

Estate Planning Assessment

We are committed to helping clients develop meaningful and comprehensive estate plans that meet their overall financial objectives. The following Estate Planning Assessment is designed to assess your current priorities and provide suggestions on how you can work with your estate planning attorney and financial advisor to better preserve, protect and transfer wealth to those individuals and organizations you care about the most.

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DATE: _____

I. FAMILY AND EMPLOYMENT INFORMATION

A. Client

First, Middle & Last Name: _____

Date of Birth: _____ U.S. Citizen? Yes No

Cellphone: _____ Email Address: _____

Father's Name: _____ Mother's Name: _____

Presently Employed? Yes No Occupation: _____

Employer/Business Name: _____ Annual Salary: _____

Other Income: _____

B. Co-Client

First, Middle & Last Name: _____

Date of Birth: _____ U.S. Citizen? Yes No

Cellphone: _____ Email Address: _____

Father's Name: _____ Mother's Name: _____

Presently Employed? Yes No Occupation: _____

Employer/Business Name: _____ Annual Salary: _____

Other Income: _____

II. MARITAL INFORMATION

Date of Marriage: _____

Husband Married Previously? Yes No Wife Married Previously? Yes No

Do you have any obligations under a divorce decree from a prior marriage? Yes No

Please check any of the following community property states in which you lived or acquired property while married:

Arizona Louisiana Texas None

California Nevada Washington

Idaho New Mexico Wisconsin

III. FAMILY INFORMATION**A. Children (if any)**

| Name of Child | Current Address & Phone Number | Date of Birth | Parents (H, W, H&W or O*) | Spouse's Name (if married) |
|---------------|--------------------------------|---------------|------------------------------|-------------------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

*Husband is parent of child: H; Wife is parent of child: W; Husband and Wife are parents of child: H&W; or Other: O.

B. Grandchildren (if any)

| Name of Grandchild | Parent (number from table above) | Current Address (if different from parent's address in table above) | Date of Birth |
|--------------------|-------------------------------------|---|---------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| E | | | |
| F | | | |
| G | | | |
| H | | | |

C. Primary Residence

Seasonal Dates (if any): _____ Date Residence Established: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

D. Secondary Residence

Seasonal Dates (if any): _____ Date Residence Established: _____

Street Address: _____ City: _____ State: _____ ZIP Code: _____

IV. ESTATE PLANNING INFORMATION

Please rate the following as to how important they are to you:

(H = high concern, S = some concern, L = low concern, N/A = no concern or not applicable)

A. Your Concerns

Level of Concern

H S L N/A

Desire to get affairs in order and create a comprehensive plan to manage affairs in case of death or disability

Providing for and protecting children

Providing for and protecting grandchildren

Disinheriting any children or descendants

Providing for charities during lifetime and at the time of death

Planning for the transfer and survival of a family business

Avoiding or reducing your estate taxes

Avoiding probate

Reducing administrative costs at time of your death

Avoiding a guardianship ("living probate") in case of a disability

Avoiding will contests or other disputes upon death

Protecting assets from lawsuits or creditors

Preserving the privacy of affairs in case of disability or at time of death from business competitors, predators, dishonest persons and curiosity seekers

Plan for a child with disabilities or special needs, such as medical or learning disabilities

Protecting children's inheritance from the possibility of failed marriages

Ensuring that your death shall not be unnecessarily prolonged by artificial means or measures

Other Concerns: _____

B. Key Assessment Questions

Are you the grantor, trustee or beneficiary of any trust? Yes No

Have you ever received a substantial amount by inheritance? Yes No

If yes, when and amount: _____

Do you anticipate receiving a substantial inheritance? Yes No

If yes, approximate amount: _____

Do you have any relatives (other than your minor children) dependent upon you for support? Yes No

If yes, where: _____

What annual income do you think your family would need in the event of your death? _____

Are you concerned that one or more of your children/grandchildren will not behave responsibly with money that you give them? Yes No

IV. ESTATE PLANNING INFORMATION, CONT.

C. General

Do you have a safe deposit box? Yes No

If yes, where: _____

Do you own property in a foreign country? Yes No

If yes, where: _____

V. DOCUMENT REQUEST LIST

Please indicate below what documents are in place and what documents are attached.

(Y=Yes, N=No, A=Attached)

| | Client | | | Co-Client | | |
|--|--------|---|---|-----------|---|---|
| | Y | N | A | Y | N | A |
| A. Essential Estate Planning Documents | | | | | | |
| 1. Living Will | | | | | | |
| 2. Power of Attorney | | | | | | |
| 3. Healthcare Power of Attorney | | | | | | |
| 4. Do Not Resuscitate | | | | | | |
| 5. Last Will and Testament | | | | | | |
| 6. Separate Writings (personal property) | | | | | | |
| B. Marital Arrangements | | | | | | |
| 1. Prenuptial Agreement | | | | | | |
| 2. Postnuptial Agreement | | | | | | |
| 3. Marital Settlement Agreement | | | | | | |
| 4. Support Obligations (description) | | | | | | |
| C. Gifts | | | | | | |
| 1. Form 709 Gift Tax Returns | | | | | | |
| 2. Inheritances (i.e., wills or trusts providing benefits) | | | | | | |
| 3. Powers of Appointment | | | | | | |
| D. Trusts | | | | | | |
| 1. Revocable Trust | | | | | | |
| 2. Irrevocable Trust (ILIT, GRAT, GST, other) | | | | | | |
| E. Charitable Arrangements/Interests | | | | | | |
| 1. Charitable Accounts (DAF, etc.) | | | | | | |
| 2. List of Favored Charities | | | | | | |
| 3. Charitable Vehicles (CRT, CLT, etc.) | | | | | | |
| F. Business | | | | | | |
| 1. Organizational Chart for Business Entities | | | | | | |
| 2. Summary of Valuations for Business Entities | | | | | | |
| 3. Inventory of Business Entities | | | | | | |

VI. PROFESSIONAL ADVISORS

Accountant's Name: _____

Firm Name: _____ City: _____

Telephone: _____ Fax: _____ Email Address: _____

Attorney's Name: _____

Firm Name: _____ City: _____

Telephone: _____ Fax: _____ Email Address: _____

Insurance Agent's Name: _____

Firm Name: _____ City: _____

Telephone: _____ Fax: _____ Email Address: _____

VII. FINANCIAL INFORMATION

Please provide the following financial information. Attach additional sheets or copies of applicable supporting documentation.

(Husband is owner: H; Wife is owner: W; Husband and Wife are owners: H&W; or Other: O.)

| A. Cash Accounts: Please indicate name of each bank or other institution and type of account. (e.g., checking, savings, CDs, money market, etc.) | Ownership (H, W, H&W, or O) | Approximate Value |
|---|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| B. Brokerage Accounts and Securities: Please indicate name of the brokerage account (or name of each security and number of shares if not held in a brokerage account). | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| C. Notes and Mortgage Receivables: Please indicate the obligator, rate and due date for each note and mortgage receivable. | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| D. Closely Held Business Interests: Please describe each closely held business interest and type of interest (e.g., C corporation, S corporation, LLC, partnership, sole proprietorship, etc.). | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |

VII. FINANCIAL INFORMATION, CONT.

Please provide the following financial information. Attach additional sheets or supporting documentation as needed.(Husband is owner: H; Wife is owner: W; Husband and Wife are owners: H&W; or Other: O.)

| E. Real Estate: Please list the address of each real estate parcel (include primary residence and vacation homes in the description). Please separately list the approximate value of any mortgage(s) for each parcel. | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| F. Retirement Plans: Please indicate the type of retirement plan (e.g., traditional IRA, Roth IRA, 401(k), profit sharing, pension, annuities, etc.) and employer affiliation, if any. | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| G. Tangible Personal Property: Please list motor vehicles, jewelry, art and other valuable items. | Ownership (H, W, H&W, or O) | Approximate Value |
|---|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| H. Liabilities: Please list any mortgages or other substantial debts owned by you that are not already listed above (include credit card debt, margin debt, personal loans, other short-term debt, auto loans, business loans, personal notes and other long-term debt). | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

| I. Life Insurance: Please list each of your insurance policies. Please indicate policies that insure your life and policies that you own that insure the lives of others. (Attach additional sheets or copies of applicable supporting documentation.) | Ownership (H, W, H&W, or O) | Approximate Value |
|--|--------------------------------|-------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

VIII. BENEFICIARY DESIGNATION CHECKLIST

Making sure your beneficiary designations are accurate and up to date can help make asset transfer a smooth and easy process for your loved ones, while ensuring distributions are completed as intended. Working with your financial advisor to review account designations can help to answer any questions you may have and avoid costly mistakes.

| Account | Description | Location | Primary Beneficiary | Contingent Beneficiary | Last Updated |
|------------------|-------------|----------|---------------------|------------------------|--------------|
| 401(k) | | | | | |
| IRA 1 | | | | | |
| IRA 2 | | | | | |
| Life Insurance 1 | | | | | |
| Life Insurance 2 | | | | | |
| Annuity 1 | | | | | |
| Annuity 2 | | | | | |
| Checking 1 | | | | | |
| Checking 2 | | | | | |
| Bank Saving/CD 1 | | | | | |
| Bank Saving/CD 2 | | | | | |
| Trust 1 | | | | | |
| Trust 2 | | | | | |
| T.O.D. 1 | | | | | |
| T.O.D. 2 | | | | | |
| Other | | | | | |
| Other | | | | | |

Additional Notes:

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