

ASSET PROTECTION CLIENT QUESTIONNAIRE

Client: _____ Date: _____

Part I: PERSONAL AND FAMILY DATA

1. NAME/AGE/SSN

| | Title | Preferred First Name | Middle Name or Initial | Last Name | Birthdate | Social Security Number |
|--------|-------|----------------------|------------------------|-----------|-----------|------------------------|
| Client | _____ | _____ | _____ | _____ | _____ | _____ |
| Spouse | _____ | _____ | _____ | _____ | _____ | _____ |

2. MAILING ADDRESS (Domicile)

Street Address _____
 City _____ State _____ Zip _____
 Home Phone () _____

3. EMPLOYMENT DATA

| | Occupation | Employer | Work Phone |
|--------|------------|----------|------------|
| Client | _____ | _____ | _____ |
| Spouse | _____ | _____ | _____ |

4. CHILDREN/GRANDCHILDREN/IN-LAWS

| Name | Birthdate | Social Security Number | Marital Status | Living at Home? |
|-------|-----------|------------------------|----------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Health considerations or special needs of any child/grandchild/in-law: _____

5. OTHER PERSONS YOU SUPPORT

| Name | Relationship | Age | Annual Support You Provide |
|-------|--------------|-------|----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Client: _____ Date: _____

Part I: PERSONAL AND FAMILY DATA (Continued)

6. FINANCIAL ADVISORS

| | Name | Firm Name & Address | Phone | How Frequently Consulted? |
|--|-------------|--------------------------------|--------------|----------------------------------|
| Attorney | _____ | _____ | _____ | _____ |
| Accountant | _____ | _____ | _____ | _____ |
| Bank Officer | _____ | _____ | _____ | _____ |
| Broker | _____ | _____ | _____ | _____ |
| Life Insurance Agent | _____ | _____ | _____ | _____ |
| Property and Liability Insurance Agent | _____ | _____ | _____ | _____ |
| Investment Advisor | _____ | _____ | _____ | _____ |
| Others | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

7. SUMMARY FINANCIAL DATA

Approximate Annual Family Income \$ _____

Approximate Net Worth \$ _____

Approximate Annual Amount of Savings and Investments \$ _____

Marginal Income Tax Bracket (if known) _____ %

8. MARITAL STATUS

Single Married Divorced Widowed

Date married, divorced, widowed: _____

Any former marriages? Yes No [If yes, complete Prior Marriage Questionnaire (item 16).]

Are there prenuptial or postnuptial agreements? Yes No

Describe _____

Client: _____ Date: _____

Part I: PERSONAL AND FAMILY DATA (Continued)

9. TRUSTS

Have you created grantor, *Crummey*, insurance, testamentary, generation-skipping, or other trusts?

Yes No Who is the trustee? _____

Who are the beneficiaries? _____

Has your spouse created grantor, *Crummey*, insurance, testamentary, generation-skipping, or other trusts?

Yes No Who is the trustee? _____

Who are the beneficiaries? _____

10. CUSTODIANSHIPS

Have you or your spouse ever made a gift under the Uniform Gifts/Transfers to Minors Act?

Yes No

If yes, which state? _____

Who is the custodian? _____ Who are the donees? _____

11. TRUST BENEFICIARY

Are you or any member of your immediate family beneficiaries of a trust? Yes No

If yes, who? _____ Amount expected: _____ When? _____

12. GIFTS OR INHERITANCES

Do you, your spouse, or your children expect to receive gifts or inheritances? Yes No

If yes, who? _____ How much? _____ From whom? _____ When? _____

Do you or your spouse own any assets that were acquired by gift or inheritance? Yes No

If so, list them below and note where it is included in the asset listing in Part II of this questionnaire.

13. RETIREMENT PLANS

Please describe all retirement plans in which you or your spouse are a participant. Attach a current report of your account balances, if possible.

Qualified _____

Nonqualified _____

Client: _____ Date: _____

Part I: PERSONAL AND FAMILY DATA (Continued)

14. RISK IDENTIFICATION (See also Part IV)

How many, if any, of the following do you own?

Automobiles _____ Motorcycles _____ Boats _____

Trucks _____ Recreational Vehicles _____ Airplanes _____

Do you own any of the following?

Valuable Jewelry _____ Antiques _____ Collectibles _____

Other Significant Items of Personal Property (describe) _____

Do you serve on the board of directors for any business or organization, e.g., banks and not-for-profit organizations? If so, list below:

Do you employ any domestic help in your home? Yes No Services Provided: _____

Does your job or occupation involve any potential professional liability? Yes No Describe: _____

15. ECONOMIC ASSUMPTIONS

| | <u>Next Year</u> | <u>In Five Years</u> |
|---|-------------------|----------------------|
| The inflation rate used in your estate plan is: | _____ | _____ |
| Interest rates used in your estate plan are: | _____ | _____ |
| Investments will earn an annual pretax total return of: | _____ | _____ |
| The annual percentage increase in college costs will be: | _____ | _____ |
| Retirement plan assets will earn an annual pretax return of: | _____ | _____ |
| Expected monthly social security benefit at retirement will be (stated in today's dollars) ¹ : | _____ | _____ |
| Expected monthly retirement benefits upon retirement based on current employer-provided retirement plan of: | _____ | _____ |
| | <u>Not Change</u> | <u>Increase</u> |
| Over the next five years income tax rates will | _____ | <u>Decrease</u> |

Client: _____ Date: _____

Part I: PERSONAL AND FAMILY DATA (Continued)

16. PRIOR MARRIAGES

This part of the questionnaire can be used to obtain information regarding former marriages and other relationships that may have an impact on the planner's recommendations. Significant lump-sum payments and property settlements not yet paid should also be entered on Part II as a personal liability.

| | Prior Marriage | | |
|---|----------------|----------|----------|
| | #1 | #2 | #3 |
| 1. Indicate whether prior marriage was by husband or wife by entering "H" or "W" | _____ | _____ | _____ |
| 2. Name of former spouse | _____ | _____ | _____ |
| Date of marriage | _____ | _____ | _____ |
| Date marriage ended | _____ | _____ | _____ |
| 3. Total alimony to be received | \$ _____ | \$ _____ | \$ _____ |
| Total alimony to be paid | \$ _____ | \$ _____ | \$ _____ |
| Annual alimony amount | \$ _____ | \$ _____ | \$ _____ |
| Date alimony terminates | _____ | _____ | _____ |
| Describe termination events | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 4. Total child support to be received/paid (circle one) | \$ _____ | \$ _____ | \$ _____ |
| Annual child support amount | \$ _____ | \$ _____ | \$ _____ |
| Children's names, ages, and date support ends. | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 5. Please describe fully any other payments to be received or paid in the future and other terms of the divorce such as maintaining life insurance coverage or college education funding. | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| 6. Have you or your spouse been party to other relationships that have (or may) result in liability for divorce-type payments or obligations? | _____ | _____ | _____ |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Client: _____ Date: _____

Part II: ASSETS AND LIABILITIES

SUMMARY

| | | |
|---------------------|-----------------------------|--------------------|
| | | As of _____ |
| (1) | Total Assets \$ | _____ |
| (2) | Total Liabilities (_____) | _____ |
| Net Worth (1) - (2) | | \$ _____ |

ASSETS

Market Value as of _____

| | Ownership | | | | Total |
|--|-----------|-------|-------|-----------|-------|
| | Husband | Wife | Joint | Community | |
| Personal Assets | | | | | |
| Primary Residence | \$ | \$ | \$ | \$ | \$ |
| Other Personal Residences | _____ | _____ | _____ | _____ | _____ |
| Household Furnishings | _____ | _____ | _____ | _____ | _____ |
| Jewelry | _____ | _____ | _____ | _____ | _____ |
| Vehicles and Boats | _____ | _____ | _____ | _____ | _____ |
| Other Personal Assets | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |
| Cash/Cash Equivalents | | | | | |
| Checking and Savings Accounts | _____ | _____ | _____ | _____ | _____ |
| Money Market Accounts and Funds | _____ | _____ | _____ | _____ | _____ |
| Certificates of Deposit | _____ | _____ | _____ | _____ | _____ |
| Other Liquid Assets (such as Treasury Bills) | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |
| Life Insurance Cash Value | _____ | _____ | _____ | _____ | _____ |
| Retirement Assets | | | | | |
| Individual Retirement Accounts (IRA) | _____ | _____ | _____ | _____ | _____ |
| Keogh Plans (HR-10) | _____ | _____ | _____ | _____ | _____ |
| Corporate Pension and Profit Sharing Plans | _____ | _____ | _____ | _____ | _____ |
| Corporate Saving or Stock Purchase Plans | _____ | _____ | _____ | _____ | _____ |
| Tax-Deferred Annuities | _____ | _____ | _____ | _____ | _____ |
| 401 (k) Plans | _____ | _____ | _____ | _____ | _____ |
| Other Retirement Assets | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |

Client: _____ Date: _____

Part II: ASSETS AND LIABILITIES (Continued)

ASSETS

Market Value as of _____

Ownership

| | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Community</u> | <u>Total</u> |
|--|-----------------|-----------------|-----------------|------------------|-----------------|
| Closely Held Businesses (by type of activity—check applicable lines) | | | | | |
| Professional Practice | _____ | _____ | _____ | _____ | _____ |
| Manufacturing or Retail | _____ | _____ | _____ | _____ | _____ |
| Farm or Ranch | _____ | _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ | _____ | _____ |
| Closely Held Businesses (by type of entity) | | | | | |
| C Corporation | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| S Corporation | _____ | _____ | _____ | _____ | _____ |
| Partnership | _____ | _____ | _____ | _____ | _____ |
| Limited Liability Company | _____ | _____ | _____ | _____ | _____ |
| Sole Proprietorship | _____ | _____ | _____ | _____ | _____ |
| Limited Liability Entity for Professionals | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |
| Investments | | | | | |
| Bonds and Bond Funds | _____ | _____ | _____ | _____ | _____ |
| Notes Receivable | _____ | _____ | _____ | _____ | _____ |
| Other Fixed-income Investments | _____ | _____ | _____ | _____ | _____ |
| Stock Mutual Funds | _____ | _____ | _____ | _____ | _____ |
| Stocks Publicly Traded | _____ | _____ | _____ | _____ | _____ |
| Stocks Not Publicly Traded | _____ | _____ | _____ | _____ | _____ |
| Other Equity Investments | _____ | _____ | _____ | _____ | _____ |
| Other Investments | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |
| Investment and Rental Real Estate | | | | | |
| Commercial and Residential Rental Property | _____ | _____ | _____ | _____ | _____ |
| Undeveloped Land | _____ | _____ | _____ | _____ | _____ |
| Mineral Interests | _____ | _____ | _____ | _____ | _____ |
| Subtotal | _____ | _____ | _____ | _____ | _____ |
| TOTAL ASSETS | <u>\$ _____</u> | <u>\$ _____</u> | <u>\$ _____</u> | <u>\$ _____</u> | <u>\$ _____</u> |

Client: _____ Date: _____

Part II: ASSETS AND LIABILITIES (Continued)

LIABILITIES
As of _____

| | <u>Husband</u> | <u>Wife</u> | <u>Joint</u> | <u>Community</u> | <u>Total</u> |
|---|----------------|-------------|--------------|------------------|--------------|
| Personal Liabilities | | | | | |
| Mortgage on Primary Residence | \$ | \$ | \$ | \$ | \$ |
| Other Personal Mortgages | | | | | |
| Credit Cards and Charge Accounts | | | | | |
| Automobile Loans | | | | | |
| Other Installment Debt | | | | | |
| Banks Loans | | | | | |
| Loans from Individuals | | | | | |
| Loans from Closely Held Businesses and Retirement Plans | | | | | |
| Other Loans | | | | | |
| Income Tax Liability | | | | | |
| Subtotal | | | | | |
| Investment and Business Liabilities | | | | | |
| Investment and Rental Property Mortgages | | | | | |
| Bank Loans | | | | | |
| Loans from Individuals | | | | | |
| Loans from Closely Held Business(es) | | | | | |
| Other Loans | | | | | |
| Limited Partnership Debt | | | | | |
| Brokerage Margin Loans | | | | | |
| Subtotal | | | | | |
| TOTAL LIABILITIES | \$ | \$ | \$ | \$ | \$ |

Client: _____ Date: _____

Part III: ANNUAL CASH FLOW ANALYSIS

CASH RECEIPTS
For the Period ____/____/____ to ____/____/____

Gross Salary and Bonus

Client \$ _____
Spouse _____

Net Income from Unincorporated Business

Client _____
Spouse _____

Other Earned Income

Client _____
Spouse _____

Pension Income

Client _____
Spouse _____

Social Security Benefits

Client _____
Spouse _____

Interest Income

Dividend Income

Net Cash Flow from Rent and Royalty Income

(record mortgage payment as "debt repayment" on "annual cash expenditures" portion of Part III)

Other Distributions of Earnings

(partnerships and S corporations)

Other Cash Receipts

Sale of Assets _____

Alimony and Child Support _____

Trust Distributions _____

Other _____

TOTAL CASH RECEIPTS

\$ _____

Client: _____ Date: _____

Part III: ANNUAL CASH FLOW ANALYSIS (Continued)

CASH EXPENDITURES
For the Period ____/____/____ to ____/____/____

Housing

| | |
|--------------------------|----------|
| Mortgage Payment or Rent | \$ _____ |
| Utilities | _____ |
| Housing Maintenance | _____ |
| Property Insurance | _____ |
| Property Taxes | _____ |
| Home Furnishing | _____ |
| Subtotal | _____ |

Food and Household

| | |
|--------------------|-------|
| Groceries | _____ |
| Household Supplies | _____ |
| Subtotal | _____ |

Clothing

| | |
|--------------------|-------|
| Clothing Purchases | _____ |
| Cleaning | _____ |
| Subtotal | _____ |

Transportation

| | |
|----------------------------------|-------|
| Automobile Payments | _____ |
| Automobile Insurance | _____ |
| Fuel, Repairs, Tags, and Parking | _____ |
| Mass Transit | _____ |
| Subtotal | _____ |

Medical and Dental

Insurance (Other Than Property)

| | |
|--------------------|-------|
| Disability | _____ |
| Liability | _____ |
| Life | _____ |
| Medical and Dental | _____ |
| Subtotal | _____ |

Subtotal this page \$ _____

Client: _____ Date: _____

Part III: ANNUAL CASH FLOW ANALYSIS (Continued)

Cash Expenditures (Continued)

| | | |
|---|-------------------------|----------|
| | Subtotal, previous page | \$ _____ |
| Entertainment/Recreation | | |
| Vacation and Travel | | _____ |
| Vacation Home | | _____ |
| Meals and Other Entertainment | | _____ |
| Clubs and Other Recreation | | _____ |
| | Subtotal | _____ |
| Charitable Contributions | | |
| Church | | _____ |
| Other | | _____ |
| | Subtotal | _____ |
| Debt Repayment (other than mortgage payments on personal housing) | | |
| Credit Cards and Outstanding Bills | | _____ |
| Installment Debt | | _____ |
| Rental or Investment Properties | | _____ |
| Other Debt Repayment | | _____ |
| | Subtotal | _____ |
| Federal Income Taxes | | _____ |
| State Income Taxes | | _____ |
| Social Security Taxes | | _____ |
| Miscellaneous Expenses | | |
| Education Expenses | | _____ |
| Domestic Help and Day Care | | _____ |
| Alimony and Child Support Paid | | _____ |
| Business and Professional Expenses | | _____ |
| Gifts | | _____ |
| Other Miscellaneous | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| _____ | | _____ |
| | Subtotal | _____ |
| TOTAL EXPENDITURES | | \$ _____ |

Client: _____ Date: _____

Part IV: QUESTIONS CONCERNING YOUR ASSETS, LIABILITIES AND RISK EXPOSURE (Continued)

4. Do you intend to engage in any new investment endeavors that are not currently reflected in this Client Questionnaire or the attachments thereto? For example, are you planning to alter your current investment portfolio in a manner that will significantly change your level of risk exposure? _____

5. If you own an interest(s) in a closely held business and you included the value of that business as an asset in this questionnaire, please answer the following questions as accurately and candidly as possible:
 - a. Explain the basis or methodology supporting the value used. _____

 - b. How much of the value of the closely held business is attributable to unique personal services that only you can provide and how much of the value can be realized by a purchaser of the business (e.g., salable assets, brand name recognition)? _____

6. Do you intend to drop, or reduce the coverage limits of, any insurance policies currently in force and reflected on this Client Questionnaire? If yes, please explain. _____

7. Do you expect to incur substantial personal expenses (e.g., college tuition, second home) in excess of current levels in the future? If yes, please explain. _____

8. List any lawsuits which have been filed and have not been settled or otherwise dismissed in which you, your spouse, your children, or a business in which you are a sole proprietor, general partner, or more than 10% owner are a named defendant. For each such lawsuit, provide the nature of the claim and the amount of compensatory and punitive damages sought by the plaintiff. _____

Client: _____ Date: _____

Part IV: QUESTIONS CONCERNING YOUR ASSETS, LIABILITIES AND RISK EXPOSURE (Continued)

9. List any potential or threatened claims (including any personal guaranties of the debts of others) which you are aware of against you, your spouse, your children, or a business in which you are a sole proprietor, general partner, or more than 10% owner. For each such potential or threatened claim, provide the nature of the claim, the claimant, and your opinion on the potential maximum dollar amount which the potential claimant may seek, even if you believe that the claim has no merit. _____

10. Do you have ready access to capital from any of the following sources? If yes, identify the source of the capital and the maximum dollar amount you reasonably believe you can obtain from each source.

a. Loans from family members. _____

b. Loans from affiliated businesses. _____

c. Loans from lending institutions. _____

d. Capital contributions. _____

11. Estimate your future annual earnings (before taxes) for your personal services over each of the next three years.

Year 1: _____

Year 2: _____

Year 3: _____

12. Estimate your spouse's future annual earnings (before taxes) for his or her personal services over each of the next three years.

Year 1: _____

Year 2: _____

Year 3: _____

13. Estimate the future income (before individual income taxes) you and your spouse reasonably expect to receive from your interests in closely held businesses over each of the next three years.

Year 1: _____

Year 2: _____

Year 3: _____

14. Estimate the value of any contingent or potential ownership interests you or your spouse may have in assets that are not listed in the financial statements included with this Client Questionnaire. Be sure to value your contingent interest so that it reflects the nature and likelihood of the contingency. _____

Client: _____ Date: _____

Part V: LIFE INSURANCE POLICIES SCHEDULE

| | Policy 1 | Policy 2 | Policy 3 | Policy 4 | Policy 5 |
|-----------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Name of Insured | _____ | _____ | _____ | _____ | _____ |
| Ownership ³ | _____ | _____ | _____ | _____ | _____ |
| Policy Number | _____ | _____ | _____ | _____ | _____ |
| Issue Age | _____ | _____ | _____ | _____ | _____ |
| Insurance Company | _____ | _____ | _____ | _____ | _____ |
| Beneficiary | _____ | _____ | _____ | _____ | _____ |
| a. Face Value | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| b. Policy Loans | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| c. Net Coverage (a. – b.) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| d. Cash Surrender Value | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| e. Net Cash Value (d. – b.) | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Type of Policy ⁴ | _____ | _____ | _____ | _____ | _____ |
| Annual Premium | _____ | _____ | _____ | _____ | _____ |

PLANNER USE ONLY

| | | | | | |
|-------------------|-------|-------|-------|-------|-------|
| Cost per Thousand | _____ | _____ | _____ | _____ | _____ |
| Best's Rating | _____ | _____ | _____ | _____ | _____ |

NOTES: _____

³ Ownership: J = Joint; C = Community Property; H = Husband; W = Wife; T = Trust

⁴ Universal Life (UL); Ordinary Whole Life (OL); Term (T); Group Term (GT)

Client: _____ Date: _____

Part VI: MISCELLANEOUS WEALTH PROTECTION PLANNING INFORMATION

1. Have you or your spouse discussed the possibility of filing for bankruptcy with a professional during the past 12 months? _____

2. Do you or your spouse anticipate filing for relief under federal bankruptcy law within the reasonably foreseeable future? _____

3. Do you or your spouse anticipate incurring any substantial debt (individually or jointly) now or within the near future? _____

4. Are you aware of any unpaid federal, state, or local taxes, penalties, or interest? _____

5. Have you been contacted by the IRS, or any state or local taxing jurisdiction, concerning the nonpayment of any taxes, penalties, or interest? _____

6. Have any business entities in which you or your spouse are an officer or director, or directly or indirectly own a 10% or greater equity interest, been contacted by the IRS or any state or local taxing jurisdiction concerning the nonpayment of any taxes, penalties, or interest? _____

7. Do you have in force, or have you offered to enter into, an offer in compromise or installment agreement with the IRS or any state or local taxing jurisdiction concerning the nonpayment of any taxes, penalties, or interest? _____

8. If your death occurred today, how much annual income would be required for your family to maintain an acceptable standard of living? _____

9. Are there any potential disputes or lawsuits that may arise among heirs or beneficiaries concerning the distribution of your estate? _____

10. Is there anything else that should be explained in regard to your general wealth protection planning objectives? _____

