

# PERSONAL ESTATE AND RETIREMENT QUESTIONNAIRE



Completing this questionnaire may assist in identifying many issues related to estate and retirement planning. This information may be useful to other professionals on your estate planning team. Providing this information to your attorney, tax advisor and insurance agent can help ensure that the various components of your estate and retirement plan are properly aligned.

## Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Divorced     Single     Widowed     Married:    Date of Marriage \_\_\_\_\_

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

Spouse's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

## Children and Family Members

Provide full legal name. List "J" for joint responsibility if both spouses are parents; "H" if this household's husband is the parent, "W" if this household's wife is the parent, "S" if a single parent.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

## Professional Advisors

Name	Telephone
Attorney: _____	_____
Accountant/ Financial Advisor : _____	_____

## Planning Goals

Please rate the following as to their importance to you: (10 = High concern; 0 = Low concern, N/A = not applicable)

	Level of Concern
1. Having enough income for retirement	_____
2. Providing for education of children/grandchildren	_____
3. Maximizing transfer of wealth to heirs	_____
4. Solving blended/modern family issues	_____

- 5. Long term care \_\_\_\_\_
- 6. Ongoing support for spouse \_\_\_\_\_
- 7. Ongoing support for children/grandchildren; special needs \_\_\_\_\_
- 8. Continuing/transitioning a family business \_\_\_\_\_
- 9. Setting affairs in order, to avoid family conflict \_\_\_\_\_
- 10. Avoiding probate and/or administration costs; maintain privacy at death \_\_\_\_\_

**Summary of Assets, Liabilities and Income**

Type	Husband	Wife	Community	Value/ Debt
Real property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Furniture and personal effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Automobiles, boats and RVs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bank and savings accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stocks, bonds and marketable securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Life insurance and annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Retirement plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Business interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money owed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anticipated inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other tangible or intangible property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mortgages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Unsecured debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
College funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other money owed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Total estate value:</b>				_____

**Monthly Income**                      **Husband:** \_\_\_\_\_ **Wife:** \_\_\_\_\_ **Total:** \_\_\_\_\_

Earned \_\_\_\_\_

Unearned (ex., Dividends, Interest, Rental) \_\_\_\_\_

**Monthly Expenses**                      \_\_\_\_\_ **Total:** \_\_\_\_\_

**Estate Planning**

Do you have a valid Will? \_\_\_\_\_ Y \_\_\_\_\_ N      Date executed: \_\_\_\_\_

Do you have a Trust? \_\_\_\_\_ Y \_\_\_\_\_ N      Type of Trust: \_\_\_\_\_

**To Be Completed by Agent**

Agent Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date set for follow-up Meeting: \_\_\_\_\_

Form provided by Farmers New World Life Insurance Company, 3120 139th Ave SE Ste 300, Bellevue, WA 98005.