



ESTATE PLANNING WORKBOOK

Once you have completed the worksheet, please contact our office at 419-842-0550. Then we will schedule a time to review the information and help create a detailed action plan. If you are unsure as to a question or a particular response simply mark the question and we will discuss it at our meeting.

■ CLIENT BACKGROUND INFORMATION

Name (w/middle initial) _____ Age _____ D.O.B. _____

Spouses Name (w/middle initial) _____ Age _____ D.O.B. _____

Occupation: _____ Spouse's Occupation _____

Address _____

Telephone: _____ (Home) _____ (Cell)

■ Family:

Children: _____ Age _____ D.O.B. _____

_____ Age _____ D.O.B. _____

_____ Age _____ D.O.B. _____

_____ Age _____ D.O.B. _____

_____ Age _____ D.O.B. _____

Please indicate: (1) If children are by a previous marriage, stepchildren or adopted; and (2) the address of children not living with you.

■ Parents:

_____ Still living? Yes / No _____ Still living? Yes / No

_____ Still living? Yes / No _____ Still living? Yes / No

■ Brothers/Sisters:

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

■ FIDUCIARIES

- 1. Personal Representative:** Please list, in order of preference, who you would like to serve as Personal Representative of your estate. The Personal Representative is the person who handles your financial affairs and administers your estate after your death.

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH |
|-------|--------------|---------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- 2. Guardian:** If you have any children under the age of 18, please list, in order of preference, who you would like to serve as Guardian of any minor children. The guardian is the person who will raise and care for your children until they reach the age of 18.

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH |
|-------|--------------|---------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

- 3. Trustee:** Please list, in order of preference, who you would like to serve as Trustee of any trusts. Normally married couples nominate the other spouse as their first chose. Whomever you choose, the person selected should be reasonably skilled at managing financial matters.

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH |
|-------|--------------|---------|---------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

■ SPECIAL FAMILY CONSIDERATIONS

Priormarriages: _____

Children of prior marriages: _____

Handicapped child or other beneficiary (mental or physical): _____

Beneficiaries with special needs or problems: _____

Any other family concerns or issues you may have: _____

■ FAMILY ADVISERS

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH |
|-------------------------|--------------|---------|---------------|
| Accountant _____ | _____ | _____ | _____ |
| Insurance agent _____ | _____ | _____ | _____ |
| Financial Advisor _____ | _____ | _____ | _____ |
| Physician _____ | _____ | _____ | _____ |
| Other _____ | _____ | _____ | _____ |

4. Power of Attorney: Please list your power of attorneys and provide our office a copy of the documents.

■ Durable Power of Attorney:

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

■ Medical Power of Attorney:

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

■ General Power of Attorney:

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

| NAME | RELATIONSHIP | ADDRESS | DATE OF BIRTH | UP TO DATE? |
|-------|--------------|---------|---------------|-------------|
| _____ | _____ | _____ | _____ | YES / NO |

Do you have a living will? _____

Do you have an Do Not Resuscitate? _____

5. Beneficiaries: Please list all beneficiaries with % of distribution for each.

▪ **Primary Beneficiaries:**

| NAME | RELATIONSHIP | ADDRESS | % |
|-------|--------------|---------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

▪ **Contingent Beneficiaries:**

| NAME | RELATIONSHIP | ADDRESS | % |
|-------|--------------|---------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

■ **PROPERTY DISPOSITION**

1. Special Bequests: This is where you specify specific gifts to specific people (Please use attached list if necessary)

2. General Bequests (Residuary Estate) Who shall receive the remainder of your estate?

ASSETS - Please provide our office a copy of the current statement if available

Item \$Value/Amount How held?(Husband,

| | | | Wife or Jointly) | |
|--------------------------|--|----|------------------|--|
| Cash | | \$ | | |
| Checking accounts | | \$ | | |
| Savings accounts | | \$ | | |
| Other bank accounts | | \$ | | |
| Securities | | | | |
| Stock company/ shares | | \$ | | |
| US Bonds | | \$ | | |
| Mutual funds | | \$ | | |
| Other | | \$ | | |
| Personal Property | | | | |

| | | | | |
|------------------------------------|--|----|--|--|
| Household goods | | \$ | | |
| Jewelry | | \$ | | |
| Apparel | | \$ | | |
| Other | | \$ | | |
| Real Estate | | | | |
| Home | | \$ | | |
| Recreational | | \$ | | |
| Investment | | \$ | | |
| Other | | \$ | | |
| Business Holdings | | | | |
| Briefly describe business: | | | | |
| Corporation, LLC, Partnership? | | \$ | | |
| Best estimate of fair market value | | \$ | | |
| Retirement | | | | |
| IRA, Profit Share, 401K, HSA etc | | \$ | | |

Specify primary and alternate beneficiary designation _____

IRA, Profit Share, 401K, HSA etc \$ _____

Specify primary and alternate beneficiary designation _____

▪ Insurance and Annuities

Type (term, etc) _____ \$ _____

Specify primary and alternate beneficiary designation _____

Accounts, Phone numbers, Passwords.

| Company | Acct # | Phone # | Password |
|----------|--------|---------|----------|
| Electric | _____ | _____ | _____ |
| Gas | _____ | _____ | _____ |
| Water | _____ | _____ | _____ |

| | | | | |
|---------|-------|-------|-------|-------|
| Cable | _____ | _____ | _____ | _____ |
| Phone | _____ | _____ | _____ | _____ |
| Emails | _____ | _____ | _____ | _____ |
| Banking | _____ | _____ | _____ | _____ |
| Other | _____ | _____ | _____ | _____ |

Accounts on auto pay/direct deposit indicate checking or savings, bank, and account number in which payment or deposit is being made to.

▪ **Personal Insurance policies.**

| | | | | |
|------------|-------|-------|-------|-------|
| Auto | _____ | _____ | _____ | _____ |
| Home | _____ | _____ | _____ | _____ |
| Umbrella | _____ | _____ | _____ | _____ |
| Life | _____ | _____ | _____ | _____ |
| Life | _____ | _____ | _____ | _____ |
| Life | _____ | _____ | _____ | _____ |
| Life | _____ | _____ | _____ | _____ |
| Medical | _____ | _____ | _____ | _____ |
| Disability | _____ | _____ | _____ | _____ |
| Misc | _____ | _____ | _____ | _____ |

Inheritance

Do you or your spouse expect to receive any inheritance within the next 10 years? _____.
 Best estimate of amount \$ _____.

Other assets not listed above

▪ Type

| | | |
|-------|----------|-------|
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

■ LIABILITIES

| | | |
|----------------------|----------|-------|
| Mortgages | \$ _____ | _____ |
| Car loans | \$ _____ | _____ |
| Personal loans | \$ _____ | _____ |
| Business loans | \$ _____ | _____ |
| Life Insurance loans | \$ _____ | _____ |
| Other | \$ _____ | _____ |
| _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

■ MISCELLANEOUS

Estate planning concerns: Briefly list specific concerns you may have. (examples are concerns about probate, taxes, a particular child, squabbling, attorney fees, etc)

Questions: You may use this space to list any additional questions to be reviewed:

- 1 .
- 2 .
- 3 .
- 4 .

Do you have a prepaid funeral? Yes / No

MY BENEFICIARY FORM CHECKLIST

1. Where do I keep copies of my beneficiary form?

Comments: _____

Can I produce the copies?

☐ Yes ☐ No ☐ Not Sure

Are the copies current?

☐ Yes ☐ No ☐ Not Sure

(Do they match what is on file with the plan? If not I should request copies from the plan or update the plan forms.)

Do my beneficiaries or the executor of my estate know where to find a copy of my beneficiary form?

☐ Yes ☐ No ☐ Not Sure

2. Is my beneficiary form current?

Does it consider any recent changes in the IRS rules? (e.g., the correct life-expectancy table is being used for required minimum distributions calculations)

☐ Yes ☐ No ☐ Not Sure

Does it consider state or federal estate and tax law changes? (e.g., state estate tax decoupling that could mean estate tax due at my death)

☐ Yes ☐ No ☐ Not Sure

Does it consider plan limitations? (e.g., no stretch opportunity)

☐ Yes ☐ No ☐ Not Sure

Does it consider life events that could change my beneficiary elections?

☐ Yes ☐ No ☐ Not Sure

☐ Adoption ☐ Beneficiaries to eliminate

☐ Death ☐ Birth: Child or Grand-Child

☐ Divorce ☐ Marriage

☐ Special Needs Beneficiaries

☐ Other Life Events

3. Have I named a contingent beneficiary on my beneficiary form?

☐ Yes ☐ No ☐ Not Sure

What would be the effect of disclaiming?

4. Is my signed beneficiary form on file with the trustee/custodian/plan provider?

☐ Yes ☐ No ☐ Not Sure

5. Do I have an acknowledged copy of my most recent signed beneficiary form? (In case the plan provider "loses" its copy;

may not be able to get a copy from an employer plan)

☐ Yes ☐ No ☐ Not Sure

6. Does my advisor have a copy of my most recent signed beneficiary form?

☐ Yes ☐ No ☐ Not Sure

Comments: _____

8. When my estate plan was drafted, did it take into account my retirement assets?

(Retirement assets will pass according to my beneficiary form, not my will)

☐ Yes ☐ No ☐ Not Sure

9. My beneficiary form should name a person, not an entity, as beneficiary unless I am leaving my retirement assets in whole or in part to a charity or trust.

☐ Yes, I understand

7. Can my trustee/custodian/plan provider locate and/or produce its copy of my most recent signed beneficiary form?

☐ Yes ☐ No ☐ Not Sure

☐ No, I need more information

11. Does my beneficiary form allow “per stirpes” language?

☐ Yes ☐ No ☐ Not Sure

15. If I have multiple beneficiaries, is there a need for me to create special accounts for them now?

☐ Yes ☐ No ☐ Not Sure

FOLLOW UP: MY To Do LIST

Comments: _____

| ACTION | DATE DUE | DATE COMPLETED |
|--------|----------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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