



TURNER & BLACKWELL
PLC

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Confidential Information Collection Form

Client Name: _____

Date of Completion: _____

Personal and Business Information

Name _____ Birthdate: _____
(First) (Middle) (Last)

Spouse _____ Birthdate: _____
(First) (Middle) (Last)

Residence Address _____

Home Phone () _____

Email Address: _____

Spouse's Email: _____

Employer's Name _____
Address _____

Spouse's Employer _____
Address _____

Phone () _____
Position _____

Phone () _____
Position _____

Do you or your spouse own
greater than 5% of this business? (Y/N) _____

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greater than 5% of this business? (Y/N) _____

If so: (1) What type of business is it?
_____ C Corporation
_____ S Corporation
_____ Partnership
_____ Sole Proprietorship
_____ Limited Liability Company
(2) Percentage Ownership
You _____
Spouse _____

If so: (1) What type of business is it?
_____ C Corporation
_____ S Corporation
_____ Partnership
_____ Sole Proprietorship
_____ Limited Liability Company
(2) Percentage Ownership
You _____
Spouse _____

Family and Advisors

Children (Name)	Age	Marital Status ¹	Number of Grandchildren	Address (if different than home)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Other Dependents	Age	Relation	Address (if different than home)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Financial Advisor(s)	Name	Company
Accountant/CPA	_____	_____
Financial Planner	_____	_____
Life Insurance Agent(s)	_____	_____
Investment Advisor(s)	_____	_____
Trust Officer	_____	_____
Other Advisor(s)	_____	_____

¹ S (Single), M (Married), W (Widowed), D (Divorced)

Financial Statement

[Use approximate values rounded to the nearest \$1,000]

Assets	Self	Spouse	Joint	Liabilities	Self	Spouse	Joint
1. Real Estate:				9. Mortgages/Home Equity Lines:			
Residence	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____
Vacation	_____	_____	_____	10. Other Loans, Notes	_____	_____	_____
Other	_____	_____	_____	Misc. Liabilities:	_____	_____	_____
2. Tangible Property:				11. Total Liabilities:	\$ _____	\$ _____	\$ _____
Autos, Furnishings, Jewelry, Furs	_____	_____	_____		_____	_____	_____
3. Cash and Equivalents:							
Checking, Savings, Money Market, CD's	_____	_____	_____	12. Total Net Assets:	\$ _____	\$ _____	\$ _____
4. Marketable Securities:				(Subtract Line 11 from Line 8)	_____	_____	_____
Stocks, Bonds, Mutual Funds	_____	_____	_____				
5. Business Interests:				13. Joint Net Assets:			
_____	_____	_____	_____	(Divide Line 12, Joint Column, By 2 and Enter ½ For Self And ½ For Spouse)	\$ _____	\$ _____	
6. Pension/Retirement:				14. Life Insurance			
Retirement Accounts, 401(k), IRAs, etc.	_____	_____	_____	(Net Death Proceeds from Life Insurance Schedules)	_____	_____	
7. Other Assets:				15. Taxable Estate:	\$ _____	\$ _____	
Partnership Units, Notes Annuities, Precious Metals	_____	_____	_____	(Add Lines 12, 13 and 14)	_____	_____	
8. Total Assets	\$ _____	\$ _____	\$ _____				

Life Insurance Schedule - Self

Insured ²	Owner ³	Company	Type ⁴	Policy Number	Beneficiary ⁵	Face Amount	Loan Amount	Net Death Proceeds (Face-Loan)

Total: \$ _____

Life Insurance Schedule – Spouse/Joint Life

Insured ²	Owner ³	Company	Type ⁴	Policy Number	Beneficiary ⁵	Face Amount	Loan Amount	Net Death Proceeds (Face-Loan)

Total: \$ _____

² **S** (self), **SP** (spouse)

³ **S** (self), **SP** (spouse)

⁴ **T** (term), **P** (permanent), **G** (group)

⁵ **S** (self), **SP** (spouse), **E** (estate), **O** (other)

Retirement Asset Schedule - Self

Owner ⁶	Type of Account	Company	Account Number	Designated Beneficiary/ies ⁷	Account Value	Loan Amount

Total: \$ _____

Retirement Asset Schedule - Spouse

Owner ⁶	Type of Account	Company	Account Number	Designated Beneficiary/ies ⁷	Account Value	Loan Amount

Total: \$ _____

⁶ S (self), SP (spouse)

⁷ S (self), SP (spouse), E (estate), O (other)

#	Question	Yes	No	#	Question	Yes	No
1.	Have you and your spouse ever lived in a community property state - Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin?			9.	Do you or your spouse anticipate any other significant change in your assets, liabilities or income in the next few years?		
2.	Are you or your spouse a citizen of a country other than the United States?			10.	Do you or your spouse own any insurance on the life of another person?		
3.	Do you or your spouse own real estate outside of Virginia?			11.	Are you, your spouse or any family member a grantor, beneficiary or trustee of any existing trust?		
4.	Do you or your spouse own any partnership interests?			12.	Are you or your spouse a party to a pre-marital, post-marital, separation or property settlement agreement?		
5.	Have you or your spouse made gifts in excess of \$10,000 in value to any one person in any year after 1981?			13.	Are you, your spouse or any of your children adopted or from a previous marriage?		
6.	Are you or your spouse interested in making charitable gifts at death?			14.	Do you, your spouse or any family member have any serious health problems or disabilities?		
7.	Have you or your spouse received any substantial gifts or inheritances?			15.	Do you or your spouse have special requests regarding funeral, burial or cremation, or donation of body organs?		
8.	Do you or your spouse anticipate receiving any substantial gifts or inheritances?			16.	Do you or your spouse have "living wills" or health care powers of attorney?		

Notes:
