dies: \_\_\_\_\_ Issue of primary beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Distribution to the Contingent Beneficiaries: \_\_\_\_\_ Outright \_\_\_\_\_  $\frac{1}{3}$  at age 25,  $\frac{1}{3}$  at age 30, and  $\frac{1}{3}$  at age 35  
\_\_\_\_\_ At age: \_\_\_\_\_ Other: \_\_\_\_\_

Reallocation if a contingent beneficiary dies: \_\_\_\_\_ Issue of contingent beneficiaries \_\_\_\_\_ Remaining primary beneficiaries  
\_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

**NOTE FOR ADDITIONAL BENEFICIARIES, ATTACH A SEPARATE SHEET TO THIS WORKBOOK**

**IF CLIENT 2 BENEFICIARIES ARE DIFFERENT, LIST THE BENEFICIARY INFORMATION ON A SEPARATE SHEET.**

## ULTIMATE REALLOCATION

This provision applies when all of your primary beneficiaries and contingent beneficiaries are deceased and there are no other beneficiaries named to receive your property. While this is a remote possibility, this provision allows you to chose what to do in this situation.

Circle your choice and complete the information in blank spaces.

In the event that all the beneficiaries are deceased, select an ultimate reallocation option. (Intestate means that the property will be distributed to your heirs according to the law of the state where you reside):

\_\_\_\_\_ Intestate \_\_\_\_\_ Charities on memorandum \_\_\_\_\_ Named individuals \_\_\_\_\_

Other: \_\_\_\_\_

Intestate will distribute to your nieces and nephews unless you specify otherwise below:

Include brothers and sisters: Y N Include parents: Y N Exclude \_\_\_\_\_

If you selected charity, named individuals or other, please indicated your selections below.

Additional Instructions for ultimate reallocation: \_\_\_\_\_

## SIGNING INFORMATION

Advisor will complete the following information:

Advisor Name: \_\_\_\_\_ Signing Date: \_\_\_\_\_

Sign City: \_\_\_\_\_ Sign County: \_\_\_\_\_ Sign State: \_\_\_\_\_

## ADMINISTRATION

Attorney will complete the following information:

Client ID: \_\_\_\_\_ File Number: \_\_\_\_\_ File Name: \_\_\_\_\_

Amendment: \_\_\_\_\_ Amendment Date \_\_\_\_\_

Comments: \_\_\_\_\_

# FINANCIAL INFORMATION

## ASSETS

Checking \_\_\_\_\_  
Savings Accounts: \_\_\_\_\_  
Money Market: \_\_\_\_\_  
Certificates of Deposit: \_\_\_\_\_  
Other Liquid Assets: \_\_\_\_\_  
Mutual Funds: \_\_\_\_\_  
Stocks: \_\_\_\_\_  
Bonds: \_\_\_\_\_  
Treasury Bills: \_\_\_\_\_  
Annuities: \_\_\_\_\_  
Single Premium Life Ins: \_\_\_\_\_  
Notes/Deeds of Trust: \_\_\_\_\_  
Other Investment Assets \_\_\_\_\_  
401k: \_\_\_\_\_  
403b: \_\_\_\_\_  
IRA/SEP/Keogh: \_\_\_\_\_  
Other Retirement Plans: \_\_\_\_\_  
Personal Residence: \_\_\_\_\_  
Rental Real Estate: \_\_\_\_\_  
Vacation Home: \_\_\_\_\_  
Farm: \_\_\_\_\_  
Life Insurance (Cash Value): \_\_\_\_\_  
    Face Value \_\_\_\_\_ Type: \_\_\_\_\_  
Household Items: \_\_\_\_\_  
Automobiles: \_\_\_\_\_  
Other Vehicles: \_\_\_\_\_  
Antiques: \_\_\_\_\_  
Valuables: \_\_\_\_\_  
Other Personal Property: \_\_\_\_\_  
Business Interests:\* \_\_\_\_\_

## LIABILITIES

Credit Cards: \_\_\_\_\_  
Automobile Loans: \_\_\_\_\_  
Credit Union: \_\_\_\_\_  
Personal Loans: \_\_\_\_\_  
Other Consumer Debts: \_\_\_\_\_  
Real Estate Mortgage (Home): \_\_\_\_\_  
Real Estate Mortgage (Rentals): \_\_\_\_\_  
Personal Line of Credit: \_\_\_\_\_  
Student Loans: \_\_\_\_\_  
Other Long-Term Debts: \_\_\_\_\_  
Investment Loans: \_\_\_\_\_  
Loans from Life Insurance: \_\_\_\_\_  
Current Income Taxes: \_\_\_\_\_  
Other Miscellaneous Debts: \_\_\_\_\_

**TOTAL ASSETS =** \_\_\_\_\_

**TOTAL LIABILITIES =** \_\_\_\_\_

**TOTAL NET WORTH =** \_\_\_\_\_

**TOTAL LIFE INSURANCE (Face Value) =** \_\_\_\_\_

**TOTAL NET WORTH with Life Insurance =** \_\_\_\_\_

## RETAINER AGREEMENT

The undersigned acknowledge that the person presenting this information to me is not acting as an attorney or certified tax attorney, but is rather acting as an information taker. I understand that by this Agreement I retain the services of Sam K. Eck (“the Attorney”) to represent me in the preparation of my Revocable Living Trust and accompanying documents (the “Trust Package”).

I hereby agree that any changes, alterations or revisions of the Trust Package will be made at no charge to me, until such time as the Attorney has prepared the final documents. For any alterations, changes or revisions made after the final documents have been printed, there will be an additional fee as arranged between and agreed to by the Attorney and I. I understand that the Attorney will retain an original copy of the legal documents unless a specific request is made by me.

I understand that my Revocable Living Trust may be revoked by me at any time during my life. I further agree that in the event I revoke the Trust there will be no refund of the original trust preparation fees. Also, I agree that if I discontinue the trust preparation services at any time after such services have started, I agree that all time, materials and services rendered to that point will be credited against any refund fees.

I understand that all the requested information is necessary for the preparation of the Trust Package, and that all original documents, which I provide, will be promptly returned. I understand and acknowledge that I am ultimately responsible for the funding of my revocable living trust and transferring my assets into the trust. I warrant and represent that the information, which I have provided, is complete and accurate to the best of my knowledge. I agree and understand that the Attorney preparing my Trust Package has been retained by me to act in my behalf and is in no way liable or responsible for the actions, conduct or representations of any persons other than him. I hereby agree that the Attorney is responsible for the accuracy and completeness of the Trust Package based solely upon the information which I have provided in the Trust Workbook and subsequently during any further discussions with the Attorney. I understand and agree that the Attorney will undertake no additional or independent review of the information, which I have provided.

I, THE UNDERSIGNED, HAVE READ AND FULLY UNDERSTAND THE INFORMATION CONTAINED HEREIN AND BY PLACING MY SIGNATURE BELOW, I HEREBY AGREE TO COMPLY WITH ALL THE PROVISIONS SET FORTH ABOVE.

Dated: \_\_\_\_\_  
\_\_\_\_\_ Purchaser Signature

Dated: \_\_\_\_\_  
\_\_\_\_\_ Purchaser Signature

Dated: \_\_\_\_\_  
\_\_\_\_\_ Agent Signature

