

**FAMILY AND FINANCIAL INFORMATION**

Date: \_\_\_\_\_

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

**PERSONAL AND FAMILY INFORMATION**

Name: \_\_\_\_\_  
(Please provide your name as you want it to appear in your documents.)

Any Nickname or Prior Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: home: \_\_\_\_\_ work : \_\_\_\_\_ cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Military Service  
(branch and date of discharge) \_\_\_\_\_

Were you married previously? \_\_\_\_\_

Email Address: \_\_\_\_\_  
(Please provide if you prefer we communicate with you by email.)

Physical Address: \_\_\_\_\_  
(if different than mailing address)

Length of Residence in Maine: \_\_\_\_\_

If less than 10 years, please list other states where you have lived in past 10 years:

\_\_\_\_\_

Do you maintain a home outside Maine? \_\_\_\_\_ If yes, which state(s)?  
\_\_\_\_\_

CHILDREN

Full Name	Date of Birth	Name of Child's Spouse	Name of Child's Other Parent	Address

GRANDCHILDREN

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

Are any of your children or grandchildren disabled or receiving governmental benefits, such as SSI or Medicaid? \_\_\_ Yes \_\_\_ No

PARENTS (if living)

Full Name	Age

<b>INCOME INFORMATION</b>
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Please provide details regarding income – whether fixed or variable – from any source, including social security, employment, pension, interest income, dividends, rental income, business interest income, disability benefits, retirement distributions, annuities, etc.

Amount	Frequency (monthly, weekly, annually)	Source
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		

TOTAL INCOME:        \$ \_\_\_\_\_/week/month/year

## INFORMATION ABOUT ASSETS

Please indicate your best estimate of the current market value of each asset you own individually or jointly with one or more co-owners.

	OWNED BY YOU ALONE	OWNED JOINTLY	NAME OF CO-OWNER
Real Estate (description and location)			
1 _____	\$ _____	\$ _____	_____
2 _____	\$ _____	\$ _____	_____
3 _____	\$ _____	\$ _____	_____
Bank Accounts (checking, savings, CDs)			
1 _____	\$ _____	\$ _____	_____
2 _____	\$ _____	\$ _____	_____
3 _____	\$ _____	\$ _____	_____
Investment Securities (marketable stocks and bonds, mutual funds, brokerage accounts, etc.)			
1 _____	\$ _____	\$ _____	_____
2 _____	\$ _____	\$ _____	_____
3 _____	\$ _____	\$ _____	_____
Family Corporation or other closely-held stock, LLC, or Partnership interests			
1 _____	\$ _____	\$ _____	_____
2 _____	\$ _____	\$ _____	_____
3 _____	\$ _____	\$ _____	_____
Household Furnishings	\$ _____	\$ _____	_____
Other Tangible Personal Property (vehicles, boats, jewelry, collectibles, etc.)			
1 _____	\$ _____	\$ _____	_____
2 _____	\$ _____	\$ _____	_____
3 _____	\$ _____	\$ _____	_____

Life Insurance on your life (Please provide details on following page and bring copies of the policy and beneficiary designations.)	\$_____
Life Insurance you own on another person's life (Please provide details on following page and bring copies of the policy and beneficiary designations.)	\$_____
Retirement Assets (Please provide details on following pages and bring copies of the plans and beneficiary designations.)	\$_____

Other Property (For example, promissory notes, annuities, patents, trademarks, copyrights. Please describe.)	Owned by you alone	Owned jointly	Name of co-owner
	\$_____	\$_____	
	\$_____	\$_____	

Property subject to a General Power of Appointment	\$_____
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TOTAL ASSETS	Owned by You Alone	Owned Jointly
	\$	\$

INFORMATION ABOUT CLOSELY HELD BUSINESS

Name of Business	Type of Entity	Co-Owners	Percentage You Own	Is there a buy-sell agreement?
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No

## 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.

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

## RETIREMENT PLANS

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

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

## LIABILITIES

Home mortgage	\$
Other mortgages	\$
Auto loans	\$
Loans on insurance policies	\$
Other loans	\$
Pledges to churches and charities	\$
Other debts or obligations	\$
	\$
	\$

## EXPECTED FUTURE INHERITANCES

From whom?	\$
From whom?	\$
From whom?	\$

## NET WORTH SUMMARY

ASSETS	\$
LIABILITIES	(\$ )
EXPECTED INHERITENCES	\$
TOTAL NET ASSETS	\$

<b>TRUSTS, GIFTS, AND TRANSFERS</b>
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Are you the grantor of any trust?  Yes  No

Are you the beneficiary of any trust?  Yes  No

Have you ever made a taxable gift?  Yes  No

In the last five years, have you:

Sold an asset for less than the asset's fair market value?  Yes  No

Made gifts of cash in any three-month period, which, added together, totaled more than \$500?  Yes  No

Made gifts of assets in any three-month period, which, added together, had a value of more than \$500?  Yes  No

Do you have long-term care insurance?  Yes  No

Company: \_\_\_\_\_ Premium: \$ \_\_\_\_\_/month

<b>ADVISORS</b>
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	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 Will, Living Will, Advance Healthcare Directive, Trusts, and Power 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. Real estate deeds and any appraisals.
7. Leases for property on which you are the landlord or tenant.
8. Business agreements between yourself and associates, including any buy-sell agreements or partnership agreements.
9. Balance sheet and profit and loss statements for last five years for all businesses in which you have an ownership interest.
10. Personal balance sheets and income statement for last five years, if any.
11. Instruments creating power of appointment of which you are donor or donee of the power.
12. Descriptive materials and beneficiary designation on any retirement plans (including pension or profit sharing plans) or individual retirement accounts (IRAs).
13. Any long-term care insurance policy statement and your most recent statement of benefits.