



Your North Atlanta Money Concepts
Financial Planning Center



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HELPING YOU MAXIMIZE YOUR POTENTIAL

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PROFESSIONAL ESTATE PLANNING QUESTIONNAIRE



Personalized Financial Planning Solutions to Guide Your Financial Journey

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PROFESSIONAL ESTATE PLANNING QUESTIONNAIRE

STRICTLY CONFIDENTIAL

To create estate plans that work for our clients, we need to gather both personal and financial information. There are many protections for your family and your estate when a properly structured and executed estate plan is in place. This requires learning about the assets you own, how they are titled, the value of each and how you would like them to be distributed or passed to your beneficiaries at death. With this knowledge we can help advise you on how best to achieve your wishes and determine whether or not you will have estate tax issues upon death. If estate tax issues apply, having accurate information up front allows us to counsel you on how to avoid paying unnecessary estate taxes. All of the gathered information, including personal, financial and existing estate planning documents you share will assist us in making recommendations as to how best to protect the inheritance you leave to your loved ones.

Please be assured that this information and documentation is held in the strictest confidence and will be used for the sole purpose of analyzing estate planning needs and developing estate planning documents. Your information will only be utilized by your Money Concepts Advisor and our recommended estate planning attorney. In an effort to use our time, and yours, most efficiently we require this questionnaire be completed and returned prior to your initial estate planning meeting. If you are married, both of you need to attend the initial meeting. If both cannot attend or if the questionnaire cannot be returned prior to the initial meeting, we ask that you reschedule. Thank you.

FREE, NO OBLIGATION, ONE HOUR CONSULTATION

Your initial meeting is set for two hours. The first hour is free and you are under no obligation. The purpose of this first hour is to:

- meet you and introduce you to our estate planning services,
- listen to your concerns and goals with regard to your estate plan,
- educate you on the estate planning options available,
- explore options that look best for you, and
- quote you a fee to assist in the design, customization and execution of the plan.

(The Second Hour)

The purpose of the second hour is to begin the process of designing and customizing an “estate plan that works” to fit your needs. A minimum of one half of the agreed upon fee must be paid before the estate plan customization process begins. “This engagement with Money Concepts does not establish an attorney-client relationship with any attorney, including our recommended estate attorney, and no such legal engagement is required to proceed through the estate planning process outlined above.”

Our initial recommendations for your estate planning will be based on the facts submitted in this questionnaire. If any of the information described in this questionnaire is incorrect, or should later change, it is CRITICAL that you bring that information to our attention so we can determine if it is necessary to further review your estate planning options, documents, and the fee quoted to you.

THIS INFORMATION WAS COMPLETED BY: _____

IF YOU AGREE TO THE ABOVE TERMS AND THAT THE INFORMATION SUBMITTED IS ACCURATE PLEASE SIGN AND DATE BELOW.

Signature

Date

Signature

Date

ESTATE PLANNING QUESTIONNAIRE
CONFIDENTIAL

DATE: _____

FAMILY INFORMATION
PLEASE PRINT LEGIBLY

MY NAME: _____ **Prefer to be called:** _____

Your name as you would like it to appear on your documents: _____

Age: _____ Date of Birth: _____ Social Security No: _____

Address: _____
Number Street City State Zip

Mailing Address (if different from above): _____
Street City State Zip

County of Residence: _____

Phone: Home (____) _____ Work (____) _____ Cell (____) _____

E-mail Address _____

Profession, Occupation or Employer: _____

Are you a United States Citizen? Yes _____ No _____ Resident Alien? Yes _____ NO _____

Marital Status: Single ____ Married ____ (Date Married _____) Divorced ____ Widowed ____

SPOUSE'S NAME (IF YOU ARE MARRIED):

_____ **Prefer to be called:** _____
First Middle Last

Your name as you would like it to appear on your documents: _____

Age: _____ Date of Birth _____ Social Security No. _____

Work Phone: (____) _____ Cell Phone: (____) _____ Fax: (____) _____

Email address: _____

Profession, Occupation or Employer: _____

Are you a United States Citizen? Yes _____ No _____ Resident Alien? Yes _____ No _____

*** All information is personal and confidential ***

Children of Current Marriage:

<u>Name</u>	<u>Nickname</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Husbands Children by Previous Marriage (s):

<u>Name</u>	<u>Nickname</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Wife's Children by Previous Marriage(s):

<u>Name</u>	<u>Nickname</u>	<u>Address</u>	<u>Date of Birth</u>	<u>Marital Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Harmony Among Children:

Do you have any fear or concern that in the event of a disability or death (with either or both of you), that your children may not get along if one or all were named Executor, Trustee, Power of Attorney, Medical Surrogate? Please describe your fears or concerns:

Your Parents (If Living):

Name **City/State** **Age** **Health: OK or a concern?**

Your Spouse's Parents (If Living):

Name **City/State** **Age** **Health: OK or a concern?**

Current, Future or Potential Dependents (elderly parents, friends or relatives)

Name **Relationship** **Age** **Special Need/problems**

Your Health Information:

Current Health Status (His) Good _____ Concern _____ Problem _____

Specific Concern or Problem: _____

Current Health Status (Hers) Good _____ Concern _____ Problem _____

Specific Concern or Problem: _____

Who Are Your Advisors?

Who referred you? _____

___ I do not rely on an advisor. I feel confident handling financial matters myself.

Financial Advisor: _____ Company: _____ Phone: _____

Do you consistently seek and rely on the Financial Advisor's advice? Yes _____ No _____

Life Insurance Professional: _____ Company: _____ Phone: _____

Do you consistently seek and rely on the Life Insurance Professional's advice? Yes _____ No _____

Tax Preparer/CPA: _____ Company: _____ Phone: _____

Do you consistently seek and rely on the Tax Preparer/CPA's advice? Yes _____ No _____

Family/Business Attorney: _____ Phone: _____

Stock Broker: _____ Company: _____ Phone: _____

*** All information is personal and confidential ***

Your Estate Planning Concerns:

**Please rate the following as to how important they are to you:
(0 being the lowest and 5 being the highest)**

Please circle one:

Desire to get affairs in order, create comprehensive estate plan, and manage affairs in case of death or disability.	0	1	2	3	4	5
Providing for and protecting a spouse.	0	1	2	3	4	5
Providing for and protecting children.	0	1	2	3	4	5
Providing for and protecting grandchildren.	0	1	2	3	4	5
Disinheriting a family member.	0	1	2	3	4	5
Providing for charities at the time of death.	0	1	2	3	4	5
Plan for the transfer and survival of a family business.	0	1	2	3	4	5
Avoiding or reducing your estate taxes.	0	1	2	3	4	5
Avoiding probate.	0	1	2	3	4	5
Reduce administration costs at time of your death.	0	1	2	3	4	5
Avoiding a conservatorship (living probate) in case of disability.	0	1	2	3	4	5
Avoiding will contests or other disputes upon death.	0	1	2	3	4	5
Protecting assets from lawsuits or creditors.	0	1	2	3	4	5
Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers.	0	1	2	3	4	5
Plan for a child with disabilities or special needs, such as medical or learning disabilities.	0	1	2	3	4	5
Protecting children's inheritance from the possibility of failed marriages.	0	1	2	3	4	5
Protecting children's inheritance in the event of your spouse's remarriage.	0	1	2	3	4	5
Provide that your death shall not be unnecessarily delayed by artificial means or measures.	0	1	2	3	4	5

Additional Relevant Information or Concerns

Important Family Questions

Please check "Yes" or "No" for your answer	YES	NO
Have you or your spouse completed previous wills, trusts or estate planning? (Please furnish copies)		
Have you or your spouse completed previous Powers of Attorney, Medical Surrogates, Living Wills or Georgia Advance Directive for Health Care (Please furnish copies)		
Do any of your children have special education, medical or physical needs?		
Are any of your children institutionalized?		
Are you or your spouse receiving social security, disability or other governmental benefits?		
Do you provide primary or other major financial support to adult children?		
Have either you or your spouse been divorced?		
Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish copies)		
Have you and your spouse ever signed a pre- and/or post-marriage contract? (Please furnish copies)		
Do any of your children receive governmental support or benefits?		

FAMILY FINANCIAL MATTERS

A. Which of you, if either, is the leader in family financial matters and investments?

Wife _____ Husband _____ Equally responsible _____

B. In the event of your spouse becoming disabled or dying, would the other of you feel comfortable taking on the role alone?

Yes _____ No _____ Would ask for help _____

PERSONAL GOALS

Most important personal goal?

Most important financial goal?

Major threats to your goals?

Have you considered or do you give to any charitable or religious organization?

Do you wish to make a gift at your death to that charity? Yes _____ No _____

If yes, please describe:

During your marriage, have you ever lived in any of the community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin? Yes* ___ No ___

*If yes, please answer the following:

Terms of residence in community property state:

_____ (state) from _____, _____ to _____, _____
_____ (state) from _____, _____ to _____, _____

Have you ever signed a property agreement? Yes ___ No ___ (If so, please provide a copy)

Was it ever recorded? Yes ___ No ___

*** All information is personal and confidential ***

Community Property State Assets:

Please list the assets you acquired while living in a community property state and which you still own:

Please list the new assets you now own that were purchased (directly or indirectly), using assets acquired while you lived in a community property state:

APPOINTMENTS

(Please take a few minutes and consider who you would like to name to fill these roles in your estate plan.)

GUARDIANS (children younger than 18 years of age):

Who do you want to act as guardians of your minor children and conservator of their assets if you predecease your minor children?

First Choice:

Name _____ Phone No. _____

Address _____

Second Choice:

Name _____ Phone No. _____

Address _____

Third Choice:

Name _____ Phone No. _____

Address _____

HEALTH CARE AGENT: Who should be named to make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admission if you were unable to make these decisions yourself? (Frequently, the primary agent is the spouse.) It is not necessary to appoint the same person who is your successor trustee or personal representative as your health care agent.

Husband

Wife

Health Care Agent: _____

First Alternate: _____

Second Alternate: _____

*** All information is personal and confidential ***

ASSETS-LIABILITIES-INCOME INFORMATION

**HOW YOU OWN YOUR PROPERTY IS EXTREMELY IMPORTANT TO PROPERLY
DESIGN AND IMPLEMENT YOUR ESTATE PLAN!**

GUARANTEES

If you have guaranteed the indebtedness of any child or any other person, please describe those guarantees and the potential amount of indebtedness below:

Have you ever made any significant gifts (in excess of \$10,000 per year per donee)?

Yes _____ No _____ If yes, please describe how much and when: _____

Have you ever filed a United States Gift Tax Return? Yes* _____ No _____ When? _____

*If yes, please provide a copy

**LIFE INSURANCE AND ANNUITY QUESTIONNAIRE
INCLUDE BOTH BUSINESS AND PERSONAL INSURANCE
(USE A SEPARATE PAGE IF NECESSARY)**

Name of Insurance Company	Type of Policy or Annuity	Face Amount	Insured	Owner (i.e. who names the beneficiary)	Beneficiary	Cash Value (if known)

Do you own any Disability Insurance? Husband: Yes _____ No _____ Wife: Yes _____ No _____

Do you own any Long Term Care Insurance?

Husband: Yes _____ No _____ Provider: _____ Daily Benefit Amount: \$ _____

Wife: Yes _____ No _____ Provider: _____ Daily Benefit Amount: \$ _____

*** All information is personal and confidential ***

Do you expect any inheritances from parents or others?

(The answer may affect your estate tax planning.)

YOU

YOUR SPOUSE

Whom From: _____

Value of interest: _____

Are you currently the beneficiary of an inheritance you have not yet received, or a trust that exists?

Self _____ Spouse _____ None _____

Describe (if applicable): _____

INCOME INFORMATION

INCOME

HUSBAND

JOINT

WIFE

Earned Monthly Income from Salary _____

Monthly Social Security Income _____

Monthly IRA/401-K Income _____

Monthly Pension Income _____

Monthly Rental Income _____

Other Monthly Income _____

ADDITIONAL INFORMATION

Financial Planner

*** All information is personal and confidential ***

BUSINESS PLANNING INFORMATION
Please prepare a separate "BPI" for each of your businesses.

First Business:

Type of Ownership

- Sole Proprietorship/Practice
- Subchapter S Corp.
- Family Limited Partnership

- Partnership
- Corporation: Professional PSC
- Limited Liability Co.
- Taxed as: an "S" Corp.
- a "C" Corp.
- a partnership
- entity ignored
- taxed to you

Name of Business _____

Nature of Business _____

Year Organized _____

Ownership Distribution

Name	Relationship (if any)	Position	% Controlled

Second Business:

Type of Ownership

- Sole Proprietorship/Practice
- Subchapter S Corp.
- Family Limited Partnership

- Partnership
- Corporation: Professional PSC
- Limited Liability Co.
- Taxed as: an "S" Corp.
- a "C" Corp.
- a partnership
- entity ignored
- taxed to you

Name of Business _____

Nature of Business _____

Year Organized _____

Ownership Distribution

Name	Relationship (if any)	Position	% Controlled

NET WORTH SUMMARY: ESTATE ASSETS & LIABILITIES OF _____
AS DESCRIBED BY _____ AS OF _____

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	<u>HIS NAME</u>	<u>HIS LIVING TRUST</u>	<u>HER NAME</u>	<u>HER LIVING TRUST</u>	<u>JOINTLY OWNED</u>	<u>TOTAL</u>
7. RETIREMENT ASSETS						
A. Annuities						
B. IRA's (Not Roth IRA's)						
C. Roth IRA's						
D. 401-K						
E. 403b						
F. 457 Plans						
G. Deferred Compensation						
Subtotal	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
TOTAL GROSS ESTATE ASSETS						
LESS LIABILITIES						
A. Mortgages						
B. Vehicle Loans						
C. Charge Card, Accounts						
D. Other						
TOTAL LIABILITIES	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
NET ESTATE	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

PRIMARY BENEFICIARY DESIGNATIONS:

- 1)
- 2)

CONTINGENT BENEFICIARY DESIGNATIONS:

- 1)
- 2)

OTHER NOTES:

- 1)
- 2)

The above is an accurate estimate of our joint assets, liabilities and net worth as provided as of the above date.

There are no transfer-on-death investments or security accounts except as noted above with a footnote, with the primary beneficiary also identified in the footnotes.

X

 Signature

 Date

X

 Signature

 Date