

# Estate Planning Fact Finder



If you have any questions, please feel free to call BSMG Life Wholesaler at 1-800-343-7772.

Agent: \_\_\_\_\_ Date: \_\_\_\_\_

BSMG Wholesaler: \_\_\_\_\_

## Client Information:

First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female U.S. Citizen:  Yes  No

Spouse Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female U.S. Citizen:  Yes  No

Resident Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name of Children: \_\_\_\_\_ Age: \_\_\_\_\_ # of grandchildren: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ # of grandchildren: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ # of grandchildren: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_ # of grandchildren: \_\_\_\_\_

## Estate Assets:

Business Ownership: Legal Name(s):	Type <sup>1</sup> :	Total Fair Market Value:	Client Ownership (%) and Value:	Title to Assets <sup>2</sup> :	Cost Basis:
1.					
2.					
3.					

Real Estate:	Purchase Price:	Fair Market Value:	Mortgages:	Title to Assets <sup>2</sup> :
Primary Residence:				
Second Residence:				
Commercial Property:				
Land:				
Other Real Estate:				

<sup>1</sup> Business Type	
C=	C-Corp
S=	S-Corp
P=	Proprietor
PT=	Partnership
LLC=	Ltd. Liability Co
PSC=	Personal Service Corp
FLP=	Family Ltd. Partnership

<sup>2</sup> Title to Assets	
CP=	Community Property
TC=	Tenant in Common
JT=	Joint with Spouse
C=	Client
S=	Spouse
JO=	Joint with Others
RT=	Revocable Trust (C) (S)



## Estate Assets...continued

Other:	Asset Value:	Title to Assets <sup>2</sup> :
Miscellaneous Personal: (Jewelry, Autos, Boats, Collectibles)	_____	_____
Other Non-Liquid: (Limited Partnership, Notes Receivable, Deferred Compensation, etc.)	_____	_____

Liquid Assets:	Current Value:	Title to Assets <sup>2</sup> :
Cash Equivalents (Savings, Money Markets, CDs)	_____	_____
Securities and Mutual Funds (Stocks)	_____	_____
(Bonds)	_____	_____
(Tax Exempt Bonds)	_____	_____
Deferred Annuities (Non-Qualified)	_____	_____

Qualified Retirement Plans:	Account Value(s):	Participant Owner:	Plan Beneficiary:
Defined Benefit:	_____	_____	_____
Profit Sharing:	_____	_____	_____
401(k):	_____	_____	_____
457(b):	_____	_____	_____
TSA [403(b)]:	_____	_____	_____
SEP:	_____	_____	_____
IRA:	_____	_____	_____
Roth IRA:	_____	_____	_____

Life Insurance:	Policy 1:	Policy 2:	Policy 3:	Policy 4:	Policy 5:	Policy 6:
Death Benefit	_____	_____	_____	_____	_____	_____
Gross Cash Value	_____	_____	_____	_____	_____	_____
Total Loans	_____	_____	_____	_____	_____	_____
Cost Basis	_____	_____	_____	_____	_____	_____
Issuing Company	_____	_____	_____	_____	_____	_____
Insured	_____	_____	_____	_____	_____	_____
Owner	_____	_____	_____	_____	_____	_____
Beneficiary	_____	_____	_____	_____	_____	_____
Annual Premium	_____	_____	_____	_____	_____	_____

## Estate Liabilities:

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Joint: \_\_\_\_\_

Credit Card Debt: \_\_\_\_\_

Auto Loans: \_\_\_\_\_

Other Debt: \_\_\_\_\_

## Income:

Client: \_\_\_\_\_

Spouse: \_\_\_\_\_

Joint: \_\_\_\_\_

Gross Salary: \_\_\_\_\_

Bonus: \_\_\_\_\_

Income from Investments: \_\_\_\_\_

Income from Qualified Plans: \_\_\_\_\_

## Current Estate Distribution Plan:

- Intestate (no will)
- Simple Will (100% to Spouse)
- Marital/Credit Shelter Will or Trust
- Qualified Domestic Trust (Q-DOT)
- Bequests to Charity:
- Specific Bequests to Others:

## Trusts:

- Revocable (client)
- Revocable (spouse)
- Irrevocable (client)
- Irrevocable (spouse)

Date Established: \_\_\_\_\_ Grantor: \_\_\_\_\_  Living  Deceased

Trustee Name(s): \_\_\_\_\_ Trust Assets: \_\_\_\_\_

Current Value of Assets: \_\_\_\_\_ Annual Income: \_\_\_\_\_

Income Beneficiaries: \_\_\_\_\_ Remainder Beneficiaries: \_\_\_\_\_

Describe trust provisions for distribution of income or principal: \_\_\_\_\_

## Gift Planning:

Type of Property Gifted:	Donor(s):	Donee(s):	Date	Value of Gifts:	Annual Exclusion(s) Allowed:	Donor(s) Unified Credit Used:	Gift Taxes Paid by Donor(s):

## Additional Financial Data:

### Assumptions - Retirement Planning:

Growth rate for QRP/IRA assets: \_\_\_\_\_ % Age of client at death \_\_\_\_\_ Age of spouse at death \_\_\_\_\_

At what age do you expect to retire? \_\_\_\_\_

Amount of after-tax income needed for fixed expenses? \$ \_\_\_\_\_ (annual after-tax amount in today's dollars)

Assumed inflation rate for fixed expenses \_\_\_\_\_ %

Annual defined benefit pension: \$ \_\_\_\_\_ Annual Social Security benefit: \$ \_\_\_\_\_

### Assumptions - Stocks, Bonds, Mutual Funds, Annuities:

Growth rate and dividend rate for equity assets: \_\_\_\_\_ % / \_\_\_\_\_ % Estimated total cost basis \$ \_\_\_\_\_

Growth rate for tax exempt income assets: \_\_\_\_\_ % Growth rate for taxable interest/yield assets: \_\_\_\_\_ %

Growth rate for non-qualified annuities: \_\_\_\_\_ % Estimated cost basis: \$ \_\_\_\_\_

### Assumptions - Business, Real Estate, Land:

Growth rate for non-liquid assets: \_\_\_\_\_ % Net rental income from real estate: \$ \_\_\_\_\_

Will any non-liquid assets be sold? \_\_\_\_\_ If yes, what year will asset(s) be sold? \_\_\_\_\_

If yes, at what price will non-liquid asset(s) be sold? \_\_\_\_\_ If yes, adjusted cost basis at time of sale \$ \_\_\_\_\_

### Assumptions - Taxes:

Assumed effective income tax rate \_\_\_\_\_ % Assumed effective income tax rate of heirs \_\_\_\_\_ %

Assumed effective capital gains tax rate \_\_\_\_\_ % Assumed effective estate tax rate \_\_\_\_\_ %

### Gifts:

Are you currently making regular, annual gifts to your children and/or grandchildren?  Yes  No

If yes, annual amount is: \$ \_\_\_\_\_

Have you or your spouse purposely used any portion of your available unified credit exemption to make gifts in excess of the annual exclusion per person per year limit?  Yes  No

If yes, how much of your exemption have you used? \$ \_\_\_\_\_

## Future Savings:

Do you plan to make or continue to make annual contributions to a tax qualified retirement plan?  Yes  No  
(Pension, 401(k), IRA, Profit Sharing, 403(b), etc.)

If yes, what is the total annual amount you plan to deposit to these plans: \$ \_\_\_\_\_ annually for \_\_\_\_\_ years

Regarding other annual savings, please complete the following:

I estimate that I will make annual savings deposits from after-tax earned income or business profits to:

- taxable equity/income producing assets in the amount of \$ \_\_\_\_\_ annually for the next \_\_\_\_\_ years
- tax exempt income producing assets in the amount of \$ \_\_\_\_\_ annually for the next \_\_\_\_\_ years
- taxable interest/yield producing assets in the amount of \$ \_\_\_\_\_ annually for the next \_\_\_\_\_ years

## Additional Information:

Future Inheritances: \_\_\_\_\_ Long Term Care Plan: \_\_\_\_\_

Prior Marriages: \_\_\_\_\_ Special Medical Problems: \_\_\_\_\_

Accountant: \_\_\_\_\_ Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_