



Trust-Based Estate Plan

COUPLES QUESTIONNAIRE

This document is designed to preview the precise questions our software will require answers for. If you have general questions, this document helps your financial advisor better assist in coordinating your estate plan. In our software, should you have questions, they have access to detailed tips accompanying each of the questions below. Your final answers are then submitted to EncorEstate Plans, and they use this information to prepare and review your documents.

TRUST-BASED ESTATE PLANNING QUESTIONNAIRE - COUPLE

STEP 1 – MARITAL STATUS

☐ Married ☐ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Primary Email: _____

Client Name 1 (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Home Address: _____ **County:** _____

Do you own this home? ☐ Yes ☐ No

If yes, who currently holds legal ownership of the property? ☐ Both ☐ Client 1 ☐ Client 2

Do you want the home transferred into the trust? (minimum \$250 fee)? ☐ Yes ☐ No

STEP 3 – FAMILY INFORMATION

What do you want to call this Trust? _____

You do not need a new Trust name if this is a restatement.

Who is your financial advisor? _____

What state and county will these documents be notarized in? _____

OR ☐ Not Sure

Have you previously done a Trust? ☐ Yes ☐ No

If so, what is the name and execution date of the Trust? _____

Do you own any other real estate? ☐ Yes ☐ No

If yes, list the addresses below and identify who will own the property after the transfer.

Do you want to deed this property to the trust (\$250 minimum/transfer)? ☐ Yes ☐ No

Address	Who WILL Hold Ownership
	☐ Both ☐ Client 1 ☐ Client 2
	☐ Both ☐ Client 1 ☐ Client 2
	☐ Both ☐ Client 1 ☐ Client 2
	☐ Both ☐ Client 1 ☐ Client 2

Do you own any business interests? ☐ Yes ☐ No

Do you want a business assignment prepared for these interests (\$100/assignment)? ☐ Yes ☐ No

Do you have any biological or adopted children, living or deceased? ☐ Yes ☐ No

If yes, fill out the next page. If no, skip the next page.

Information about Living Children: (*Please add additional children on a separate sheet)

Child 1 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 2 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 3 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Child 4 Name: _____ **DOB:** _____ **Gender:** ☐ Male ☐ Female

Address (if different than yours): _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Is the child disinherited? ☐ Yes ☐ No

Optional Contact Information

Email: _____

Phone Number: _____

Information about Deceased Children:

Child's Name _____

Is the biological or adopted child of: ☐ Both ☐ Client 1 ☐ Client 2

Name(s) of the Deceased Child's Children, if any: _____

Limitations on Surviving Spouse:

Do you want to limit the surviving spouse's ability to change the estate plan after the first spouse dies? ☐ Yes ☐ No (Most common)

- If marked yes, your trust will split into two trusts at the first death (The Surviving Spouse's side and the Deceased Spouse's side). The Surviving Spouse would be able to live off both sides but could NOT change the beneficiaries of the Deceased Spouse's side. There are upsides and downsides to this decision. Your advisor can provide a more detailed description of the impact of this decision using a document titled "Types of Trust" in the Training and Resources.
 - Encore will need to what you goal is-
 - Do you want a mandatory A/B Trust split?
 - Do you want to limit the surviving spouse's ability to change beneficiaries?
 - Other: _____

STEP 4 – BENEFICIARIES (The individuals who receive everything after both spouses pass.)

Are the Beneficiaries receiving equal shares? ☐ Yes ☐ No

If yes, leave the share column blank. If no, fill in the share column. (i.e. 12.5% or 1/8)

Identify where their share should go should they predecease you. Each beneficiary can be different.

- Per Stirpes - to their natural born or adopted children
 - If per stirpes is selected for your biological or adopted children, It will lapse to the other children if they have no heirs.
- Lapse - to the other named beneficiaries
- Other – be prepared to provide your response during plan entry

Beneficiary Information			
	First, Middle, and Last Name OR Name of Organization	IF NOT EQUAL- % or Share	Select One Designation
B1			☐ Per Stirpes ☐ Lapse ☐ Other
B2			☐ Per Stirpes ☐ Lapse ☐ Other
B3			☐ Per Stirpes ☐ Lapse ☐ Other
B4			☐ Per Stirpes ☐ Lapse ☐ Other
B5			☐ Per Stirpes ☐ Lapse ☐ Other
B6			☐ Per Stirpes ☐ Lapse ☐ Other
		Total = 100%	

Do you want restrictions on the distributions to beneficiaries? ☐ Yes ☐ No

Beneficiaries would still have access to funds for health care, education, & support. If yes, select from the following or fill in your wishes using Option D, *Other*. Then, identify which beneficiary the restriction will apply to. Each beneficiary can be different.

Age-Based Restrictions - Choose a restriction and the beneficiary it applies to or fill in your own.

Option A: 1/3 at 25, 1/3 at 30, and 1/3 at 35

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option B: 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option C: 1/2 at 25, 1/2 at 30

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Option D: *Other, please describe:* _____

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Special Needs Trust - Beneficiaries with special health needs who may have needs-based public benefits.

☐ B1 ☐ B2 ☐ B3 ☐ B4 ☐ B5 ☐ B6

Specific Gifts (Charitable donations, funds to care for pets or gifts of significant value for others.)

The Tangible Personal Property list is the best place to list who will care for pets, receive family heirlooms, or receive personal property that may change frequently, like personal vehicles.

Please denote if the gift is to occur after the passing of a particular spouse (Client 1 or 2) or after both have passed.

Specific Gift Information			
	First, Middle, and Last Name OR Name of Organization	Amount, Percentage, or Item	After the Passing of
1			☐ Client 1 ☐ Client 2 ☐ Both
2			☐ Client 1 ☐ Client 2 ☐ Both
3			☐ Client 1 ☐ Client 2 ☐ Both
4			☐ Client 1 ☐ Client 2 ☐ Both
5			☐ Client 1 ☐ Client 2 ☐ Both
6			☐ Client 1 ☐ Client 2 ☐ Both

STEP 5 – SUCCESSOR TRUSTEE/EXECUTOR/POWER OF ATTORNEY (Financial Agent)

If either of you is incapacitated and unable to act, would you want your spouse/partner to make financial decisions on your behalf? ☐ Yes (Most common) ☐ No

Do you want your Financial Agent's powers limited in any way? ☐ Yes ☐ No (Most common)

Timing on Power of Attorney:

☐ Immediate for Primary Agent Only (Most Common)

☐ Immediate for All Agents ☐ Springing for All Agents

If you cannot make financial decisions for yourself, who do you want to make them for you? *The spouse/partner is assumed to be first (unless otherwise indicated). Please list the relationship also.*

Successor Trustee/Executor/Power of Attorney		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

STEP 6 – HEALTH CARE AGENTS

Do you want to include specific wishes regarding your health care if incapacitated? ☐ Yes ☐ No

If yes, please complete the Statement of Wishes attachment in the Knowledge Base.

If you cannot make health care decisions for yourself, who do you want to make them for you? We generally see the spouse/partner listed first. Please list the relationship, too.

Client 1 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

Client 2 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐ Yes ☐ No (Most common)

If yes, which ones? ☐ 1 ☐ 2 ☐ 3

STEP 7 – GUARDIAN

Do you have any minor children (under 18), or do you expect to in the future? ☐Yes ☐No

If yes, who would have physical custody of the minor children? Please list the relationship, too.

Guardians		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these guardians act together? ☐Yes ☐No

If yes, which ones? ☐ 1 ☐ 2 ☐ 3