



ESTATE PLANNING **FACT FINDER**

AGENT SALES AID

2019 / 2020

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PERSONAL INFORMATION

Client Name: _____
 Address: _____
 City: _____
 State: _____ ZIP: _____
 Home Phone: _____
 Date of Birth (MM/DD/YYYY): _____
 Retirement Age: _____
 U.S. Citizen: Yes No
 Employer: _____
 Work Phone: _____
 Email: _____

Dependents

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Of this Marriage: _____
 Special Needs: _____

Dependents

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Of this Marriage: _____
 Special Needs: _____

Spouse's Name: _____
 Address: _____
 City: _____
 State: _____ ZIP: _____
 Home Phone: _____
 Date of Birth (MM/DD/YYYY): _____
 Retirement Age: _____
 U.S. Citizen: Yes No
 Employer: _____
 Work Phone: _____
 Email: _____

Dependents

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Of this Marriage: _____
 Special Needs: _____

Dependents

Name: _____
 Date of Birth (MM/DD/YYYY): _____
 Of this Marriage: _____
 Special Needs: _____

PLANNING GOALS

Goals: _____

FINANCIAL INFORMATION

Client Name: _____
 Annual Income: _____
 Investment Income: _____
 Other Income: _____
 Total: _____

Spouse's Name: _____
 Annual Income: _____
 Investment Income: _____
 Other Income: _____
 Total: _____

CURRENT LIFE INSURANCE

Company: _____
 Benefit Amount: _____
 Premium: _____
 Cash Value: _____
 Type: _____
 Owner: _____
 Insured: _____
 Beneficiary: _____

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 Beneficiary: _____

LONG-TERM CARE

Insured

Monthly Benefit _____

Company _____

General Information _____

Annual Premium _____

Home Care Benefits _____

Nursing Home Benefits _____

NETWORTH

Owner Key: Husband (H) Spouse (S) Joint (J) Community (C) Other (O)

Assets	Current Fair Market Value	Expected Growth Rate	Owner(s)
Cash or Equivalent			
Life Insurance			
Qualified Plans			
Stocks, Bonds, & Mutual Funds			
Primary Residence			
Other Real Estate			
Business Interests			
Personal Belongings			
Other			

Liabilities	Name	Client	Ownership/Spouse	Joint
Personal Debt				
Business Debt				

TOTAL LIABILITIES \$ _____ \$ _____ \$ _____

TOTAL ASSETS Total Assets - Total Liabilities = Net Worth

\$ _____ \$ _____ \$ _____

EXPECTED INHERITANCE

\$ _____
 \$ _____
 \$ _____
 \$ _____

ESTATE PLANNING

Wills

Client Name: _____

Date: _____

Execution/Executrix: _____

Last Review Date: _____

Spouse's Name: _____

Date: _____

Execution/Executrix: _____

Last Review Date: _____

Living Trusts

Client Name: _____

Date: _____

Trustee/Sucessor Trustee: _____

Last Review Date: _____

Spouse's Name: _____

Date: _____

Trustee/Sucessor Trustee: _____

Last Review Date: _____

Irrevocable Trusts

Client Name: _____

Date: _____

Trustee: _____

Last Review Date: _____

Spouse's Name: _____

Date: _____

Trustee: _____

Last Review Date: _____

WILL AND TRUST ARRANGEMENTS

Provision of Wills	Current Fair Market Value	Expected Growth Rate
All to Spouse		
A/B Trust		
Charitable Request		
Other		
Trust Details	Beneficiary(ies)	Trust Assets
Revocable		
Irrevocable		
Minor's Trust		
Other		

SPECIAL PROVISIONS FOR MINOR CHILDREN AND OTHER DEPENDENTS

Gifts Made

Donor _____
 Donee _____
 Date _____
 Value _____

Gifts Made

Donor _____
 Donee _____
 Date _____
 Value _____

Gifts Made

Donor _____
 Donee _____
 Date _____
 Value _____

Gifts Made

Donor _____
 Donee _____
 Date _____
 Value _____

OTHER DOCUMENTS NEEDED

	Client's	Spouse	Received
Buy Sell			
Deferred			
Financial Statement			
Qualified Plans			
Summary			
Other			
Other			
Other			

ADVISORS

Attorney

Name: _____
 Address: _____

 Phone: _____

Banker

Name: _____
 Address: _____

 Phone: _____

Insurance Agent

Name: _____
 Address: _____

 Phone: _____

Accountant

Name: _____
 Address: _____

 Phone: _____

Financial Planner

Name: _____
 Address: _____

 Phone: _____

Other

Name: _____
 Address: _____

 Phone: _____



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