

# Estate Planning Fact Finder



## Agent Information

Agent Name: \_\_\_\_\_ PC: \_\_\_\_\_  
Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Client Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nicotine User?:  Yes  No  
Assumed Insurance Rating: Preferred Plus Standard Plus Standard Table Rated \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Retired: Yes No, Expected Retirement Age: \_\_\_\_\_ Not applicable

## Spouse Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Nicotine User?:  Yes  No  
Assumed Insurance Rating: Preferred Plus Standard Plus Standard Table Rated \_\_\_\_\_  
Retired: Yes No, Expected Retirement Age: \_\_\_\_\_ Not applicable

## Client's Children Information

Child 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male  
Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Child 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male  
Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Child 3 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male  
Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Child 4 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male  
Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
Other 1 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male  
Other 2 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Female Male

## Income Tax Rates

Pre-retirement: \_\_\_\_\_% Post-retirement: \_\_\_\_\_% Heirs: \_\_\_\_\_%

# Estate Planning

## Business Information

Are you a business owner?: Yes No Number of family members in the business: \_\_\_\_\_

Which family members are in the business?: \_\_\_\_\_

Value of the business: \$\_\_\_\_\_ Assets: \$\_\_\_\_\_ Liabilities: \$\_\_\_\_\_

5 year average income: \$\_\_\_\_\_ Business Tax Bracket: \_\_\_\_\_%

Do you want insurance to fund bequests for family not working in the business? Yes No

## Desired Spendable Cash Flow

Description/Source	Amount	Age Range	Affected by inflation?
Living Expenses	\$	Age ____ to Age ____	Yes No Rate: ____%
Major Purchases	\$	Age ____ to Age ____	Yes No Rate: ____%
Travel	\$	Age ____ to Age ____	Yes No Rate: ____%
Other	\$	Age ____ to Age ____	Yes No Rate: ____%
Other	\$	Age ____ to Age ____	Yes No Rate: ____%
Other	\$	Age ____ to Age ____	Yes No Rate: ____%
Other	\$	Age ____ to Age ____	Yes No Rate: ____%

## Expected Cash Flow

Pre-Retirement	<b>Client</b> Annual Income: \$_____ Years Employed:____ Social Security Benefits Age: ____ Receives interest or capital gains? No Yes How Much:\$_____ How often: _____			
	<b>Spouse</b> Annual Income: \$_____ Years Employed: ____ Social Security Benefits Age: ____ Receives interest or capital gains? No Yes How Much:\$_____ How often: _____			
Post-Retirement	<b>Income</b>	<b>Amount</b>	<b>Age Range</b>	<b>Expected to Change?</b>
	Social Security	\$	Age ____ to Age ____	Yes No Rate: ____%
	Work Income	\$	Age ____ to Age ____	Yes No Rate: ____%
	Rental Property	\$	Age ____ to Age ____	Yes No Rate: ____%
	Pension	\$	Age ____ to Age ____	Yes No Rate: ____%
	Life Insurance	\$	Age ____ to Age ____	Yes No Rate: ____%
	Other	\$	Age ____ to Age ____	Yes No Rate: ____%
	Other	\$	Age ____ to Age ____	Yes No Rate: ____%
Expect an inheritance? No Yes How Much:\$_____ Type: _____				
Expect any other gifts? No Yes How Much:\$_____ Type: _____				

# Estate Planning

## Pension Assets

Client	Contributing to a qualified plan?    No    Yes			
	Expected to contribute more?    No    Yes    Amount: \$ _____ for _____ years.			
	<b>Source</b>	<b>Estimated Value</b>	<b>Growth Rate</b>	<b>Management Fee</b>
	Pension/401(k)	\$ _____	_____ %	_____ %
	IRA	\$ _____	_____ %	_____ %
	Keough	\$ _____	_____ %	_____ %
	SEP	\$ _____	_____ %	_____ %
Other	\$ _____	_____ %	_____ %	
Client is at least 70½ and is receiving income from plan. Amount \$ _____				
Client wishes to make a gift to charity with IRA Rollover. Amount \$ _____				
Spouse	Contributing to a qualified plan?    No    Yes			
	Expected to contribute more?    No    Yes    Amount: \$ _____ for _____ years.			
	<b>Source</b>	<b>Estimated Value</b>	<b>Growth Rate</b>	<b>Management Fee</b>
	Pension/401(k)	\$ _____	_____ %	_____ %
	IRA	\$ _____	_____ %	_____ %
	Keough	\$ _____	_____ %	_____ %
	SEP	\$ _____	_____ %	_____ %
Other	\$ _____	_____ %	_____ %	
Client is at least 70½ and is receiving income from plan. Amount \$ _____				
Client wishes to make a gift to charity with IRA Rollover. Amount \$ _____				

## Taxable Accounts

Account 1	Description: _____		
	Who does the account belong to?    Client    Spouse    Joint Tenancy		
	Value: \$ _____    Interest Rate: _____ %    Management Fee: _____ %		
	Sales Charge: _____ %    Additional Deposits: \$ _____ for _____ years.		
Account 2	Description: _____		
	Who does the account belong to?    Client    Spouse    Joint Tenancy		
	Value: \$ _____    Interest Rate: _____ %    Management Fee: _____ %		
	Sales Charge: _____ %    Additional Deposits: \$ _____ for _____ years.		
Account 3	Description: _____		
	Who does the account belong to?    Client    Spouse    Joint Tenancy		
	Value: \$ _____    Interest Rate: _____ %    Management Fee: _____ %		
	Sales Charge: _____ %    Additional Deposits: \$ _____ for _____ years.		

# Estate Planning

## Tax Exempt Accounts

Account 1	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Value: \$_____ Interest Rate: _____% Management Fee: _____% Sales Charge: _____% Additional Deposits: \$_____ for _____ years.
Account 2	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Value: \$_____ Interest Rate: _____% Management Fee: _____% Sales Charge: _____% Additional Deposits: \$_____ for _____ years.
Account 3	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Value: \$_____ Interest Rate: _____% Management Fee: _____% Sales Charge: _____% Additional Deposits: \$_____ for _____ years.

## Equity Accounts

Account 1	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Type:    Stocks    Mutual Funds    Other    Cost Basis: \$_____ Estimated Value: \$_____ Dividend Rate: _____% for _____ years. Growth Rate: _____% Additional Deposits: \$_____ for _____ years. Management Fee: _____%
Account 2	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Type:    Stocks    Mutual Funds    Other    Cost Basis: \$_____ Estimated Value: \$_____ Dividend Rate: _____% for _____ years. Growth Rate: _____% Additional Deposits: \$_____ for _____ years. Management Fee: _____%

## Tax Deferred Accounts

Account 1	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Type:    Stocks    Mutual Funds    Other    Cost Basis: \$_____ Estimated Value: \$_____ Dividend Rate: _____% for _____ years. Growth Rate: _____% Additional Deposits: \$_____ for _____ years. Management Fee: _____%
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# Estate Planning

Account 2	Description: _____ Who does the account belong to?    Client    Spouse    Joint Tenancy Type:    Stocks    Mutual Funds    Other    Cost Basis: \$_____
	Estimated Value: \$_____ Dividend Rate: _____% for _____ years. Growth Rate: _____% Additional Deposits: \$_____ for _____ years. Management Fee: _____%

## Illiquid Assets

Principal Residence	Estimated Value: \$_____ Growth Assumption: _____% Loan?    No    Yes    Balance: \$_____    Years remaining: _____    Interest Rate: _____%
Personal Property	Estimated Value: \$_____ Growth Assumption: _____% Loan?    No    Yes    Balance: \$_____    Years remaining: _____    Interest Rate: _____%
Other (Investment Real Estate, Closely Held Stock, etc.)	Description: _____ Estimated Value: \$_____ Growth Assumption: _____% Loan?    No    Yes    Balance: \$_____    Years remaining: _____    Interest Rate: _____%
Other (Investment Real Estate, Closely Held Stock, etc.)	Description: _____ Estimated Value: \$_____ Growth Assumption: _____% Loan?    No    Yes    Balance: \$_____    Years remaining: _____    Interest Rate: _____%
Other (Investment Real Estate, Closely Held Stock, etc.)	Description: _____ Estimated Value: \$_____ Growth Assumption: _____% Loan?    No    Yes    Balance: \$_____    Years remaining: _____    Interest Rate: _____%

## Insurance Policies

Insurance Policy 1	Insurance Company: _____ Insured: _____ Owner: _____ Beneficiary: _____ Policy Type: _____ Policy Number: _____ Issue Date: _____ Face Amount: \$_____ Premium: \$_____
	Is the Policy part of a trust?    No    Yes
Insurance Policy 2	Insurance Company: _____ Insured: _____ Owner: _____ Beneficiary: _____ Policy Type: _____ Policy Number: _____ Issue Date: _____ Face Amount: \$_____ Premium: \$_____
	Is the Policy part of a trust?    No    Yes

# Estate Planning

Insurance Policy 3	Insurance Company: _____ Insured: _____ Owner: _____ Beneficiary: _____ Policy Type: _____ Policy Number: _____ Issue Date: _____ Face Amount: \$_____ Premium: \$_____
	Is the Policy part of a trust?    No    Yes
Insurance Policy 4	Insurance Company: _____ Insured: _____ Owner: _____ Beneficiary: _____ Policy Type: _____ Policy Number: _____ Issue Date: _____ Face Amount: \$_____ Premium: \$_____
	Is the Policy part of a trust?    No    Yes

## Gifts and Charities

Gifts	Do you already have gifts planned for your children or others?    No    Yes If yes, what type and how much? 1. Type: _____ Amount: \$ _____ 2. Type: _____ Amount: \$ _____ 3. Type: _____ Amount: \$ _____
Charity	Are there any specific charities you plan to donate to?    No    Yes Do you have a planned donation for the charity(ies)?    No    Yes 1. Charity: _____ Amount: \$ _____ 2. Charity: _____ Amount: \$ _____ 3. Charity: _____ Amount: \$ _____

## Legal Information

Attorney: \_\_\_\_\_ Location: \_\_\_\_\_

Have you completed a living will?    No    Yes

Are any of your assets or policies part of a trust?    No    Yes : \_\_\_\_\_

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

# Estate Planning

## Needs, Goals and Strategies

What are the client's fears and concerns regarding their estate?	
What are their primary goals for the estate?	
How do they plan to achieve these goals?	
What is the range of what they are willing to contribute financially to achieve these goals?	
What would you, as the agent, like to be able to illustrate to the clients?	

# Estate Planning

## Potential Expenses

<b>Home</b>	Mortgage/Rent	\$	Annually	Monthly
	Property Insurance	\$	Annually	Monthly
	Property Taxes	\$	Annually	Monthly
	HOA/Condo Fees	\$	Annually	Monthly
	Home Maintenance	\$	Annually	Monthly
	Lawn Care	\$	Annually	Monthly
<b>Utilities</b>	Electricity	\$	Annually	Monthly
	Water	\$	Annually	Monthly
	Gas	\$	Annually	Monthly
	Phone	\$	Annually	Monthly
	Internet	\$	Annually	Monthly
<b>Food</b>	Groceries	\$	Annually	Monthly
	Dining Out	\$	Annually	Monthly
<b>Auto</b>	Car Payment	\$	Annually	Monthly
	Vehicle Insurance	\$	Annually	Monthly
	Fuel	\$	Annually	Monthly
	Registration	\$	Annually	Monthly
	Maintenance	\$	Annually	Monthly
<b>Personal</b>	Clothing	\$	Annually	Monthly
	Hair Care	\$	Annually	Monthly
	Life Insurance	\$	Annually	Monthly
	Health Insurance	\$	Annually	Monthly
	Medical/Dental Expenses	\$	Annually	Monthly
<b>Activities</b>	Pet(s) Expenses	\$	Annually	Monthly
	Gifts	\$	Annually	Monthly
	Entertainment	\$	Annually	Monthly
	Travel	\$	Annually	Monthly
	Gym/Club Memberships	\$	Annually	Monthly
	Hobbies	\$	Annually	Monthly
	Charitable Donations	\$	Annually	Monthly

American National Insurance Company, headquartered in Galveston, Texas is licensed to conduct business in all states except New York. Business is conducted in New York by American National Life Insurance Company of New York, headquartered in Glenmont, New York. Each company has financial responsibility only for the products and services it issues.