

CONFIDENTIAL CLIENT DATA SHEET

THE ADVANCEMENT GROUP, INC.
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(918) 491-0087 Fax

DATE _____ REFERRED BY _____

I. PERSONAL and FAMILY INFORMATION:

NAME _____ BIRTHDATE _____
Full Legal Name - Please Print

SPOUSE _____ BIRTHDATE _____
Full Legal Name - Please Print

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

COUNTY OF RESIDENCE _____ HOME PHONE (____) _____

OCCUPATION - YOU _____ WORK PHONE (____) _____

OCCUPATION - SPOUSE _____ WORK PHONE (____) _____

SOCIAL SECURITY NO. YOU _____ SPOUSE _____

MARITAL STATUS: ___ MARRIED ___ SINGLE ___ WIDOW(ER) ___ DIVORCED

UNITED STATES CITIZEN: YOU: ___ YES ___ NO SPOUSE: ___ YES ___ NO

II. SERVICES DESIRED:

___ ESTATE PLANNING ___ FINANCIAL PLANNING ___ RETIREMENT PLANNING

___ BUSINESS PLANNING ___ INSURANCE PLANNING ___ OTHER

III. CHILDREN:

1. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

2. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

3. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

4 NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

5. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? YES NO IF YES, DESCRIBE:

ARE THESE CHILDREN FROM THIS MARRIAGE? YES NO IF NO, PLEASE EXPLAIN:

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? YES NO

IV. BACKGROUND INFORMATION:

(IMPORTANT. Please read carefully and complete all questions that are relevant to you.)

A. PREVIOUS MARRIAGES:

<u>NAME OF PRIOR SPOUSE(s)</u>	<u>DATE & PLACE OF MARRIAGE</u>	<u>HOW AND WHEN TERMINATED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. DIVORCE OBLIGATIONS: (PAY/RECEIVE):

CHILD SUPPORT _____ ALIMONY _____

LIFE INSURANCE _____ RETIREMENT PLAN _____

OTHER TERMS _____

C. ANY PRENUPTIAL AGREEMENTS? ___ YES ___ NO

D. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT OR OTHER PERSON? ___ YES ___ NO IF YES, PLEASE EXPLAIN:

E. MILITARY SERVICE: (BRANCH, RANK, SERIAL NUMBER, DATES):

F. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS:

G. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ,CA,TX, ID, LA, NM, NV, WA & WI) ___ NO ___ YES NAME: _____

H. ANY GIFTS MADE PRIOR TO 1982 IN EXCESS OF \$3,000? ___ YES ___ NO
AFTER 1982 IN EXCESS OF \$10,000? ___ YES ___ NO

I. FORGIVE ANY LOANS AT DEATH? ___ YES ___ NO

J. ANY RECENTLY INHERITED PROPERTY? ___ YES ___ NO

V. GOALS and OBJECTIVES:

(Please check and comment on the following as it may be applicable to you - in as much detail as possible.)

I WANT OR NEED TO:

Avoid probate of my/our estate

Provide privacy in the transfer of my/out estate

Reduce or eliminate Federal Estate Taxes in my/our estate

Control the time and conditions for distribution of my/our estate

Establish a special trust for a beneficiary with special needs

Consider charity in my estate planning

Provide for the continuation/transfer of a business

Provide liquidity for spouse, children or business

Reduce or eliminate capital gains taxes

Provide for grandchildren's education or other needs

In addition to the above, I/we have the following goals and objectives

VI. FINANCIAL INFORMATION:

(*Please include Title of property using the following: **J** - Jointly Owned **H** - Husband **W** - Wife **S** - Self)

ASSETS

	Value	*Title	Basis
Cash/Cash Equivalents:			
Checking Accounts	_____	_____	_____
Money Market Funds	_____	_____	_____
Savings Accounts	_____	_____	_____
CDs	_____	_____	_____
Total Cash/Equivalent	_____		

Invested Assets:

Bonds	_____	_____	_____
Common Stocks	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
401(k); 403(b)	_____	_____	_____
Annuities	_____	_____	_____
Deferred Comp Plan	_____	_____	_____
Rental Property(s)	_____	_____	_____
Raw Land	_____	_____	_____
Business Interest(s)	_____	_____	_____
Notes Receivable	_____	_____	_____
Total Invested Assets	_____		

Use Assets:

Personal Residence	_____	_____	_____
Second Home	_____	_____	_____
Personal Property	_____	_____	_____
Automobiles	_____	_____	_____
Art/Antiques/Collectibles	_____	_____	_____
Total Use Assets	_____		

TOTAL ASSETS =====

Life Insurance Death Benefit: (Complete Sec. VII. B.)

Husband _____
Wife _____

LIABILITIES AND NET WORTH

Liabilities:

Credit Card(s) _____
Margin Accounts _____
Auto Loans _____
Rental Property _____
Personal Residence _____
Notes Payable _____
Unpaid Taxes _____

#2. Total Liabilities =====

(Attach additional pages, if needed for any information regarding Invested Assets)

#3. Total

Estate Value _____
minus
Total Liabilities _____
equals
Net Estate Value =====

#1. TOTAL

ESTATE VALUE =====

Expected Inheritances:

Husband _____
Wife _____

VII. FINANCIAL INFORMATION - Detailed Information:

A. RETIREMENT PLANS - TYPE: IRA, KEOGH, PENSION & PROFIT SHARING, TSA, DEFERRED COMP

OWNER (YOU OR SPOUSE)	TYPE	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. LIFE INSURANCE: TYPE: **T** - TERM **W** - WHOLE **UL** - UNIVERSAL **V** - VARIABLE

OWNER	TYPE	INSURED	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. BUSINESS INTERESTS - TYPE: **C** - C CORP **S** - S CORP **SP** - SOLE PROPRIETORSHIP
P - PARTNERSHIP **PC** - PROFESSIONAL CORP **LLC** - LTD LIAB COMP **FLP** - FAM LTD PART

1. NAME OF BUSINESS _____

WHAT DOES IT DO? _____

TYPE _____ PERCENTAGE OWNER _____ OWNERSHIP VALUE _____

WHO WILL CONTINUE THE BUSINESS AT DEATH OR RETIREMENT?

DO YOU HAVE A BUY-SELL AGREEMENT? ___ YES ___ NO IS IT FUNDED? ___ YES ___ NO

DO YOU HAVE KEYMAN AND/OR DISABILITY INSURANCE? ___ YES ___ NO

(IF ADDITIONAL BUSINESS INFORMATION, PLEASE ATTACH ADDITIONAL INFORMATION IN A SIMILAR FORMAT.)

VIII. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTORS OF WILLS:

FIRST: ___ SPOUSE ___ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

B. TRUSTEES OF REVOCABLE LIVING TRUST OR TESTAMENTARY TRUSTS:

ORIGINAL: ___ SPOUSE(S) ___ OTHER: _____
(NAME)

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

THIRD BACK-UP: _____
(NAME)

C. GUARDIANS FOR MINOR CHILDREN:

FIRST: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

D. FINANCIAL POWER OF ATTORNEY:

FIRST: ___ SPOUSE ___ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

VIII. KEY PEOPLE IN YOUR ESTATE PLAN (cont.)

D. HEALTH CARE POWER OF ATTORNEY:

ORIGINAL SPOUSE(S) OTHER: _____
(NAME)

HUSBAND:

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

WIFE:

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

IX. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH:

A. **UPON FIRST DEATH:** TO MY SPOUSE BY-PASS/SURVIVOR'S TRUST
 TO OTHERS: _____

INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? YES NO IF YES, PLEASE EXPLAIN:

B. (UPON THE DEATH OF THE **SURVIVING SPOUSE**), THE ASSETS ARE TO BE
DISTRIBUTED AS FOLLOWS:

IMMEDIATE OUTRIGHT DISTRIBUTION INTO TRUST FOR CHILDREN
TO CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? YES NO IF YES, PLEASE EXPLAIN:

C. TRUST DISTRIBUTION FOR CHILDREN:

1. MULTIPLIER TRUST: UNITRUST

CHILDREN'S SHARE OF INCOME CHARITY(S) SHARE OF INCOME

IX. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH (cont.):

C. TRUST DISTRIBUTION FOR CHILDREN (cont.)

2. AGES AND PERCENTAGES:

_____ % AT _____ YEARS OR AGE _____

_____ % AT _____ YEARS OR AGE _____

_____ % AT _____ YEARS OR AGE _____

SPECIFIC BEQUESTS? ___ YES ___ NO IF YES, PLEASE EXPLAIN :

D. DO YOU WANT TO INCLUDE CHARITY(S) IN YOUR ESTATE DISTRIBUTION?

___ YES ___ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

1. CHARITABLE DISTRIBUTION:

_____ % DISTRIBUTION OF ESTATE AT DEATH OF SECOND SPOUSE

_____ % DISTRIBUTION OF MULTIPLIER TRUST INCOME

_____ % DISTRIBUTION OF MULTIPLIER TRUST PROPERTY AT TERMINATION

_____ % OF DISTRIBUTION AT AGES AND PERCENTAGES

2. NAMES AND PERCENTAGES TO CHARITY:

<u>NAME OF CHARITY</u>	<u>CITY/STATE</u>	<u>PERCENTAGE(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____