

# PERSONAL INFORMATION FORM

Home Phone \_\_\_\_\_ Date \_\_\_\_\_  
 Client Work Phone \_\_\_\_\_ Spouse Work Phone \_\_\_\_\_  
 Client E-mail \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Referred By: \_\_\_\_\_

<b>CLIENT</b> (circle one) Mr. Ms. Mrs. Dr.			
First _____	MI _____	Last _____	DOB _____
Nickname _____	SSN _____	- _____	- _____
Signature Name _____	Maiden Name _____		

<b>SPOUSE</b> (circle one) Mr. Ms. Mrs. Dr.			
First _____	MI _____	Last _____	DOB _____
Nickname _____	SSN _____	- _____	- _____
Signature Name _____	Maiden Name _____		

**Address** \_\_\_\_\_  
Street City State ZIP

**County of Residence** \_\_\_\_\_

Client Business Address \_\_\_\_\_  
Street City State ZIP

Spouse Business Address \_\_\_\_\_  
Street City State ZIP

<b>Current Marital Status:</b> Married _____ Single _____ Divorced _____ Separated _____ Widowed _____
<b>Date of Marriage</b> _____

**CHILDREN**

Under the heading "Parents" please enter: Joint, Client or Spouse.

Full Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Parents \_\_\_\_\_

Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Parents \_\_\_\_\_

Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Parents \_\_\_\_\_

Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Full Legal Name \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_ Parents \_\_\_\_\_

Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_

Do any of your dependents/children have a **disability** which would require special attention? \_\_\_\_\_

**ADVISORS**

**Attorney** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Accountant** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Financial Advisor** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Personal Banker** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**(Advisors Continued)**

**Life Insurance Agent** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Stock Broker** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Will: **Client:** Yes No Last Reviewed: \_\_\_\_\_

**Spouse:** Yes No Last Reviewed: \_\_\_\_\_

Living Will: **Client:** Yes No

**Spouse:** Yes No

Trust(s): **Client:** Yes No Type: \_\_\_\_\_

**Spouse:** Yes No Type: \_\_\_\_\_

Durable Power of Attorney: **Client:** Yes No

**Spouse:** Yes No

Please list all the property you own, how it is titled, and what it is worth on the following pages. How you own your property is extremely important for purposes of properly designing and implementing your living trust centered plan. For each category, there is a column titled "Owner." When filling in this column, please use the following abbreviations:

Client's Name	Client is the owner & no other person	C
Spouse's Name	Spouse is the owner & no other person	S
Joint Tenancy	Owned by both husband & wife	JTS
	Owned by a spouse & someone other than a spouse	JTO
Tenancy in Common	Owned by both husband & wife	TCS
	Owned by a spouse & someone other than a spouse	TCO
Community Property	Applicable to spouses only	CP
Unknown	If you cannot determine how the property is owned	?





**ACCOUNTS RECEIVABLE**

Name of Debtor	Date of Notice	Date Note Due	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL	_____

**PARTNERSHIP INTERESTS**

Please state the percentage interest you have in the partnership when you list your interest as a general or limited partner.

Partnership Name	General Partner	Limited Partner	Owner	Value
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
			TOTAL	_____

**CORPORATE BUSINESS & PROFESSIONAL INTERESTS**

Company	Number of Shares	Buy/Sell Agreement	Percentage Ownership	Owner	Value
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
				TOTAL	_____

**SOLE PROPRIETORSHIP BUSINESS & PROFESSIONAL INTERESTS**

Name of Business	Description of Business	Owner	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			TOTAL _____

**FARM & RANCH INTERESTS**

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

**OIL, GAS, & MINERAL INTERESTS**

Type	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

**REAL PROPERTY**

Land, buildings, and homes. Where you have either a deeded or land contract interest that you own in a partnership with someone else you should list those under "Partnership Interests" section.

General Description and/or Address	Owner	Fair Market Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

**MORTGAGES & NOTES PAYABLE**

Name of Debtor	Date of Notice	Date Note Due	Owed To	Current Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				TOTAL _____

**OTHER ASSETS**

Description	Owner	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL _____

**ANTICIPATED INHERITANCE, GIFT, OR LAWSUIT JUDGMENT**

Gifts or inheritances that you expect to receive at some time in the future or monies that you anticipate receiving through a judgment in a lawsuit.

Description

_____
_____
_____
_____
TOTAL ESTIMATED VALUE _____

**INDIVIDUAL INSURANCE POLICIES & ANNUITIES**

Enter accordingly for "Type": **UL** for Universal Life, **VUL** for Variable Universal Life, **WL** for Whole Life, **VWL** for Variable Whole Life, **TRM** for Term, **ANN** for Annuity.

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Type \_\_\_\_\_

Insured \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_

Secondary Beneficiary \_\_\_\_\_

Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_

Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_ Loans \_\_\_\_\_

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_ Loans \_\_\_\_\_

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_ Loans \_\_\_\_\_

Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Type \_\_\_\_\_  
Insured \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_  
Secondary Beneficiary \_\_\_\_\_  
Owner \_\_\_\_\_ Who Pays Premium \_\_\_\_\_  
Face Amount \_\_\_\_\_ Cash Value \_\_\_\_\_ Loans \_\_\_\_\_

Company\_\_\_\_\_

Policy Number\_\_\_\_\_ Type\_\_\_\_\_

Insured\_\_\_\_\_

Primary Beneficiary\_\_\_\_\_

Secondary Beneficiary\_\_\_\_\_

Owner\_\_\_\_\_ Who Pays Premium\_\_\_\_\_

Face Amount\_\_\_\_\_ Cash Value\_\_\_\_\_ Loans\_\_\_\_\_

**Summary of Values**

	Client	Spouse	Joint
<b><u>Assets</u></b>			
Cash Accounts	_____	_____	_____
Investment Accounts	_____	_____	_____
Stocks	_____	_____	_____
Bonds	_____	_____	_____
Personal Effects	_____	_____	_____
Retirement Plans	_____	_____	_____
Accounts Receivables	_____	_____	_____
Partnership Interests	_____	_____	_____
Corporate Business & Professional Interests	_____	_____	_____
Sole Proprietorship Business & Professional Interests	_____	_____	_____
Farm & Ranch Interests	_____	_____	_____
Oil, Gas & Mineral Interests	_____	_____	_____
Real Property	_____	_____	_____
Other Assets	_____	_____	_____
Anticipated Inheritance	_____	_____	_____
Life Insurance Policies & Annuities	_____	_____	_____
<b><u>Total Assets</u></b>	_____	_____	_____
<b><u>Liabilities</u></b>			
Loans Payable	_____	_____	_____
Accounts Payable	_____	_____	_____
Real Estate Mortgages Payable	_____	_____	_____
Contingent Liabilities	_____	_____	_____
Loans Against Life Insurance	_____	_____	_____
Unpaid Taxes	_____	_____	_____
Other Obligations	_____	_____	_____
<b>Total Liabilities</b>			
<b>Net Estate</b>	_____	_____	_____