Advanced Planning Confidential Questionnaire - **Personal Planning**

AGENT	
	Name: Rogerio Nitschke Agent Code: _____ GO Name: SE Florida 2nd Agent: _____ Agent Code: _____ GO Name: _____ Phone (w): _____ Phone (c): (323) 441-5560 Highest Level of Council: Excecutive Year(s) Achieved: 9 CA/ AR Insurance License # (*Required for all California/Arkansas Clients*):_____ Eagle IAR?: ☐ Yes ☑ No Registered Rep.: ☑ Yes ☐ No Agent Address: 14151 oviedo Place, Fort Myers Florida 33905

GENERAL INFORMATION

1. Client's Name: _____ Date of Birth: _____ ☐ Male ☐ Female
   State of Domicile: _____ U.S. Citizen? ☐ Yes ☐ No (If *No*, list country: _____)
   Occupation: _____ Health: _____ ☐ Smoker ☐ Non-Smoker

2. Spouse's Name: _____ Date of Birth: _____ ☐ Male ☐ Female
   State of Domicile: _____ U.S. Citizen? ☐ Yes ☐ No (If *No*, list country: _____)
   Occupation: _____ Health: _____ ☐ Smoker ☐ Non-Smoker

3. Children & Other Beneficiaries:

Name	Age	Relation*	Status (S/M/D**)	Estimated Income	Net Worth	# of Children

* **C**hildren **G**randchildren **O**ther (please specify if from **P**rior marriage and/or **A**dopted)
** **S**ingle **M**arried **D**ivorced

4. If you or your spouse have been previously married, please list any children of the marriage(s) and describe any on-going obligations: _____

_____

_____

Reset Page

5. Clients' Parents:

	Living?	Age	Health	Dependent on You for Support?	Potential Inheritance?
Client's Father	o Yes o No			o Yes o No	
Client's Mother	o Yes o No			o Yes o No	
Spouse's Father	o Yes o No			o Yes o No	
Spouse's Mother	o Yes o No			o Yes o No	

6. Have you and your spouse lived in a Community Property state while married? ☐ Yes ☐ No

☐AK* ☐AZ ☐CA ☐ID ☐LA ☐NM ☐NV ☐TX ☐WA ☐WI Years____

**Alaska is a Community Property state if parties voluntarily elect it*

CURRENT PLANNING DOCUMENTS

7. Estate Planning Documents: If your client or client's spouse has any of the following documents, please enter the requested details in the applicable sections.

	Client	Spouse
Will	Date: __/__/____ State: _____ Terms: ☐ Simple ☐ Credit Shelter ☐ Pour-Over Marital Deduction: ☐ Outright ☐ Trust ☐ QTIP ☐ DSUE, Amount _____	Date: __/__/____ State: _____ Terms: ☐ Simple ☐ Credit Shelter ☐ Pour-Over Marital Deduction: ☐ Outright ☐ Trust ☐ QTIP ☐ DSUE, Amount _____
Revocable Trust	Date: __/__/____ State: _____ Terms: ☐ Simple ☐ Credit Shelter ☐ Pour-Over Marital Deduction: ☐ Outright ☐ Trust ☐ QTIP ☐ None	Date: __/__/____ State: _____ Terms: ☐ Simple ☐ Credit Shelter ☐ Pour-Over Marital Deduction: ☐ Outright ☐ Trust ☐ QTIP ☐ None
Power of Attorney	Date: __/__/____	Date: __/__/____
Health Care Proxy/Power	Date: __/__/____	Date: __/__/____
Living Will	Date: __/__/____	Date: __/__/____
Irrevocable Life Insurance Trust	Date: __/__/____	Date: __/__/____

8. Please describe any pre-nuptial or post-nuptial agreements held by you or your spouse: _____

_____

9. Other Documents: _____

ADVISOR INFORMATION

10. Attorney: _____ Telephone Number: _____
11. Accountant: _____ Telephone Number: _____
12. Other Person: _____ Telephone Number: _____
13. Which of the above advisors will participate in your planning? _____
14. Is he/she an Estate & Trust Specialist? o Yes o No
15. May we call him/her to discuss your planning with you on the line? o Yes o No

Reset Page

FINANCIAL INFORMATION

16. **Assets**

Client(s) Name or Initials _____ *Agent Name* _____

	Market Value*	Cost Basis (if available)	Owner**	Growth Rate (if different than overall rate in Question #19)
Cash Equivalents:				
Marketable Securities:				
Residence(s):				
Real Estate Investments:				
*Business Interests**:*				
Other Investments:				
Antiques & Collectibles:				
Personal Prop. & Autos:				

**REQUIRED (estimation is acceptable)*
***OWNER: H (Husband), W (Wife), J (Joint), TC (Tenants-In-Common), CP (Community Property), TO (Trust Officer)*

17. **Assets (cont'd) – Retirement Accounts & Annuities***

	Current Value	*Basis*	*Owner/ Participant*	*Designated Beneficiary*
TOTAL				

**Please attach statement(s) if available & include type, e.g.: IRA, Roth IRA, SEP, SAR-SEP, TSA, Profit Sharing, Pension Plan, 401(k), Annuity, Non-Qualified Deferred Compensation, Non-Qualified Annuity, etc.*

Reset Page

18. **Liabilities**

Collateral	*Principal Balance*	*Interest Rate*	*Maturity Date*	*Total Annual Payment*
Loans:				
Other Debts:				
TOTAL	$			

19. Net Worth is expected to grow at ____% per year (3% - 6% is customary). Or enter individual growth rate in Q16.

20. Client Preference for Estate Tax Computation: o 0 growth o 5 yrs o 10 yrs o 15 yrs o 20 yrs (if under age 55)

21. List specific highly appreciating assets for potential transfer options: _____

_____

22. List any real estate owned outside the state or country, and its location (administration complexity): _____

_____

23. **Life Insurance**

Type (e.g. WL, VUL, Term, etc.)	**Insurance Provider**	**Owner**	**Insured**	**Beneficiary**	**Keep?***	**Cash Value**	**Policy Loan**	**Annual Premium**	**Net Benefits at Death**
					☐				
					☐				
					☐				
					☐				
					☐				
					☐				
					☐				
					☐				

**Click if owner wants to keep/retain for cash value access (example: owner wants to retain his/her SLIRP for retirement income & does not wish to move the policy to an ILIT or SLAT, due to complexity or significant cash value of the gift)*

Totals

Total Assets: ..... $ _____

- Total Liabilities: ..... $ _____

= Net Worth: ..... $ _____

+ Life Insurance: ..... $ _____

= Taxable Estate: ..... $ _____

Reset Page

24. How would you rate the general level of your investment knowledge?

Client: ☐ High ☐ Medium ☐ Low **Spouse:** ☐ High ☐ Medium ☐ Low

25. Annual Income

Client: (earned W-2 income)_____+ (all other) _____= (total) _____

Spouse: (earned W-2 income)_____+ (all other) _____= (total) _____

Total Gross Income: _____

Marginal Income Tax Rates: Fed._____% State:_____% **Net Annual Income**: _____

26. How much **discretionary income** do you have? (net income exceeding lifestyle expenses) $_____

27. Will your **earnings/income change significantly** over the next several years? If *yes*, please describe:

_____

_____

28. Please describe any **significant financial events** you foresee occurring in the next few years (i.e., sale of capital assets, sale of home, IRA distributions, children entering college, parental care): _____

_____

_____

29. Planned age of retirement: Client: _____ Spouse: _____ Why?_____

30. **Pre-tax** retirement income needed for lifestyle: $_____

CURRENT & FUTURE ESTATE PLANNING

31. What are your overall estate planning **objectives**? Is there anything you'd like to change in current plan? _____

_____

_____

32. Please mark any important planning needs / concerns:

☐ Long Term Care Needs ☐ Income Needs of Loved Ones ☐ Provide Special Care for Someone
☐ Provide Equally for Children ☐ Provide for Grandchildren ☐ Provide for Others (not descendants)
☐ Annual Exclusion Gifting ☐ Prior Taxable Gifts (if so, please note year and amount below)
☐ Charitable Gifting ☐ Low Basis Assets (Below 50%)
☐ Financial Concerns for Children/Others (spending, divorce, creditors, lifestyle, etc.)

Explanatory notes: _____

_____

_____

Reset Page

Client(s) Name or Initials *Agent Name*

33. Describe any other issues or concerns: _____

Reset All Pages Submit to APG