Powers Plan

INDIVIDUAL QUESTIONNAIRE

This document is designed to preview the precise questions our software will require answers for. If you have general questions, this document helps your financial advisor better assist in coordinating your estate plan. In our software, should you have questions, they have access to detailed tips accompanying each of the questions below. Your final answers are then submitted to EncorEstate Plans, and they use this information to prepare and review your documents.

POWERS PLAN QUESTIONNAIRE - INDIVIDUAL

STEP 1 – MARITAL STATUS

☐ Single ☐Separated ☐ Divorced ☐Widowed ☐ Married ☐ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Email: ______________________________

Client Name (as you want it to appear on documents): ______________________________

Are you a U.S. Citizen? ☐Yes ☐No

Home Address: ____

County: ________________________

What state and county will these documents be notarized in? ______________________________

OR ☐ Not Sure

STEP 3 – POWER OF ATTORNEY/FINANCIAL AGENT

Timing on Power of Attorney:

☐Immediate for Primary Agent Only (Most Common)

☐Immediate for All Agents ☐Springing for All Agents

If you cannot make financial decisions for yourself, who do you want to make them for you?

Executor/Power of Attorney		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐Yes ☐No (Most common)

If yes, which ones? ☐ 1 ☐2 ☐ 3

STEP 4 – HEALTH CARE AGENTS

Do you want to include specific wishes regarding your health care if incapacitated? ☐Yes ☐No

If yes, please complete the Statement of Wishes attachment in the Knowledge Base.

If you cannot make health care decisions for yourself, who do you want to make them for you?

Client 1 Health Care Agent		
	First, Middle Initial, and Last Name	Relationship
1		
2		
3		

Do any of these agents act together? ☐Yes ☐No (Most common)

If yes, which ones ☐ 1 ☐2 ☐ 3