



Powers Plan

COUPLES 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 - COUPLE

STEP 1 – MARITAL STATUS

☐ Married ☐ Domestic Partnership

STEP 2 – PERSONAL INFORMATION

Primary Email: _____

Client Name 1 (as you want it to appear on documents): _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Client Name 2 (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

If either of you is incapacitated and unable to act, would you want your spouse/partner to make financial decisions on your behalf? ☐ Yes (Most common) ☐ No

Do you want your Financial Agent's powers limited in any way? ☐ Yes ☐ No (Most common)

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? *The spouse/partner is assumed to be first (unless otherwise indicated). Please list the relationship also.*

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? We generally see the spouse/partner listed first. Please list the relationship, too.

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

Client 2 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