LFS Estate Planning Fact Finder

Insurance Professional / Financial Advisor

Name: ________________________ Email: ____________________ Phone Number: ______________

Client Information

Client Name: ________________________ Date of Birth: ____________ Citizenship: ____________ ☐ M ☐ F

Email: ________________________________ Phone: ________________ State: ______________

☐ Super Preferred Non Tobacco ☐ Preferred Non Tobacco ☐ Standard Plus Non Tobacco ☐ Standard Non Tobacco

☐ Preferred Tobacco ☐ Standard Tobacco

Spouse and Family Information

Spouse Name: ________________________ Date of Birth: ____________ Citizenship: ____________ ☐ M ☐ F

Number of Children: ____________ Number of Married Children: ____________ Number of Grandchildren: ____________

☐ Super Preferred Non Tobacco ☐ Preferred Non Tobacco ☐ Standard Plus Non Tobacco ☐ Standard Non Tobacco

☐ Preferred Tobacco ☐ Standard Tobacco

Deceased Spousal Unused Exemption (DSUE) if applicable

Year of Spouse's Death: ____________________ Exemption Available at Death: ____________________

Amount Used at Death: ____________________ Amount Passed to Surviving Spouse: ____________________

Current Estate

Any Wills or Trusts in Place? ____________________ Credit Shelter Trust Established? ____________________

Annual Exclusion Amount (used)? ____________________ Current Annual Taxable Gifts: ____________________

Client's Remaining Applicable Exclusion: ____________________ Spouse's Remaining Applicable Exclusion: ____________________

Client's Prior Taxable Gifts: ____________________ Client's Gift Tax Paid: ____________________

Spouse's Prior Taxable Gifts: ____________________ Spouse's Gift Tax Paid: ____________________

Estate Planning Goals

Provisions for spouse? ☐ Yes ☐ No

Pay off mortgages or other debts? ☐ Yes ☐ No

Provisions for children? ☐ Yes ☐ No

Equalize children's inheritances? ☐ Yes ☐ No

Provisions for grandchildren? ☐ Yes ☐ No

Provisions for others (aging parents)? ☐ Yes ☐ No

Beneficiaries with special needs? ☐ Yes ☐ No

Charitable gifts? ☐ Yes ☐ No

Minimize taxes and other transfer costs? ☐ Yes ☐ No

Financial Information

Client's Annual Salary $ ____________ Spouse's Annual Salary $ ____________

Client's Other Income $ ____________ Spouse's Other Income $ ____________

Total Adjusted Income $ ____________ Income Tax Bracket ____________

Distribution of Assets, Liabilities, and Net Worth

Assets	Asset Amount ($)	Growth Rate (%)	Owner		
			Client	Spouse	Joint
Checking & savings accts (including Money Market Funds and CD's)			☐	☐	☐
Bonds and bond funds			☐	☐	☐
Stocks and mutual funds			☐	☐	☐
Real Estate			☐	☐	☐
Annuities			☐	☐	☐
Business Interests			☐	☐	☐
Misc (personal property, autos, boats, planes, jewelry, collectables			☐	☐	☐
Retirement plans (401(k), IRA's, etc.)			☐	☐	☐
Life insurance death benefit			☐	☐	☐
Other Assets			☐	☐	☐
Total Assets	$ 0				

Liabilities	Asset Amount ($)	Growth Rate (%)	Client	Spouse	Joint
Real estate mortgages			☐	☐	☐
Loans			☐	☐	☐
Other obligations			☐	☐	☐
Total Liabilities	$ 0				
Total Net Worth	$ 0				

Existing Life Insurance

Insured	Type	Death Benefit	Annual Premium	Net Cash Value	Carrier	Owner	Beneficiary

Additional Details

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Illustrations needed by: ____________