

CONFIDENTIAL CLIENT QUESTIONNAIRE

The objective of our office is to help people take care of themselves and their loved ones, give what they have to who they want to have it, and save taxes and fees in the process. Each plan should honor the client's individuality, encourage creative confrontation of mortality and consideration of how to transfer values as well as wealth. Where appropriate, we help clients "do well by doing good" through charitable giving. We aspire to carry out our mission with competence, intelligence, and integrity, and in a manner that reflects our personal values in the office and in our community.

Effective estate planning is built upon three fundamental elements:

- gathering complete, accurate facts
- articulating goals
- applying knowledge of the law to achieve goals with available resources

These questions are designed to elicit the facts which describe your situation. This information is the cornerstone for developing the strategy and legal instruments necessary to achieve your goals. It will be a guide for periodic review of your estate plans and, eventually, for implementation of your instructions.

The information you provide is confidential. Please be frank and complete. If you have assembled some or all of the information for your financial planner, accountant, or for your own edification, feel free to attach copies of the work you have already done or additional pages. The facts, not the format, are what is important.

The questionnaire asks who holds title to different pieces of property. "Who owns what" is critical information for evaluating the impact of estate tax and the probate of an estate at death. Property may be in your individual name, in joint tenancy, tenancy by the entirety, tenancy in common or community property. If you are not sure which it is, indicate "not sure" and we will resolve the question later.

Because you are unique, this questionnaire may not touch all the issues which are important to you. Please add your own comments and concerns to make it a useful planning tool.

1. THE BASICS: (Please print your name exactly as you wish it to appear on your documents)

Name: :	
Date of Birth:	
Place of Birth:	
Citizenship	
Home Address:	
County:	
Home Telephone:	
Cell Phone:	
Email:	
Occupation: (or former occupation)	
Office Telephone:	
Fax:	
Annual Salary:	
Other Income:	

How did you hear about our office?

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Are you (or any member of your family) known by any other names or do you own any assets in a different name?
If so, please give full details below:

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Your Children/Other Dependants (including children from a previous marriage or relationship)

Full names, addresses (if different from yours), phone numbers, and dates of birth.

Name	Address	Phone Numbers	Date of Birth

2. YOUR ASSETS

Please list your assets below. Give approximate values and ownership (whether you own the asset in just your name or jointly with another person). List each account by type and the average or approximate balance. We do not need account numbers.

Real Estate

Identify each parcel of real estate you own, including your residence. List its fair market value (please list mortgages or other liens on the property under Liabilities) and the exact name(s) of the owners of the property.

	Address/Location	Estimated Fair Market Value	Solely owned	Jointly owned
Primary Residence		\$		
Other Property		\$		
Other Property		\$		
Other Property		\$		

Bank/Money Market Accounts

For each type of account (checking, savings, money market etc), estimate the value and note the exact way in which the account is registered (individually or jointly with another). No account numbers are necessary.

Bank Name	Type of Account	Estimated Value	Solely owned	Jointly owned
		\$		
		\$		
		\$		
		\$		

Stocks and Bonds

For each group of stocks and bonds (not in an IRA or other retirement account), estimate the fair market value and note the exact way in which the security is registered (individually or jointly with another). Include stock options.

Stock/Bond Name	Type of Account	Estimated Value	Solely owned	Jointly owned
		\$		
		\$		
		\$		
		\$		
		\$		

Life Insurance

List each policy and the type. List the owner, beneficiary, on whose life the policy is written (the insured), the face amount of the policy, and its cash surrender value less outstanding loans.

Type of Policy	Company	Owner of the Policy	Beneficiary of The Policy	The Insured	Face Value	Cash Value
					\$	\$
					\$	\$
					\$	\$
					\$	\$

Annuities

List any annuities you own, the estimated value and whether the annuity is tax deferred.

Company	Owner of the Annuity	Estimated Value	Tax Deferred?
		\$	
		\$	

Business Interests

List any interest you may own in a business (including your own business) and estimate its fair market value.

Nature of Business	Type of Business (LLC/ Partnership / Sole Prop)	Estimated Value	Solely owned	Jointly owned
		\$		
		\$		

Other Investments

List any other type of investment and its approximate value.

Type of Investment	Estimated Value	Solely owned	Jointly owned
	\$		
	\$		

Non U.S. Assets

Non-U.S. Assets	Estimated Value	Solely owned	Jointly owned
	\$		

Significant Tangible Personal Property

List tangible assets, such as collections, art, family heirlooms, or any other items of valuable personal property and give your opinion as to their fair market value.

Other Property	Estimated Value	Solely owned	Jointly owned
	\$		
	\$		
	\$		

Retirement Plans

If you have a retirement plan or you are a member of a pension or profit-sharing plan, please describe them.

Type of Account	Company	Beneficiary	Estimated Value
IRA			\$
IRA			\$
IRA			\$
401(k) or 403(b)			\$
401(k) or 403(b)			\$
401(k) or 403(b)			\$
Keogh/ SEP			\$
Keogh/ SEP			\$
Company Pension			\$
Company Pension			\$
Profit Sharing Plan			\$
Profit Sharing Plan			\$

Other Assets

Did we miss something? List anything else of value you have and the approximate value.

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3. LIABILITIES

Please indicate the amount you are liable for (Mortgages, Other loans/significant debts):

Liability	Amount of Liability	Owed by self	Owed jointly
	\$		
	\$		
	\$		
	\$		

4. ADDITIONAL INFORMATION

Your Advisors

	Name	Phone
Accountant		
Financial Planner:		
Stock Broker:		
Insurance Broker:		
Lawyer:		

Marriage / Partnership Details

Please check this box if you were married before.	
Do you have financial obligations from a prior marriage?	

Your Concerns

These are some issues we may discuss. Please think them over, along with any other concerns you have.

Are you anticipating any imminent change of Status (marriage, new baby, inheritance, starting a business)? How imminent?	
Do you need expedited service (10 business days or less)?	
What estate plan do you have now?	
Are there health problems or other special circumstances our plan should consider?	
Are you likely to receive a substantial inheritance?	
Do you want to include charitable gifts in your estate plan?	
Do you have a safety deposit box? Is it Jointly held?	
Are you the current beneficiary of an estate or trust, or do you have a right under a trust to require the payment of any money to yourself or anyone else? If Yes, please give details.	
Have you prepared a health care proxy and living will?	
Would you like to make organ donations?	
Do you have any other personal or family concerns which might affect our planning?	
Do you have long term care insurance?	
Do you have any pets?	

If there was insufficient space in any of the earlier sections please use the section below.

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Signature: _____

Date prepared: _____

QUESTIONS TO THINK ABOUT

At Cane & Boniface, PC, we understand that planning your estate can be an emotional process for you. It may have taken you several weeks, months, or even years to call our office. Preparing for one's death or incapacity is not something anyone likes to think about, but it is very important for you and your family to have a proper plan in place. Our goal is to help you devise a plan that you understand, that makes you feel comfortable and that meets your family's unique needs.

In order to prepare for our initial meeting, we would like you to think about the following questions. Some questions may not apply to your situation and you may not know all of the answers. We expect that you will have many questions. You do not need to return this document with your initial questionnaire. These questions are intended to make our meeting more productive by introducing you to issues that may arise during our consultation.

- Have you thought about who would serve as your executor and trustee?
- Have you thought about who would make health care decisions for you if you could not make them for yourself?
- If you have minor children, have you thought about who would care for them and/or manage their inheritance? Have you discussed this with the guardians you have in mind?
- How responsible are your children/beneficiaries (young and old) with finances? How easily are they influenced by friends and family members?
- Do your children/beneficiaries get along?
- Are there family members who may object to your plan?
- Are any of your potential beneficiaries suffering from substance abuse problems? Have a gambling problem? Have a spouse of whom you do not approve?
- Are any of your potential beneficiaries disabled or receiving public benefits?
- Are any of your potential beneficiaries involved in a profession that is prone to lawsuits?
- Do any of your potential beneficiaries have a large estate of their own?
- Do you have pets that will need to be cared for upon your death? Do you have a family member or friend who is willing to care for them?