



ESTATE PLANNING QUESTIONNAIRE - COUPLE

This document is designed to give you a preview of the precise questions you will see to allow your financial advisor to assist in coordinating your estate plan. Please note that when you are in the software, there will be detailed tips that accompany each of the below questions, particularly the major decisions. The information used here will be submitted to EncorEstate Plans, who will prepare and review the documents based on information completed.

STEP 1 – PLAN TYPE & MARITAL STATUS

PLAN TYPE: _____ Trust Based Plan _____ Will Based Plan _____ Powers Package
MARITAL STATUS: _____ Married _____ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Client Name 1 (as you want it to appear on documents): _____

Email: _____

Are you a U.S. Citizen? _____ Yes _____ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? _____ Yes _____ No

Home Address: _____ County: _____

Do you own this home? _____ Yes _____ No

If yes, who holds current legal ownership to property? _____ Both _____ Client 1 _____ Client 2

Do you want EncorEstate Plans to prepare deed to transfer your home into the trust (minimum \$250 fee)?

_____ Yes _____ No

STEP 3 – FAMILY INFORMATION

What do you want to call this trust? _____

Financial Advisor: _____

In what County will these documents be signed in front of a Notary Public? _____

Have you previously done a Trust? _____ Yes _____ No

If yes, what is the name of the Trust? _____

Do you own any other real estate interests? _____ Yes _____ No

Property Address: _____

Who will hold legal ownership of this property? _____ Both _____ Client 1 _____ Client 2

Do you want to deed this property into the Trust? _____ Yes _____ No

Property Address: _____

Who will hold legal ownership of this property? _____ Both _____ Client 1 _____ Client 2

Do you want to deed this property into the Trust? _____ Yes _____ No

Do you own any business interests? _____ Yes _____ No

Do you want Encore to prepare a business assignment for these interests (\$100/each)?

_____ Yes _____ No

Do you have any living children? _____ Yes _____ No

Child 1

Child Name: _____

Date of Birth: _____

Gender: _____

Home Address: _____

Child of: _____

Is this child disinherited? ___ Yes _____ No

Child 2

Child Name: _____

Date of Birth: _____

Gender: _____

Home Address: _____

Child of: _____

Is this child disinherited? ___ Yes _____ No

Child 3

Child Name: _____

Date of Birth: _____

Gender: _____

Home Address: _____

Child of: _____

Is this child disinherited? ___ Yes _____ No

***Please add additional children on a separate sheet

Information about Deceased Children:

Do you have any deceased children? _____ Yes _____ No

If yes, please provide the following information:

Child's Name _____

Is the biological or adopted child of: _____ Both _____ Client 1 _____ Client 2

Name of the Deceased Child's Children, if any: _____

Limitations on Surviving Spouse:

Do you want to limit the surviving spouse's ability to change the estate plan after the first spouse dies? _____ Yes _____ No

***Please note the answer is most commonly no.

If marked yes, your trust will split into two trusts at the first death (The Surviving Spouse's side and the Deceased Spouse's side). The Surviving Spouse would be able to live off both sides, but could NOT change the beneficiaries of the Deceased Spouse's side. There are upsides and downsides to this decision. Your advisor can provide a more detailed description of the impact of this decision using a document titled "Types of Trust" in the Training and Resources.

STEP 4 – BENEFICIARIES – Who is getting everything and how are they getting it?

Are the Beneficiaries getting equal shares? _____ Yes _____ No

Beneficiary Information

Beneficiary 1 Name: _____ Fractional Share of Estate: _____

For this beneficiary, if this person dies before the clients, where would you want this share to go?

Do you want restrictions on the distributions to this beneficiary? _____ Yes _____ No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction:

_____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 . 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Beneficiary 2 Name: _____ Fractional Share of Estate: _____

For this beneficiary, if this person dies before the clients, where would you want this share to go?

Do you want restrictions on the distributions to this beneficiary? _____ Yes _____ No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction:

_____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 . 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Beneficiary 3 Name: _____ Fractional Share of Estate: _____

For this beneficiary, if this person dies before the clients, where would you want this share to go?

Do you want restrictions on the distributions to this beneficiary? _____ Yes _____ No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction:

_____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 . 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Beneficiary 4 Name: _____ **Fractional Share of Estate:** _____

For this beneficiary, if this person dies before the clients, where would you want this share to go?

Do you want restrictions on the distributions to this beneficiary? _____Yes _____No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction:

_____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 . 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Do you want to allocate any specific gifts after Client 1 dies? _____Yes _____No

Do you want to allocate any specific gifts after Client 2 dies? _____Yes _____No

Do you want to allocate any specific gifts after both Clients die? _____Yes _____No

Specific Gifts (for charity, pets, or others in your life) – for each, please denote if it is after the a particular client’s death or after both have died, and the amount or item:

STEP 5 – SUCCESSOR FINANCIAL AGENTS

After one of you is unable to act (death or incapacity), would you want your spouse/partner to make financial decisions? _____Yes _____No

Do you want your financial agents powers limited in any way? _____Yes _____No

On the power of attorney, timing on when would you want your agent to act on your behalf?

Timing on power of attorney (most common is immediate for primary agent (spouse) and springing for all others:

_____Immediate for Primary Agent only _____Immediate for all agents _____Springing

Successor Financial Agent 1 Name: _____ Relationship: _____
Successor Financial Agent 2 Name: _____ Relationship: _____
Successor Financial Agent 3 Name: _____ Relationship: _____

Will more than one person act as Successor Financial Agent at the same time?

_____Yes _____No

If yes, which ones? _____

STEP 6 – HEALTHCARE INFORMATION

Do you want to provide specific health care directions to your agents? (End of Life Decisions, Anatomical Gifts, Post Death Decisions, etc.) _____Yes _____No

***If Yes, please complete the attached Statement of Wishes. If No, move to Step 6.

Healthcare Agent 1 Name: _____ Relationship: _____
Healthcare Agent 2 Name: _____ Relationship: _____
Health Care Agent 3 Name: _____ Relationship: _____

Will more than one person act as Health Care Agent at the same time?

_____Yes _____No

If yes, which ones? _____

STEP 7 – GUARDIAN

Do you have any children under the age of 18 or expect to in the future? _____Yes _____No

If yes, answer the question below:

Guardian 1 Name: _____ Relationship: _____
Guardian 2 Name: _____ Relationship: _____
Guardian 3 Name: _____ Relationship: _____