



PERSONAL INFORMATION FORM

Will & Trust Plans

(Confidential)

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STEP ONE: SIMPLE BACKGROUND INFORMATION

The information you provide in this section provides us with important objective information about you, your age, marital status, where you live, and how best to communicate with you. This section will ensure your names are spelled correctly in your documents.

Client 1 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth Date _____ Age: _____ SS# _____
(MM-DD-YYYY)

Home Address Street _____

City _____ State _____ Zip _____

Home Telephone _____

Business Telephone _____ Cell Phone _____

Employer _____

Position _____

E-mail Address _____

Is it okay to communicate with you via this E-mail address? Yes No

What is your preferred method of communication? _____

Marital Status: Never Married Married Widowed Divorced (If Divorced, Date: _____)

Are you a US Citizen? Yes No

Do you currently have any EP docs in place? Yes No

Are either of your parents still living? Yes No

Are any of your grandparents still living? Yes No

Are you a beneficiary of anyone's trust or estate that you know of? Yes No

Client 2 Information

Full Legal Name _____
(Name most often used to title property and accounts)

Also Known As _____ Prefer to be called _____
(Other names used to title property and accounts)

Birth Date _____ Age: _____ SS# _____
(MM-DD-YYYY)

Home Address Street _____
City _____ State _____ Zip _____
Home Telephone _____
Business Telephone _____ Cell Phone _____

Employer _____
Position _____

E-mail Address _____

Is it okay to communicate with you via this E-mail address? Yes No

What is your preferred method of communication? _____

Marital Status: Never Married Married Widowed Divorced (If Divorced, Date: _____)

Are you a US Citizen? Yes No

Do you currently have any EP docs in place? Yes No

Are either of your parents still living? Yes No

Are either of your grandparents still living? Yes No

Are you a beneficiary of anyone's trust or estate that you know of? Yes No

Joint Information

If married, have you lived in any of the following states while married to each other? *(Mark all that apply)*
Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

Date of Marriage _____

Existing Pre- or Postnuptial Agreement? Yes No (If yes, Date: _____)

Do you own any additional/joint property (rental units, vacation homes, etc.)?

Street _____
City _____ State _____ Zip _____
County of Residence _____

*Please use additional sheets to list all properties

STEP TWO: POTENTIAL "INDIVIDUAL" BENEFICIARIES

Identify all potential individual beneficiaries of your estate (e.g., children and grandchildren). Also identify other individuals who you may wish to be a beneficiary of your estate. Please use full legal names. Note: Listing a person in this section is not a firm indication of your decision to provide for a particular individual. Rather, it is simply a means of identifying individuals for discussion purposes. (Insert additional sheets, if necessary)

Beneficiary 1 Relationship to Client: _____

Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

Beneficiary 2 Relationship to Client: _____

Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

Beneficiary 3 Relationship to Client: _____

Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

Beneficiary 4 Relationship to Client: _____

Special Needs: Medical Educational Financial

Full Legal Name _____ DOB _____ Soc. Sec. # _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email address _____

Married Divorced Widowed Single Spouse's Name: _____ Date Married _____

Children (name and age): _____

Are you concerned with your beneficiaries'/children's ability to get along with one another? Yes No

STEP THREE: PEOPLE WHO ADVISE YOU

Your various advisors play a key role in the establishment of your estate plan. By way of example, your financial advisor and life insurance agent may need to be contacted to confirm and/or change beneficiary designations and titling of accounts. Please note that we cannot communicate with any advisor unless you grant written authorization in your engagement letter

ADVISOR	NAME	PHONE	ADDRESS
Auto/Home Insurance Agent			
Tax Advisor			
Family Attorney			
Life Insurance Agent			
Financial Advisor			
Stock Broker			
Banker			
Other Advisor			
Other Advisor			

STEP FOUR: POTENTIAL "CHARITABLE" BENEFICIARIES

Many, but not all, of our clients desire to direct a portion of their estate toward charities or other non-profit organizations. Take a moment and contemplate whether you would ever include such a bequest within your legacy plan.

Name of Charity or Non-Profit Organization

Address

1. _____

2. _____

3. _____

STEP FIVE: CONCERNS & ANXIETIES

Our objective is to assist clients in identifying their concerns and anxieties. Please review the following risks that we frequently hear from clients, mark those with an X that concern you, and provide us with some sense about how concerned you are with that particular risk. This information will assist us in focusing our conversations toward the issues that are the most pressing to you. *(If the responses in this section are different as to Client 1 and 2, please indicate those differences.)*

Tax Concerns	Client 1	Client 2
Risk of the IRS or state DOR “inheriting” our estate when we die		
Risk of capital gains paid on the sale of property		
Risk of unnecessary income taxes being paid on investment assets		

Family Concerns	Client 1	Client 2
Risk that assets left to your spouse (whether by virtue of joint tenancy or by will) might not pass to your intended heirs as a result of your spouse remarrying		
Risk of a child of other beneficiary losing his or her inheritance to creditors, lawsuits or to a divorcing spouse or to mismanagement of the money		
Risk that an inheritance passing to a minor child or grandchild might be squandered or stolen by the person in charge of managing the money for that grandchild.		
Risk that an inheritance received by a child or other beneficiary who has a disability would render them ineligible for governmental benefits		
Risk of unnecessary litigation from heirs who receive less than they think they are entitled to		
Risk that parents, who may need financial assistance, are not provided for		

Disability Concerns	Client 1	Client 2
Risk of loss of control over your assets in the event of your disability		
Risk of unwanted efforts made to save your life if you feel that it's best to cease such efforts and die peacefully and without		
Risk of unnecessary conservatorship over an incapacitated adult child in order to make health care decision for that child		

Creditor Concerns	Client 1	Client 2
Risk of lawsuits against you		
Risk of loss of your assets to a nursing home		
Risk that a co-owner's creditor may seize the property you co-own jointly, in order to satisfy the debt of the co-owner		

Post-Death Concerns	Client 1	Client 2
Risk of unnecessary costs and delays associated with the estate passing through probate		
Risk of having to sell assets in a "fire sale" in order to create the liquidity needed to pay taxes & expenses		
Risk that the person(s) charged with managing you affairs after you've died will innocently make mistakes because he or she is unaware of what is required and is unaware of the personal liability for those mistakes		
Risk of private matters unnecessarily being made public		

Are there any special personal and/or family planning needs to be considered such as health, stepchildren, adopted children, prior marriages for either spouse or any of your children, or specific religious convictions? Please list any areas of specific concern:

APPOINTMENTS—PEOPLE TO ASSIST YOU

One of the most important aspects of any estate plan is the selection of various persons to assist you and your family in times of need – particularly when death or disability occurs. These appointed “helpers” are called by different names depending on the type of estate plan you implement. In this Section, we try to avoid labels. Instead, we focus on the roles these helpers play in protecting your family and your estate.

Who do you nominate to serve as **guardian** for your minor children (if any)?

	Client 1	Client 2
INITIAL CHOICE	Name: Address: Phone: Email address:	Name: Address: Phone: Email Address:
BACK UP #1	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:
BACK UP #2	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:

If you were incapacitated for any period of time, who would you choose to handle your **financial affairs**?

	Client 1	Client 2
INITIAL CHOICE	Name: Address: Phone:	Name: Address: Phone:
BACK UP #1	Email address:	Name: Address: Phone:
BACK UP #2	Name: Address: Phone:	Name: Address: Phone:

If you were incapacitated for any period of time, who would you choose to make **health care** decisions for you?

	Client 1	Client 2
INITIAL CHOICE	Name: Address: Phone: Email address:	Name: Address: Phone: Email Address:
BACK UP #1	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:
BACK UP #2	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:

If you were deceased, who would you choose to **administrate and distribute** your estate?

	Client 1	Client 2
INITIAL CHOICE	Name: Address: Phone: Email address:	Name: Address: Phone: Email Address:
BACK UP #1	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:
BACK UP #2	Name: Address: Phone: Email address:	Name: Address: Phone: Email address:

ASSET ASSESSMENT

Determining the ownership, value and character of your assets is important to your estate and legacy plan. The title "ownership" is important to your estate plan. The current value is important for us to determine the potential tax liability, if any. The character is relevant in assessing the manner by which the asset can transfer. Please approximate the current value of each asset. We rely on this information to advise you.

Assets	Client One		Client Two		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Cash Accounts <small>(i.e. checking, savings, CD, Money Market)</small>	#	\$	#	\$	#	\$
Investment Accounts <small>(i.e. brokerage accounts)</small>	#	\$	#	\$	#	\$
Bonds <small>(not held in an investment account)</small>	#	\$	#	\$	#	\$
Stocks <small>(held in certificates)</small>	#	\$	#	\$	#	\$
Company Stock Options	#	\$	#	\$	#	\$
Personal Effects <small>(i.e. jewelry, household items, art, vehicles, boats, planes, RV's, other "toys", etc.)</small>	#	\$	#	\$	#	\$
Retirement Plans <small>(401k, IRAs, etc.)</small>	#	\$	#	\$	#	\$
Pension Plans	#	\$	#	\$	#	\$
Life Insurance Policies <small>(death value)</small>	#	\$	#	\$	#	\$
Annuities	#	\$	#	\$	#	\$
Partnership & LLC Interests	#	\$	#	\$	#	\$
Corp. Business Interests <small>(S-Corp or LLC)</small>	#	\$	#	\$	#	\$
Sole Proprietorship Interests	#	\$	#	\$	#	\$
Oil, Gas, and Mineral Interests	#	\$	#	\$	#	\$
Monies Owed to You <small>(promissory notes)</small>	#	\$	#	\$	#	\$
Personal Residence	#	\$	#	\$	#	\$
Other In-State Real Property	#	\$	#	\$	#	\$
Other Out-of-State Real Property	#	\$	#	\$	#	\$
Other Assets	#	\$	#	\$	#	\$
Anticipated Inheritance, Gift, or Judgment	#	\$	#	\$	#	\$
TOTAL ASSET VALUE		\$		\$		\$

Liabilities	Client One		Client Two		Joint Ownership	
	# of Assets	Total Value	# of Assets	Total Value	# of Assets	Total Value
Loans Payable	#	\$	#	\$	#	\$
Accounts Payable	#	\$	#	\$	#	\$
Real Estate Mortgages	#	\$	#	\$	#	\$
TOTAL LIABILITIES		\$		\$		\$
NET ESTATE (Total Assets minus Total	\$		\$		\$	
COMBINED NET ESTATE (\$\$\$) (Client 1					\$	

ABOUT YOUR GOALS & OBJECTIVES
 Before we meet, it is important to us to better understand what prompted you to schedule this appointment.
 Don't focus on the tools to be used but rather on the outcomes to be achieved.

Goal	Consequences if Goal Isn't Accomplished
1: _____	_____
2: _____	_____
3: _____	_____
4: _____	_____
5: _____	_____

Affirmation: We understand that Eckert Byrne LLC (the "Firm") will need to rely on the information we supply to develop an estate plan. We also understand that inaccurate or incomplete information could negatively impact our estate plan. Consequently, if we retain the Firm, we will provide the Firm accurate and complete information prior to signing our estate plan documents.

Client 1: _____ DATE: _____

Client 2: _____ DATE: _____