

FAMILY AND FINANCIAL INFORMATION

Date: _____

Please complete this confidential worksheet and return it to us before our first conference. This information is essential if we are to give you effective advice. Please attach additional pages as needed.

PERSONAL AND FAMILY INFORMATION

A. PERSONAL INFORMATION

	SPOUSE 1	SPOUSE 2
Name (<i>as you want it to appear on documents</i>)		
Nickname or Prior Name(s)		
Date of Birth		
Social Security Number		
Phone Number(s)	h. w. c.	h. w. c.
Occupation/Employer		
Citizenship	U.S. _____ Other _____	U.S. _____ Other _____
Military Service	Branch: Date of Discharge:	Branch: Date of Discharge:
Email Address (<i>optional</i>)		
Were you married previously?		

B. RESIDENCE

Mailing Address: _____

Physical Address: _____
(if different from mailing address)

Do you maintain a home outside Maine? _____ Yes _____ No

If yes, which state(s): _____

If you have ever been domiciled in a community property state (*Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin*), please specify dates and states of such domicile and any community property acquired:

C. PARENTS *(name and age, if living)*

SPOUSE 1:

SPOUSE 2:

D. CHILDREN

Full Name	Date of Birth	Name of Child's Spouse	Parents (if not a child of both spouses)	Address

E. GRANDCHILDREN

Full Name	Date of Birth	Names of Grandchild's Parents	Address

Do any of your children or grandchildren have special needs or receive governmental benefits, such as SSI or Medicaid? ___Yes ___No

NET WORTH INFORMATION

A. ASSETS

Please indicate your best estimate of the current market value of each asset and specify how much of each type of property is owned by each spouse.

	<u>OWNED BY</u> (Spouse 1)	<u>OWNED BY</u> (Spouse 2)	OWNED JOINTLY
Real Estate (<i>description and location</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
Bank Accounts (<i>checking, savings, CDs</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
Investment Securities (<i>marketable stocks and bonds, mutual funds, brokerage accounts, etc.</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
Family Corporation or other closely-held stock, LLC, or Partnership interests			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
Household Furnishings	\$ _____	\$ _____	\$ _____

	(Spouse 1)	(Spouse 2)	OWNED JOINTLY
Other Tangible Personal Property (<i>vehicles, boats, jewelry, collectibles, etc.</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
Life Insurance on life of Spouse 1:	\$ _____	\$ _____	\$ _____
Life Insurance on life of Spouse 2:	\$ _____	\$ _____	\$ _____
Retirement Assets (<i>pensions, 401(k) plans, profit sharing plans, IRAs, etc.</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
4 _____	\$ _____	\$ _____	\$ _____
Property Subject to General Power of Appointment	\$ _____	\$ _____	\$ _____
Miscellaneous Property (<i>promissory notes, annuities, patents, trademarks, copyrights, royalties, etc.</i>)			
1 _____	\$ _____	\$ _____	\$ _____
2 _____	\$ _____	\$ _____	\$ _____
3 _____	\$ _____	\$ _____	\$ _____
Total Assets:	\$ _____	\$ _____	\$ _____

LIFE INSURANCE

Please list the following information about each life insurance policy (or bring your policies to our meeting.) Please attach additional pages if needed.

ON LIFE OF SPOUSE 1

	First Policy	Second Policy
Insurance company		
Type of insurance <i>(e.g., whole life, term)</i>		
Owner of policy		
Current beneficiaries Primary (1 st)	1.	1.
Contingent (2 nd)	2.	2.
Face amount of policy <i>(death benefit)</i>	\$	\$
Cash value of policy	\$	\$

ON LIFE OF SPOUSE 2

	First Policy	Second Policy
Insurance company		
Type of insurance <i>(e.g., whole life, term)</i>		
Owner of policy		
Current beneficiaries Primary (1 st)	1.	1.
Contingent (2 nd)	2.	2.
Face amount of policy <i>(death benefit)</i>	\$	\$
Cash value of policy	\$	\$

RETIREMENT PLANS

(pension plans, profit sharing plans, IRAs, 401(k)s, etc.)

For each plan, please provide copies of the plan description and current beneficiary designation. Please attach additional pages if needed.

SPOUSE 1:

Name of Plan	Type of Plan	Current Balance	Current Beneficiaries
		\$	Primary: Secondary:
		\$	Primary: Secondary:
		\$	Primary: Secondary:
		\$	Primary: Secondary:

SPOUSE 2:

Name of Plan	Type of Plan	Current Balance	Current Beneficiaries
		\$	Primary: Secondary:
		\$	Primary: Secondary:
		\$	Primary: Secondary:
		\$	Primary: Secondary:

INFORMATION ABOUT CLOSELY HELD BUSINESS

Name of Business	Type of Entity	Co-Owners	Percentage Owned	Is there a buy-sell agreement?
			Spouse 1 ____% Spouse 2 ____%	____ Yes ____ No
			Spouse 1 ____% Spouse 2 ____%	____ Yes ____ No
			Spouse 1 ____% Spouse 2 ____%	____ Yes ____ No

B. LIABILITIES

SPOUSE 1

SPOUSE 2

JOINT

Home Mortgage	\$ _____	\$ _____	\$ _____
Other Mortgages	\$ _____	\$ _____	\$ _____
Auto Loans	\$ _____	\$ _____	\$ _____
Loans on Insurance Policies	\$ _____	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____	\$ _____
Pledges to Churches/Charities	\$ _____	\$ _____	\$ _____
Other Debts or Obligations	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

C. EXPECTED FUTURE INHERITANCES

FROM WHOM

SPOUSE 1

SPOUSE 2

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

NET WORTH SUMMARY

SPOUSE 1 SPOUSE 2 JOINT

Total Assets	\$ _____	\$ _____	\$ _____
Total Liabilities	(\$ _____)	(\$ _____)	(\$ _____)
Expected Inheritances	\$ _____	\$ _____	
Total Net Assets	\$ _____	\$ _____	\$ _____

INCOME INFORMATION

Please list income from any source, including social security, employment, pension, interest income, dividends, rental income, business interest income, disability benefits, retirement distributions, annuities, etc. Also indicate the frequency for each source (*weekly, monthly, etc.*).

SPOUSE 1			SPOUSE 2		
Amount	Frequency	Source	Amount	Frequency	Source
\$ _____			\$ _____		
\$ _____			\$ _____		
\$ _____			\$ _____		
\$ _____			\$ _____		

TOTAL INCOME:

_____ \$ _____/week/month/year
 (SPOUSE 1 TOTAL)

_____ \$ _____/week/month/year
 (SPOUSE 2 TOTAL)

TOTAL COMBINED INCOME: \$ _____/week/month/year

TRUSTS, GIFTS, AND TRANSFERS

Are you or your spouse the grantor of any trust? ___Yes ___No

Are you or your spouse the beneficiary of any trust? ___Yes ___No

Have you or your spouse ever made any taxable gifts? ___Yes ___No

In the last five years, have you or your spouse:

Sold an asset for less than the asset's fair market value? ___Yes ___No

Made gifts of cash and/or assets in any three-month period, which, added together, totaled more than \$500? ___Yes ___No

Do you or your spouse have long-term care insurance? ___Yes ___No

Spouse 1: Company: _____ Premium: \$ _____/month

Spouse 2: Company: _____ Premium: \$ _____/month

ADVISORS

	Name and Address	Phone No.
Accountant:	_____	_____

Trust Officer:	_____	_____

Other Bank Officer:	_____	_____

Insurance Advisor:	_____	_____

Stockbroker:	_____	_____

Other financial advisor:	_____	_____

DOCUMENTS

Please bring the following documents (or photocopies) with you to our meeting:

1. Your existing Wills, Living Wills, Advance Healthcare Directives, Trusts, and Powers of Attorney, if not already in this office.
2. Any trusts in which you or any family member have an interest as beneficiary or trustee.
3. Gift tax returns and copies of Revenue Agent's reports, if any.
4. Divorce decrees and property settlements with former spouses.
5. Form 706 (Federal estate tax return) filed for any deceased spouse's estate.
6. Prenuptial or postnuptial agreements, if any.
7. Real estate deeds and any appraisals.
8. Leases for property on which you are the landlord or tenant.
9. Business agreements between yourself and associates, including any buy-sell agreements or partnership agreements.
10. Balance sheet and profit and loss statements for last five years for all businesses in which you have an ownership interest.
11. Personal balance sheets and income statement for last five years, if any.
12. Instruments creating power of appointment of which you are donor or donee of the power.
13. Descriptive materials and beneficiary designation on any retirement plans (including pension or profit sharing plans) or individual retirement accounts (IRAs).
14. Any long-term care insurance policy statement and your most recent statement of benefits.