

SERVICES TO BE PROVIDED

Other _____



CLIENT PROFILE
for the use of our associated
CPA and Law Firms

ASSET PROTECTION - ENTITY (Client Data plus Section 1)	<input type="checkbox"/> Corporation <input type="checkbox"/> Foundation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership	
SPECIAL SERVICES (Client Data plus Section 2) * Complete all Sections	<input type="checkbox"/> Durable Power of Attorney Assets <input type="checkbox"/> Durable Power of Attorney Health <input type="checkbox"/> Engineered Tax Transactions * <input type="checkbox"/> Superior * <input type="checkbox"/> Ultimate * <input type="checkbox"/> HIPAA <input type="checkbox"/> QDOT <input type="checkbox"/> Quit Claim Deed <input type="checkbox"/> Sale Agreement _____	Associate please complete: Representative Name _____ Representing _____ <input type="checkbox"/> Self Directed Retirement Planning * <input type="checkbox"/> Trust Amendment <input type="checkbox"/> Trustee Services
TRUST PROGRAMS PACKAGES (Client Data plus Sections 2, 3 + 4) * Complete all Sections * ¹ May be sold separately	<input type="checkbox"/> AB <input type="checkbox"/> Asset Protection <input type="checkbox"/> Grantor <input type="checkbox"/> ILIT * ¹ <input type="checkbox"/> Life Partners	<input type="checkbox"/> Married Separate Property <input type="checkbox"/> Multi Use (Medi/VA) <input type="checkbox"/> Add Entity * <input type="checkbox"/> Simple <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Special Needs <input type="checkbox"/> Ultra Trust <input type="checkbox"/> Basic <input type="checkbox"/> Add Entity * <input type="checkbox"/> Superior *

CLIENT DATA

Client Name _____ SS# _____ DOB ____/____/____
 Spouse/Partner Name _____ SS# _____ DOB ____/____/____
 Home Address _____ City _____
 County _____ State _____ Zip Code _____
 Home Telephone (____) _____ Business Telephone *¹ (____) _____
 Email _____ *¹ Are we authorized to contact the client at this number? Yes No
 Are both spouses/partners citizens of the United States? Yes No (Go to *²)

*² If no, of what country are they a citizen? _____

Single Federally Recognized Married Separated Divorced (Go to *³) Life Partners

Client
Spouse/Partner

*³ If yes, please provide details: Name of prior spouse _____

Number of Children Total _____ Theirs _____ Client _____ Spouse/Partner _____

SECTION 1 - ASSET PROTECTION

1.1 State Default (NV) (FL) Requested _____ (Name State)

1.2 Entity Name _____

1.3 If name not available please list options

Option A _____ Option B _____

1.4 Who or what will be the Manager/General Partner/Managing Member?

1.5 Who or what will own the entity?

_____	%	_____	%
_____	%	_____	%

SECTION 2 - ESTATE PLAN

2.1 **Guardians of Minor Children** _____ Successor _____
Address _____

2.2 **Executor of Will (normally each spouse/partner for each other)** Yes No
For Client _____ Successor _____
Address _____

Telephone _____
For Spouse/Partner _____ Successor _____
Address _____

Telephone _____

2.3 **Durable Power of Attorney (normally each spouse/partner for each other)** Yes No

Assets

For Client _____ Successor _____
Address _____

Telephone _____

For Spouse/Partner _____ Successor _____
Address _____

Telephone _____

Health

For Client _____ Successor _____
Address _____

Telephone _____

For Spouse/Partner _____ Successor _____
Address _____

Telephone _____

2.4 **Trust** Trust Name _____
Name of Grantor(s) _____
Name of Trustee(s) _____ Successor*1 _____
Address _____

2.5 **Beneficiaries** (Use page 4 or additional sheets if required)

Names of Beneficiaries/DOB or SS# *2	Relationship	% of Estate
_____	_____	_____
_____	_____	_____
_____	_____	_____

*1 If more than one, are they serving as a committee or individually?
*2 Where the named person does not reside with client please furnish contact information on page 4

SECTION 3 - PREVIOUS PLANNING

3.1	C	S/P		C	S/P	
	___	___	Durable Power of Attorney (Health)	___	___	Children's Trust
	___	___	Durable Power of Attorney (Assets)	___	___	Charitable Remainder Trust
	___	___	Living Will (year prepared _____)	___	___	Charitable Lead Trust
	___	___	Will (year prepared _____)	___	___	Pension Limited Partnership
	___	___	Revocable Trust	___	___	Limited Liability Company(s)
	___	___	Limited Partnership(s) (Family)	___	___	Corporation(s) (International)
	___	___	Insurance Trust (ILIT)	___	___	Corporations(s) (Domestic)
	___	___	Foreign Security Trust	___	___	US Grantor International Trust
	___	___	Non US Grantor Trust	___	___	Other (please list on separate paper)

SECTION 4 - FINANCIAL INFORMATION

4.1 Include: Name of institution and account numbers for assets,
 Legal description and parcel number for land,
 VIN numbers for vehicles, boats etc.

4.2 **Please attach a financial statement, if available, if not please complete.**

Account numbers, legal land descriptions and parcel numbers expedite the transfers into the trust.

<u>Assets</u>	<u>Client's Separate</u>	<u>Spouse/Partner's Separate</u>	<u>Joint or Community Property</u>
Cash or cash equivalents			
Residence			
Second residence			
Real property for investment income			
Investment securities			
Stock in closely held corporation(s)			
Insurance, cash surrender value			
Sole proprietorship(s)			
General partnership(s)			
Limited partnership investment(s)			
Limited liability company investment(s)			
Note(s) receivable			
Vested interest in Pension and/or Profit Sharing Plan(s)			
Individual retirement account(s)			
Automobiles			
Collectibles			
Other assets			
Total Assets			

Liabilities			
Mortgage(s) on residence(s)			
Mortgage(s) on investment income real property			
Secured notes payable			
Unsecured notes payable			
Other unsecured liabilities			
Total liabilities			

- 4.3 a) Are any of the principals involved in any current litigation? Yes * No
b) Do any of the principals currently have any judgments or outstanding liens? Yes * No
* Provide details _____

ADDITIONAL INFORMATION (Note: Please reference question)

I (we) understand that the information found on the profile that has been completed is the information that will be used to complete my (our) documents. Should I (we) decide that I (we) want to change those instructions after the documents have been produced, those changes will be subjected to a charge fee whose hourly rate will be not less than \$200.00 per hour.

Once documents are accepted by the client, all fees due have been paid and twelve (12) months have elapsed since acceptance along with final payment, then client(s) may, at no additional charge to them, have an amendment made to their trust document once every twelve (12) months.

Signature

Signature