



**INFORMATION SHEET**  
(Please Print)

DATE: \_\_\_/\_\_\_/\_\_\_

TM 1: Full Legal Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Signature Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

TM 2: Full Legal Name: \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Signature Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Union (if applicable): \_\_\_/\_\_\_/\_\_\_

TM 1 Occupation (or, if retired, former occupation): \_\_\_\_\_

TM 2 Occupation (or, if retired, former occupation): \_\_\_\_\_

Home Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

County of Residence: \_\_\_\_\_

TM1 Email Address: \_\_\_\_\_

TM2 Email Address: \_\_\_\_\_

**PERSONAL INFORMATION**

Full Name of Child & Address, City, State, Zip	Parent (TM1/TM2/Joint)	Social Security #	Birthdate	Marital Status (M/S/D)
1. _____ _____ _____	_____	____ - ____ - ____	____/____/____	_____
2. _____ _____ _____	_____	____ - ____ - ____	____/____/____	_____
3. _____ _____ _____	_____	____ - ____ - ____	____/____/____	_____
4. _____ _____ _____	_____	____ - ____ - ____	____/____/____	_____
5. _____ _____ _____	_____	____ - ____ - ____	____/____/____	_____

7. Are all of the above persons U.S. citizens? \_\_\_\_\_
8. Do any of your children or grandchildren require special attention: (Consider, for example, their educational, mental, or physical needs.) \_\_\_\_\_
9. Did you and your partner ever sign a pre- or post-marriage contract? \_\_\_\_\_
10. Are there any persons other than minor children who are dependent upon you?
11. Does any family member receive Soc. Sec. or other benefits? \_\_\_\_\_  
Do you presently qualify for veteran disability exemptions? \_\_\_\_\_
12. Do you presently have a Living Trust? \_\_\_\_ Ever file a Federal Gift Tax Return?

**LIST OF ASSETS**

(fair market value and ownership)

<b>Real Property: (Address)</b>	<b>TM 1</b>	<b>TM 2</b>	<b>Joint</b>
13. _____	\$ _____	\$ _____	\$ _____
14. _____	\$ _____	\$ _____	\$ _____
15. _____	\$ _____	\$ _____	\$ _____
16. _____	\$ _____	\$ _____	\$ _____

**Automobiles: (Year & Make)**

17. _____	\$ _____	\$ _____	\$ _____
18. _____	\$ _____	\$ _____	\$ _____
19. _____	\$ _____	\$ _____	\$ _____

**Savings and Checking Accounts:**

20. _____	\$ _____	\$ _____	\$ _____
21. _____	\$ _____	\$ _____	\$ _____
22. _____	\$ _____	\$ _____	\$ _____

**C.D.'s:**

23. _____	\$ _____	\$ _____	\$ _____
24. _____	\$ _____	\$ _____	\$ _____

**Mutual Funds/Money Accounts:**

25. _____	\$ _____	\$ _____	\$ _____
26. _____	\$ _____	\$ _____	\$ _____

**Stocks or Bonds:**

27. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
28. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Valuable Personal Property:**

29. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
30. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Other Misc. Contents:**

31. \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

**INSURANCE**

	<b>Insurance Co.</b>	<b>Insured</b>	<b>Policy Owner</b>	<b>Beneficiary</b>	<b>Death Benefit</b>
32.	_____	_____	_____	_____	_____
33.	_____	_____	_____	_____	_____
34.	_____	_____	_____	_____	_____
35.	_____	_____	_____	_____	_____

**BENEFITS**

	<b>Pension/Profit Sharing</b>	<b>Beneficiary</b>	<b>Value</b>
36.	_____	_____	\$ _____
37.	_____	_____	\$ _____

	<b>IRAs</b>	<b>Beneficiary</b>	<b>Value</b>
38.	_____	_____	\$ _____
39.	_____	_____	\$ _____

**Future Inheritance**

40. Are you or your spouse anticipating any inheritance in the next 5-10 years? Please estimate the possible amount. \$ \_\_\_\_\_ \$ \_\_\_\_\_  
TM 1 TM 2

	<b>Other Assets</b>	<b>Personally/Trust/Partnership</b>	<b>Value</b>
41.	_____	_____	\$ _____
42.	_____	_____	\$ _____

**LIST OF LIABILITIES**

	<b>TM 1</b>	<b>TM 2</b>	<b>Joint</b>
43. Home Mortgage	_____	_____	_____
44. Notes:	_____	_____	_____
45. Loans against Life Insurance	_____	_____	_____
46. Other Obligations:	_____	_____	_____

**IMPORTANT**

Please list the names and addresses of your Key Advisors:

Accountant: \_\_\_\_\_  
\_\_\_\_\_

Bank/Banker: \_\_\_\_\_  
\_\_\_\_\_

Financial Advisor: \_\_\_\_\_  
\_\_\_\_\_

Insurance Agent: \_\_\_\_\_  
\_\_\_\_\_