

ESTATE EVALUATION

Confidential Information Gathering Kit

Please return this completed kit and a copy of your current estate and business planning documents to your advisor. Your documents may include:

- Wills
- Revocable Trusts
- Irrevocable Trusts
- Charitable Trusts
- Durable Powers of Attorney
- Health Care Powers of Attorney
- Living Wills
- HIPAA Authorizations
- Buy-Sell Agreements
- Shareholder Agreements
- Partnership Agreements
- LLC Operating Agreements

Acknowledgement

The Estate Evaluation process is intended to identify estate, business and financial goals, objectives and needs and to provide you with general information regarding your planning options. Brokerage Unlimited, Inc. (BUI) cannot provide legal, accounting or tax advice and any statements made by any officer, employee or agent of BUI, including any legal and/or tax information, is not intended to be nor should it be interpreted as legal advice or opinion. Such services should be provided by your own advisors. As neither BUI nor its employees are permitted to practice law, there is no attorney-client relationship established between you and Brian Seigel, J.D., AEP[®].

YOUR OWN LEGAL AND TAX ADVISORS SHOULD BE CONSULTED BEFORE YOU MAKE ANY ESTATE OR BUSINESS PLANNING DECISIONS.

Signature

Date

Signature

Date

Date	Advisor's Name	Advisor's Phone Number

Client 1		
Full Legal Name	Title (Ex: Mr., Ms., Dr.)	Preferred Name
Date of Birth	State of Residence	Planned Retirement Age (if not already retired)
Employer	Position	

Client 2		
Full Legal Name	Title (Ex: Mr., Ms., Dr.)	Preferred Name
Date of Birth	State of Residence	Planned Retirement Age (if not already retired)
Employer	Position	
Date of Marriage	Is property held jointly, or is some separate? <input type="checkbox"/> All joint (except IRA's, pensions, etc.) <input type="checkbox"/> Some separate	Existing Prenuptial Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No

What is your primary motivation for considering estate planning? (select one or more)

Probate avoidance Business or farm planning Guardianship for minor children

Federal estate tax planning Other: _____

	Client 1	Client 2
Do you presently have a will?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a durable power of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you presently have a health care power of attorney/health care directive?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where there any previous marriages? If yes, year ended: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your children not from your current marriage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any of your children or other beneficiaries have disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a farm or business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any potential beneficiaries have any serious health problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:		
Do you own a long term care insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own a disability insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Concerns				
Tax Concerns	None	Low	Medium	High
Risk of your estate being subject to estate taxes upon your death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of capital gains taxes paid on the sale of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary income taxed paid on investment assets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family Concerns	None	Low	Medium	High
Risk of persons other than those we select will gain custody of any minor children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a beneficiary losing their inheritance to creditor or to a divorcing spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of a beneficiary mismanaging their inheritance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of an inheritance making a beneficiary ineligible for governmental benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of litigation from heirs who receive less than they think they are entitled to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of estate passing unequally due to nature of assets owned (i.e. a business)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk that parents, who may need financial assistance, are not provided for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Concerns	None	Low	Medium	High
Risk of loss of control over assets in the event of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of legal guardianship over you in event of disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of life preserving measures if there is no chance of meaningful recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Concerns	None	Low	Medium	High
Risk that corporate shield will fail to protect corporate assets because corporate meetings have not been held annually, corporate minutes kept, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of lawsuits by employee due to outdated/non-existent employee agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of business failure due to lack of a business succession plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of unnecessary expenses associated with the sale of a business because of the absence of an exit plan having been prepared ahead of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of business failure and/or family disagreement due to outdated, non-existent, unfunded or underfunded buy-sell agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creditor Concerns	None	Low	Medium	High
Risk of frivolous lawsuits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of loss of assets to nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Death Concerns	None	Low	Medium	High
Risk of unnecessary costs/delays resulting from estate passing through probate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of the need for a "fire sale" to create liquidity needed to pay taxes/expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gift Tax Returns

	Client 1		Client 2	
Have gift tax returns ever been filed to report gifts made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list the total amount of all reported taxable gifts.	\$		\$	
Do you gift the annual exclusion limit to children or other beneficiaries each year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, how many individuals do you make these gifts to each year?	#		#	
Please list the approximate amount and timing of any anticipated inheritance.	\$ Date:		\$ Date:	

Estate Distribution

Briefly describe your plan of estate distribution upon your death (ex. 10% to charity with the balance split equally among my children).

Children or Other Beneficiaries

Name	Date of Birth	Relationship

Income and Expense Information

	Client 1	Client 2	Community/Joint
Gross Earned Monthly Income from Employment	\$	\$	\$
Monthly Social Security Income	\$	\$	\$
Monthly Pension Income	\$	\$	\$
Other Monthly Income (please list source below)	\$	\$	\$
Other Monthly Income (please list source below)	\$	\$	\$
Average Monthly Household Expenses	\$	\$	\$

Asset Information

Real Estate

Description	Owner	Market Value
Personal Residence	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	

Bank and Savings Accounts

Financial Institution	Owner	Type of Account	Market Value
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money Market	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money Market	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money Market	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money Market	

Retirement Accounts

Custodial Institution	Owner	Type of Plan	Market Value	Annual Contribution Amount
	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner	<input type="checkbox"/> Pension <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> SEP		
	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner	<input type="checkbox"/> Pension <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> SEP		
	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner	<input type="checkbox"/> Pension <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> SEP		
	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner	<input type="checkbox"/> Pension <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Roth IRA <input type="checkbox"/> 401(k) <input type="checkbox"/> SEP		

Stocks, Bonds or Investment Accounts

Account Name	Owner	Market Value	Type of Plan
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		<input type="checkbox"/> Stock <input type="checkbox"/> Bond <input type="checkbox"/> Investment Account
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		<input type="checkbox"/> Stock <input type="checkbox"/> Bond <input type="checkbox"/> Investment Account
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		<input type="checkbox"/> Stock <input type="checkbox"/> Bond <input type="checkbox"/> Investment Account
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		<input type="checkbox"/> Stock <input type="checkbox"/> Bond <input type="checkbox"/> Investment Account

Debts

Debt Type (mortgage, credit card, student loan, etc.)	Interest Rate	Balance Due	Remaining Length of Loan

Personal Property

Description	Owner	Market Value	Debt
Automobile	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		
Automobile	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		
Household Contents	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust		

Life Insurance and Annuities

Insurance Company	Type	Owner	Policy Information
	<input type="checkbox"/> Term <input type="checkbox"/> Permanent <input type="checkbox"/> Annuity	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other: _____	Insured _____ Beneficiary _____ Death Benefit _____ Cash Value _____ Annual Premium _____ Policy Inception Date _____
	<input type="checkbox"/> Term <input type="checkbox"/> Permanent <input type="checkbox"/> Annuity	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other: _____	Insured _____ Beneficiary _____ Death Benefit _____ Cash Value _____ Annual Premium _____ Policy Inception Date _____
	<input type="checkbox"/> Term <input type="checkbox"/> Permanent <input type="checkbox"/> Annuity	<input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Other: _____	Insured _____ Beneficiary _____ Death Benefit _____ Cash Value _____ Annual Premium _____ Policy Inception Date _____

Other Assets (interest in a closely-held business, monies owed to you, etc.)

Description	Owner	Market Value
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	
	<input type="checkbox"/> Joint Ownership (spouse) <input type="checkbox"/> Joint Ownership (non-spouse) <input type="checkbox"/> Client 1 as sole owner <input type="checkbox"/> Client 2 as sole owner <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust	