

Personal and Financial Information Form (PIF)

*** All information contained in this form is confidential and protected by attorney-client privilege. ***

Completing and returning the PIF prior to your appointment will enable us to spend more time during the meeting to answer your questions and help you identify solutions to your concerns.

Full Legal Name: _____ DOB: _____ US Citizen: Yes No
If you're not a US citizen, are you a resident alien? Yes No Veteran Yes No
Marital Status: Single Widow(er) Married 1st 2nd 3rd Plus Length of Marriage: _____
Employment: Student Employed Unemployed Retired Occupation: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home #: _____ Cell #: _____ Email Address: _____

Spouse/Partner's Full Legal Name: _____ DOB: _____ DOD: (if applicable) _____
US Citizen: Yes No If your spouse is not a US citizen, are they a resident alien? Yes No
Number of Marriage: 1st 2nd 3rd Plus Veteran Yes No
Employment: Student Employed Unemployed Retired Occupation: _____
Cell #: _____ Email Address: _____

Which is the preferred number to reach you? Home Cell What is best time to reach you? _____

Referred By: Name: _____ Firm Name: _____

Planning Team: Financial Advisor: _____ Phone: _____ Email: _____ Permission to Contact Yes No
Financial Advisor Company: _____

Tax Advisor: _____ Phone: _____ Email: _____ Yes No
Tax Advisor Company: _____

Existing Estate Planning:	You	Spouse <input type="checkbox"/> NA	Date Document Executed
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Health Care Proxy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____

Your health plays an important role in considering the estate plan best suited for you and your loved ones.

Your Health Status: Good Concern Problem Describe concern/problem: _____
Spouse/Partner Health Status: Good Concern Problem Describe concern/problem: _____

Why Planning Matters to You

What would completing your estate planning accomplish for you? _____

What do you see as your biggest risk if you don't complete your estate plan? _____

Rank your top 3 planning goals among the following:

- | | |
|---|---|
| ____ Avoid probate | ____ Protect assets from government/lawsuits/nursing homes |
| ____ Keep estate matters private | ____ Protect assets for family from their predators after my death |
| ____ Minimize/eliminate taxes | (i.e. my spouse's disability/remarriage, my children's/beneficiary's |
| ____ Remain independent and in control of my care and/or assets | lawsuits, divorce or bankruptcy) |
| | ____ Keep it simple for my family when something happens to me (i.e. during periods of my disability and at my death) |

Family & Other Important People

CHILDREN (if applicable)

Name: _____ Male Female Date of Birth: _____
Address/City/State/Zip: _____ Phone: _____
Child of: Joint with Spouse/Partner Separate Child of: _____ Adopted
Employment: Student Employed Unemployed Retired Occupation: _____
Marital Status: Single Widow(er) Married 1st 2nd 3rd Plus Length of Marriage: _____
Spouse/Partner's Name: _____ Occupation: _____
Children: Yes No If "yes" how many? _____ Ages: _____
Is this child (or any of their children) disabled or have special needs? If so, describe: _____
Are there any potential problems, hardships, or other concerns? If so, describe: _____

Name: _____ Male Female Date of Birth: _____
Address/City/State/Zip: _____ Phone: _____
Child of: Joint with Spouse/Partner Separate Child of: _____ Adopted
Employment: Student Employed Unemployed Retired Occupation: _____
Marital Status: Single Widow(er) Married 1st 2nd 3rd Plus Length of Marriage: _____
Spouse/Partner's Name: _____ Occupation: _____
Children: Yes No If "yes" how many? _____ Ages: _____
Is this child (or any of their children) disabled or have special needs? If so, describe: _____
Are there any potential problems, hardships, or other concerns? If so, describe: _____

Name: _____ Male Female Date of Birth: _____
Address/City/State/Zip: _____ Phone: _____
Child of: Joint with Spouse/Partner Separate Child of: _____ Adopted
Employment: Student Employed Unemployed Retired Occupation: _____
Marital Status: Single Widow(er) Married 1st 2nd 3rd Plus Length of Marriage: _____
Spouse/Partner's Name: _____ Occupation: _____
Children: Yes No If "yes" how many? _____ Ages: _____
Is this child (or any of their children) disabled or have special needs? If so, describe: _____
Are there any potential problems, hardships, or other concerns? If so, describe: _____

PREDECEASED CHILD (if applicable)

Name: _____ Male Female Date of Death: _____
Survived by children? Yes No If "yes" how many? _____ Ages: _____
Are any surviving children disabled or have special needs? If so, describe them: _____
Are there any potential problems, hardships, or other concerns? If so, describe: _____

ADDITIONAL POTENTIAL BENEFICIARY OR DECISIONMAKER (if applicable)

Name: _____ Male Female Relationship to You/Spouse: _____
Address/City/State/Zip: _____ Phone: _____
Employment: Student Employed Unemployed Retired Occupation: _____
Marital Status: Single Widow(er) Married 1st 2nd 3rd Plus Length of Marriage: _____
Spouse/Partner's Name: _____ Occupation: _____
Children: Yes No If "yes" how many? _____ Ages: _____
Is this person (or any of their children) disabled or have special needs? If so, describe: _____
Are there any potential problems, hardships, or other concerns? If so, describe: _____

Please attach a separate sheet if necessary.

Financial Information

To give you our best counsel, **we need to know about your “stuff.” All of it.** We need to know what you own, the approximate value (meaning a ballpark figure of the asset), and the form of ownership. Where you see “**JTWROS**” this means **Joint with Right of Survivorship**, **POD** means **Pay on Death** and **TOD** means **Transfer on Death**. If an asset is owned in one of those ways, be sure to “check” the box and include the name of the joint owner or pay on death beneficiary. Also, **please attach a separate sheet if necessary.**

REAL ESTATE & TIME SHARES					
Property Address	City, State	Owner	Value	JTWROS	JT Owner
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
CASH ACCOUNTS (BANKING)					
Company Name	Account Type (Checking, Savings, Money Market)	Owner	Value	JTWROS OR POD	JT Owner or POD Beneficiary
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
RETIREMENT & ANNUITY ACCOUNTS					
Company Name	Account Type (IRA, 401K, 403(b), etc.)	Owner	Value	Primary Beneficiary	Contingent Beneficiary
INVESTMENT ACCOUNTS (NOT PART OF RETIREMENT ACCOUNTS)					
Company Name	Account Type	Owner	Value	JTWROS/POD	JT Owner/POD
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
LIFE INSURANCE					
Company Name	Policy Type (Term, Whole Life, etc.)	Insured Life	Death Benefit	Primary Beneficiary	Contingent Beneficiary
CARS, TRUCKS, RVs, BOATS, OR TRAILERS					
Make and Model	Year	Owner	Value	JTWROS	JT Owner
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
PAPER STOCK CERTIFICATES OR PAPER BONDS NOT PART OF INVESTMENT ACCOUNTS					
Company/Bond Type	Shares or Number of Bonds	Owner	Value	JTWROS or POD (Y/N)	JT Owner or Beneficiary
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIVATELY OWNED BUSINESS					
Name of Business & Years Established	Corporate Structure (LLC, Corp. Etc.)	Owner	Value	Buy/Sell Agrmt (Y/N)	Life Ins. to Fund (Y/N)
FINE ART, GOLD COINS, OR OTHER RARE/HIGHLY VALUABLE TANGIBLE PROPERTY					
Description	Location	Owner	Value	Insured (Y/N)	Other Info
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
STORAGE OF SMALL TANGIBLES, LEGAL PAPERS, OR OTHER IMPORTANT ITEMS					
Safe Deposit or Strong Box	Location	Keys Available	Contents		
LONG TERM CARE INSURANCE					
Client Insured	Insurer	Date Obtained	Benefit Description		

Obligations to Minor Children or Former Spouse		
	You	Spouse
Do you have any obligations (a) for support of a minor child or former spouse or (b) from a separation or marital agreement to make certain provisions for property at your death?	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Describe: _____

Gifts & Loans to Individuals					
Who Made the Gift	Recipient	Date	Amount	Gift or Loan	Purpose of Gift or Loan

Monthly Income			
Source	Name: _____	Name: _____	Joint
Wages			
Pension			
Social Security			
Investment Income			
Other Income			

Current Total Balance for Liabilities			
Type	Name: _____	Name: _____	Joint
Mortgage			
Loans			
Other			

By my/our signature below, I/we affirm that the information provided in this Personal and Financial Information Form is accurate and complete to the best of my/our knowledge. I/We understand that Promise Law will rely upon this information, and if the information is inaccurate or incomplete, then the recommendations provided by Promise Law may not be appropriate. We also authorize Promise Law to contact our financial and tax advisors, as indicated on page 1, if necessary.

Date: _____ Signed: _____
Client Signature

Date: _____ Signed: _____
Client Signature