

B. Faith Martzin, PC
CONFIDENTIAL CLIENT INFORMATION

DATE: _____

I do understand the confidential nature of the material requested in these forms.
I appreciate your assistance in providing this information to help me better serve your Life and Estate Planning needs.

PERSONAL INFORMATION

1. Husband's Name or single male (as it appears on legal documents):

(Dr./Mr.) _____

Nickname _____ Email address: _____ **Cell Phone:** _____

Birthdate: _____ Social Security #: _____ - _____ - _____

His Occupation (If retired, former occupation): _____

His Employer: _____ **Work Phone:** _____

2. Wife's Name or single female (as it appears on legal documents):

(Dr./ Mrs./Miss) _____

Nickname _____ Email address: _____ **Cell Phone:** _____

Birthdate: _____ Social Security #: _____ - _____ - _____

Her Occupation (If retired, former occupation): _____

Her Employer: _____ **Work Phone:** _____

3. Wedding Anniversary Date and Year: _____

4. Home Address: Street: _____

City: _____ State: _____ Zip: _____

County: _____ **Home Phone:** _____

7. Have you or your spouse ever been widowed? Yes No

8. Have you or your spouse ever been divorced? Yes No

If yes, are you making payments pursuant to a divorce or property settlement agreement? (If yes, please furnish a copy). Yes No

9. Did you or your spouse sign a pre/post-marriage contract? Yes No

10. Do you presently have a Will or Living Trust? Yes No

If yes, please indicate the year in which it was executed, and the attorney and firm drafting the documents:

11. Have either of you ever filed a federal Gift Tax Return? Yes No

12. Have you and your spouse ever lived as a married couple in any of the following states:
AZ, CA, TX, ID, LA, NM, NY, WA, or WI? Yes No

13. Have you or your spouse served in the United States Armed Services? Yes No

14. His Hobbies or Volunteer Activities: _____

15. Her Hobbies or Volunteer Activities: _____

16. Charitable organizations you have supported or wish to support: _____

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CHILDREN & DEPENDENTS

	Full Name of CHILDREN Address Phone number	Whose child?	Birthdate & Age	Marital Status & Spouse's Name (if applicable)	# of Children
1.	_____ _____ _____ () _____ - _____	Joint Husband Wife		Married/Single Divorced	
2.	_____ _____ _____ () _____ - _____	Joint Husband Wife		Married/Single Divorced	
3.	_____ _____ _____ () _____ - _____	Joint Husband Wife		Married/Single Divorced	
4.	_____ _____ _____ () _____ - _____	Joint Husband Wife		Married/Single Divorced	
Please add additional pages as needed					

1. Are any of the above persons **NOT** U.S. Citizens? Yes No
2. Are there any circumstances affecting you or any of those you might name as beneficiaries or fiduciaries under your plan such as addictions, physical or educational needs? Yes No
3. Are there any persons other than minor children who are dependent upon you? Yes No
If yes, please list: _____
4. Does any family member receive Social Security or other governmental benefits? Yes No

ASSET INFORMATION

CASH EQUIVALENCIES

ACCOUNT	OWNERSHIP			NOTES/INSTITUTION
	HIS	HERS	JOINT	
CHECKING	\$	\$	\$	
SAVINGS	\$	\$	\$	
CDs	\$	\$	\$	
MONEY MARKET ACC'TS	\$	\$	\$	
OTHER CASH ACCOUNT	\$	\$	\$	
OTHER CASH ACCOUNT	\$	\$	\$	

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ASSET INFORMATION, CONTINUED

MUTUAL FUNDS

ACCOUNT	OWNERSHIP			NOTES/INSTITUTION
	HIS	HERS	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

RETIREMENT PLANS

PLAN	OWNERSHIP		INSTITUTION	NOTES
	HIS	HERS		
401K	\$	\$		
IRA	\$	\$		
	\$	\$		
	\$	\$		

LIFE INSURANCE

POLICY/COMPANY	CASH VALUE	DEATH BENEFIT	BENEFICIARY	NOTES
HIS LIFE	\$	\$		
	\$	\$		
HER LIFE	\$	\$		
	\$	\$		

STOCKS/BONDS

COMBINED TOTALS	OWNERSHIP			INSTITUTION	NOTES
	HIS	HERS	JOINT		
STOCKS AND BONDS	\$	\$	\$		
STOCKS AND BONDS	\$	\$	\$		
STOCKS AND BONDS	\$	\$	\$		

REAL ESTATE

REAL ESTATE	OWNERSHIP			NOTES: Please include original price and address.
	HIS	HERS	JOINT	
1. PRIMARY RESIDENCE	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

OTHER ASSETS

Collectibles, automobiles, RVs, significant guns, jewelry, etc.	OWNERSHIP			NOTES
	HIS	HERS	JOINT	
1.	\$	\$	\$	
2.	\$	\$	\$	
3.	\$	\$	\$	

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ASSET INFORMATION, CONTINUED

MISCELLANEOUS	OWNERSHIP			DESCRIPTION
	HIS	HERS	JOINT	
Anticipated inheritance, gift, lawsuit judgment	\$	\$	\$	
Money owed to you	\$	\$	\$	
Business Interests	\$	\$	\$	
Other	\$	\$	\$	

Check if you hold a power of appointment under a Will or Trust Husband Wife

LIABILITY INFORMATION

LIABILITIES	HIS	HERS	JOINT	BALANCE	MONTHLY PAYMENT
1.	\$	\$	\$		
2.	\$	\$	\$		
3.	\$	\$	\$		
4.	\$	\$	\$		

INSURANCES

Types of **Policies** (check all that apply):

Whole Life Term Life Universal/Variable Life Disability Income Long-Term Care

Other (list): _____

If you have **Long-Term Care** (nursing home) insurance, please list the following:

Insurance Company Name: _____ Approximate date of purchase: _____

Coverage for: Husband Wife Both

Terms of coverage: _____

INCOME

Please describe income sources. (Note: Planning for Elder Law issues will require more detailed information.)

INCOME SOURCE	HIS	HERS	JOINT	NOTES
Employment	\$	\$	\$	
Social Security	\$	\$	\$	
Disability	\$	\$	\$	
Annuity	\$	\$	\$	
Rental	\$	\$	\$	
Investment	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
Totals	\$	\$	\$	

KEY ADVISORS

1. Accountant/Tax Advisor

Advisor's Name: _____ Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

2. Banker

Banker's Name: _____ Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

3. Financial Advisor

Advisor's Name: _____ Firm Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

4. Insurance Agent

Agent's Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

5. Other Advisor

Title: _____

Name: _____ Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

6. Family Physician

Name: _____ Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

7. Religious Affiliation

Clergy: _____ Denomination _____

Church name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

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TRUSTED RELATIONSHIPS (Personal, not professional)

If you have *minor children or other dependents*, list in order of preference the persons you would desire to be their guardians:

Whom would you call upon to help if you needed assistance with managing your *finances or asset management*?
 (Please list at least two.)

His choices for help with financial decisions	Her choices for help with financial decisions

Whom would you call upon to help if you needed assistance making *medical decisions*?

His choices for medical decision makers	Her choices for medical decision makers

Contact Information for any persons named above whose information is not listed elsewhere in this form

() _____ - _____	() _____ - _____
() _____ - _____	() _____ - _____

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LEGACY PARTICULARS (OPTIONAL)

What life values or desire for legacy do you wish to reflect in your estate planning? _____

Is a family meeting desirable to help your beneficiaries understand your wishes for them or to prevent any unpleasant surprises after your passing? Yes No
If yes, are you considering asking me, as your attorney, or a counselor or clergy to participate? Yes No
Do you wish for your Will to include a statement of your spiritual faith? Yes No

HEALTH CARE CUSTOMIZATION

Do you wish to give your health care agent specific directions for your care in the event you are diagnosed with dementia? Yes No

ADDITIONAL DOCUMENTATION

General Document Request. In some instances, it is necessary to review other documents before I can make planning recommendations. If possible, please bring with you to the Initial Interview the following documentation:

- Copies of existing planning documents, including wills, trusts, powers of attorney, health care proxy, living wills, etc.
- Copies of all deeds to real estate owned by you.
- Copies of the most recent statements evidencing your ownership of bank accounts, investment accounts, retirement accounts, and annuities.
- Prenuptial Agreement (if applicable).
- Long-term care policies (if any).
- Divorce Decree or Property Settlement Agreement for divorce under which continued obligations exist.
- Any other documents that concern you, including applications for benefits or notices regarding benefits.