

ESTATE PLANNING

Fact Finder

Agent Sales Aid **2021/2022**

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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: _____

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: _____

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: _____

Company:

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

Company:

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

Long-Term Care

Insured:

Monthly Benefit: _____ Annual Premium: _____
 Company: _____ Home Care Benefits: _____
 General Information: _____ 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: _____ Spouse's Name: _____
 Date: _____ Date: _____
 Execution/Executrix: _____ Execution/Executrix: _____
 Last Review Date: _____ Last Review Date: _____

Living Trusts

Client Name: _____ Spouse Name: _____
 Date: _____ Date: _____
 Trustee/Successor Trustee: _____ Trustee/Successor Trustee: _____
 Last Review Date: _____ Last Review Date: _____

Irrevocable Trusts

Client Name: _____ Spouse's Name: _____
 Date: _____ Date: _____
 Trustee: _____ Trustee: _____
 Last Review Date: _____ 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	Gifts Made	Gifts Made	Gifts Made
Donor _____	Donor _____	Donor _____	Donor _____
Donee _____	Donee _____	Donee _____	Donee _____
Date _____	Date _____	Date _____	Date _____
Value _____	Value _____	Value _____	Value _____

Other Documents Needed

	Client's	Spouse	Received
Buy Sell			
Deferred			
Financial Statement			
Qualified Plans			
Summery			
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: _____