

CONFIDENTIAL CLIENT DATA SHEET

THE ADVANCEMENT GROUP, INC.
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Tulsa, Oklahoma 74136

(918) 491-0079 Office
(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 (____) _____

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
<u>Cash/Cash Equivalents:</u>			
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: ___ UNTRUST

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X. CHARITY & ANONYMITY PREFERENCES:

1. IS IT OKAY FOR THE CHARITY TO KNOW MY/OUR NAME? YES NO
2. IS IT OKAY FOR THE CHARITY TO KNOW THE AMOUNT OF THE GIFT? YES NO
3. PLEASE INCLUDE ME IN THE ENDOWMENT OR LEGACY SOCIETY OF THE CHARITY.
 YES NO
4. IS IT OKAY FOR THE ATTORNEY TO SHARE A COPY OF YOUR ESTATE PLAN DOCUMENTS FOR FUTURE REFERENCE AND OR GIFT CALCULATIONS? YES NO

XI. COMMENTS & NOTES
