

**CONFIDENTIAL**  
**CLIENT ESTATE PLAN INFORMATION REPORT**  
**FOR IRREVOCABLE TRUST**  
**(Please Print)**

Today's Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

**1. PERSONAL INFORMATION:**

**Husband**

**Wife**

Full Name-

First, Middle, Last: \_\_\_\_\_

\_\_\_\_\_

Title: Dr. / Mr.

Dr. / Mrs. / Ms.

Soc. Sec #: \_\_\_\_\_

\_\_\_\_\_

Birth date: \_\_\_\_\_

\_\_\_\_\_

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

Yes / No

Work Telephone: (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

Date of marriage: \_\_\_\_\_

Do you have a Premarital Agreement? Yes / No

Have you ever been married before?

Yes / No

Yes / No

If yes: Was there a marital settlement agreement? Yes / No

Yes / No

Preferred Name for signing legal documents: \_\_\_\_\_

Name of Trust: \_\_\_\_\_

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

\_\_\_\_\_  
City

County

State

Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_



**Distribution Designations:**

Primary Beneficiaries:

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

**Contingent Beneficiaries:** If any of your primary beneficiary(ies) die before the complete distribution of their trust share, please list the contingent beneficiaries (i.e., their spouse, their children, the remaining beneficiaries, other family members, friends):

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Name	Relationship	Percentage
	Age of Distribution (s): _____	
	Number of Distribution (s): _____	
	Ultimate Distribution _____	

Name	Relationship	Percentage
	Age of Distribution (s):	_____
	Number of Distribution (s):	_____
	Ultimate Distribution	_____

Name	Relationship	Percentage
	Age of Distribution (s):	_____
	Number of Distribution (s):	_____
	Ultimate Distribution	_____

4. **PRESENT REVOCABLE TRUSTS** - If you presently have a revocable trust, please attach a copy of the full trust.

**INSURANCE INFORMATION**

**PLEASE PROVIDE COPIES OF ANY INSURANCE POLICIES  
PERTINENT TO THIS INSURANCE TRUST.**

**LIFE INSURANCE/ANNUITY POLICIES**

Policy Number and Company \_\_\_\_\_

Type \_\_\_\_\_ Insured \_\_\_\_\_

Owner \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_

Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

Insurance Agent/Telephone Number \_\_\_\_\_

Policy Number and Company \_\_\_\_\_

Type \_\_\_\_\_ Insured \_\_\_\_\_

Owner \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_

Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

Insurance Agent/Telephone Number \_\_\_\_\_

Policy Number and Company \_\_\_\_\_

Type \_\_\_\_\_ Insured \_\_\_\_\_

Owner \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary \_\_\_\_\_

Who Pays Premium \_\_\_\_\_ Cash Value \_\_\_\_\_

Amount of Loans on Policy \_\_\_\_\_ Face Amount \_\_\_\_\_

Insurance Agent/Telephone Number \_\_\_\_\_

**List any additional information on a separate sheet of paper. Thank you.**