

Personal Information Form

(To be completed prior to your initial meeting)

WHITTENBERG ♦ KNUDSEN, LLP

ESTATE & WEALTH STRATEGIES PLANNING

401 Edgewater Place, Suite 140

Wakefield, MA 01880

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WWW.WEALTHDESIGN.COM

CONFIDENTIAL PERSONAL INFORMATION

We recognize that this information is of a personal nature. We assure you that all information provided to this office by you will be treated confidentially and will not be disclosed to anyone outside of this office without your permission.

Client # 1

Date Completed

Full Legal Name

How do you want your name to appear on legal documents?

Email address

Nickname

Birth date

Social Security Number

Home address

City

State

Zip

County of Residence

Home Telephone

Cell Phone

Business Telephone

Employer

Position

Business address

City

State

Zip

Married: Date

Divorced: Date

Widowed: Date

Single

U.S. Citizen Lived in the following states: CA WA NV AZ NM TX ID LA WI

Client # 2

Full Legal Name

How do you want your name to appear on legal documents?

Email address

Nickname

Birth date

Social Security Number

Home address

City

State

Zip

County of Residence

Home Telephone

Cell Phone

Business Telephone

Employer

Position

Business address

City

State

Zip

Married: Date

Divorced: Date

Widowed: Date

Single

U.S. Citizen Lived in the following states: CA WA NV AZ NM TX ID LA WI

CHILDREN'S INFORMATION

Child # 1

Full Legal Name Sex of Child: Male Female

Nickname Birth date Social Security Number

Home address

City State Zip County of Residence

Home telephone Cell Phone Business Telephone

Employer Occupation Education

Business address

City State Zip

Child of: Both Husband only Wife only Adopted

Special Needs: Medical Educational Financial

Married: Spouse Name: Divorced Widowed Single

| Grandchildren's Names | Age | Special Needs |
|-----------------------|-----|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

Child # 2

Full Legal Name Sex of Child: Male Female

Nickname Birth date Social Security Number

Home address

City State Zip County of Residence

Home telephone Cell Phone Business Telephone

Employer Occupation Education

Business address

City State Zip

Child of: Both Husband only Wife only Adopted

Special Needs: Medical Educational Financial

Married: Spouse's Name: Divorced Widowed Single

| Grandchildren's Names | Age | Special Needs |
|-----------------------|-----|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

Please provide the names of the people you would want to raise your **minor** (under age 18) children in the event you are unable to.

| Name | Relationship | Name | Relationship |
|---------|--------------|---------|--------------|
| Address | | Address | |
| City | State | City | State |
| | Zip | | Zip |

MEDICAL INFORMATION

If you were unable to make medical decisions for yourself, who would you want to make decisions for you with regard to medical treatment or a life support machine?

CLIENT #1 (In order of preference)

| Name | Phone | Name | Phone |
|---------|-------|---------|-------|
| Address | | Address | |
| City | State | City | State |
| | Zip | | Zip |

Primary Care Physician

| | |
|---------|-------|
| Name | Phone |
| Address | City |
| | State |
| | Zip |

CLIENT #2 (In order of preference)

| Name | Phone | Name | Phone |
|---------|-------|---------|-------|
| Address | | Address | |
| City | State | City | State |
| | Zip | | Zip |

Primary Care Physician

| | |
|---------|-------|
| Name | Phone |
| Address | City |
| | State |
| | Zip |

GIFTS AND INHERITANCES

1. Describe the date and amount of any large* gifts that have been made to either client.
2. Describe any inheritance that either client has received from any person.
3. Describe gifts or inheritances that either client expects to receive from any person.
4. Describe any large* gifts that either client has made to any person in any one year.

5. Describe any gifts that either client expects to make to any person or charity in any one year.

6. Attach a copy of any trust under which either client is a beneficiary or holds any power of appointment.

- For purposes of this form, a “large” gift is one of more than \$3,000 if made prior to 1982 or more than \$10,000 if made after 1981. This ties in to the amount of the allowable annual per donee federal gift tax exclusion.

PROFESSIONAL ADVISORS

| | | | | |
|-------------|------|---------|-------|-------|
| Name of CPA | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

| | | | | |
|---------------------------|------|---------|-------|-------|
| Name of Financial Advisor | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

| | | | | |
|-------------------------|------|---------|-------|-------|
| Name of Family Attorney | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

| | | | | |
|----------------------|------|---------|-------|-------|
| Name of Stock Broker | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

| | | | | |
|------------------------------|------|---------|-------|-------|
| Name of Life Insurance Agent | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

| | | | | |
|-------------------------|------|---------|-------|-------|
| Name of Personal Banker | | Company | | |
| Address | City | | State | Zip |
| Phone | Fax | | | Email |

IMPORTANT FAMILY QUESTIONS

| Please Check "Yes" or "No" for Your Answer | YES | NO |
|--|--------------------------|--------------------------|
| Do any of your children receive governmental support or benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are any of your children institutionalized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you or your spouse receiving social security, disability, or other governmental benefits? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide primary or other major financial support to adult children? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have either you or your spouse been divorced? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you making payments pursuant to a divorce or property settlement agreement? (Please furnish a copy.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you and your spouse ever signed a pre- and/or post- marriage contract? (Please furnish a copy.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse been widowed? (If a Federal estate tax or State death tax return was filed, please furnish a copy.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse ever filed Federal or State gift tax returns? (Please furnish a copy.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you or your spouse completed previous wills, health care powers, trusts, or estate planning? (Please furnish copies.) | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you and your spouse United States citizens? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you answered "NO," are either you or your spouse a resident or a non-resident alien? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you made burial arrangements? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you considered being an organ donor? | <input type="checkbox"/> | <input type="checkbox"/> |

CASH ACCOUNTS

TYPE: Checking Account "CA" ♦ Savings Account "SA" ♦ Certificate of Deposits "CD" ♦ Safety Deposit Box "SD". (Indicate type below for all bank and credit union accounts.) If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

| Name of Institution and Branch Where Account was Opened | Type | Account # | Owner | Amount |
|--|------|-----------|-------|--------|
| | | | | \$ |

Address:

Phone:

Are funds electronically deposited or withdrawn from this account? Yes No

| Name of Institution and Branch Where Account was Opened | Type | Account # | Owner | Amount |
|--|------|-----------|-------|--------|
| | | | | \$ |

Address:

Phone:

Are funds electronically deposited or withdrawn from this account? Yes No

| Name of Institution and Branch Where Account was Opened | Type | Account # | Owner | Amount |
|--|------|-----------|-------|--------|
| | | | | \$ |

Address:

Phone:

Are funds electronically deposited or withdrawn from this account? Yes No

| Name of Institution and Branch Where Account was Opened | Type | Account # | Owner | Amount |
|--|------|-----------|-------|--------|
| | | | | \$ |

Address:

Phone:

Are funds electronically deposited or withdrawn from this account? Yes No

| Name of Institution and Branch Where Account was Opened | Type | Account # | Owner | Amount |
|--|------|-----------|-------|--------|
| | | | | \$ |

Address:

Phone:

Are funds electronically deposited or withdrawn from this account? Yes No

TOTAL\$

INVESTMENT ACCOUNTS (Please note IRAs and Annuities should be listed later)

TYPE: Money Market "MM" ♦ Investment Account "IA" ♦ Cash Management "CM" ♦ or Other Account "OA".
 (Indicate type below for all investment and street accounts.) If you hold individual stock certificates, please indicate those under "Stocks" on the following page. If you are named as a co-owner on any accounts owned by someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

| | | | | |
|------------------------|------|-----------|-------|--------------|
| Name of Brokerage Firm | Type | Account # | Owner | Amount \$ |
|------------------------|------|-----------|-------|--------------|

Address:

Phone:

Are funds electronically deposited or withdrawn from this account?

Yes No

Is this account pledged as collateral on any loans?

Yes No

| | | | | |
|------------------------|------|-----------|-------|--------------|
| Name of Brokerage Firm | Type | Account # | Owner | Amount \$ |
|------------------------|------|-----------|-------|--------------|

Address:

Phone:

Are funds electronically deposited or withdrawn from this account?

Yes No

Is this account pledged as collateral on any loans?

Yes No

| | | | | |
|------------------------|------|-----------|-------|--------------|
| Name of Brokerage Firm | Type | Account # | Owner | Amount \$ |
|------------------------|------|-----------|-------|--------------|

Address:

Phone:

Are funds electronically deposited or withdrawn from this account?

Yes No

Is this account pledged as collateral on any loans?

Yes No

| | | | | |
|------------------------|------|-----------|-------|--------------|
| Name of Brokerage Firm | Type | Account # | Owner | Amount \$ |
|------------------------|------|-----------|-------|--------------|

Address:

Phone:

Are funds electronically deposited or withdrawn from this account?

Yes No

Is this account pledged as collateral on any loans?

Yes No

TOTAL\$

PERSONAL EFFECTS

TYPE: Major personal effects such as motor vehicles, boats, and all other valuable non-business personal property.
(Indicate type below and give a lump sum value for miscellaneous items.)

| Type | Owner | Is there a lien against the asset? | Indicate primary driver for automobiles | Value |
|------|-------|--|---|-------|
| | | <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 | | \$ |
| | | <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 | | \$ |
| | | <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 | | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$ |

Total \$

RETIREMENT PLANS

TYPE: Profit Sharing (PS) ♦ H.R. 10 ♦ IRA ♦ SEP ♦ 401(k) *(Indicate type below.)*

Please provide a copy of your Retirement Plan Summary Agreement.

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Company Name

Phone

Address

Type of Plan

Account #

Owner

Beneficiary

Are you currently receiving benefits from this plan? Yes No

Value \$

Total \$

INSURANCE POLICIES

TYPE: Term ♦ Whole life ♦ Variable or Universal life ♦ Split dollar ♦ Group life ♦ Second-To-Die ♦ Disability ♦ Long Term Care (Indicate type of policy below. If a corporation or company owns the policy or pays the premium on the policy, write "Corporation").

| | | | |
|---------------------|-----------------------|----------------|---------------|
| Company Name | | Phone | |
| Address | | Agent | |
| Type of Policy | Policy # | Owner | Insured |
| Primary Beneficiary | Secondary Beneficiary | | |
| | | Face Amount \$ | Cash Value \$ |

| | | | |
|---------------------|-----------------------|----------------|---------------|
| Company Name | | Phone | |
| Address | | Agent | |
| Type of Policy | Policy # | Owner | Insured |
| Primary Beneficiary | Secondary Beneficiary | | |
| | | Face Amount \$ | Cash Value \$ |

| | | | |
|---------------------|-----------------------|----------------|---------------|
| Company Name | | Phone | |
| Address | | Agent | |
| Type of Policy | Policy # | Owner | Insured |
| Primary Beneficiary | Secondary Beneficiary | | |
| | | Face Amount \$ | Cash Value \$ |

Face Amount TOTAL \$

Are any of the above referenced insurance policies pledged as collateral on any loans? Yes No

BONDS

TYPE: US Savings Bonds ♦ Corporate Bonds ♦ Municipal Bonds ♦ Treasury Bills (*Indicate type below.*)
If you are named as a co-owner on any bonds owned by or with someone else (i.e. parents, siblings, children, grandchildren, etc.) please indicate the name of the co-owner.

| Type | Owner | Social Security # On Bond Face | Value |
|------|-------|-----------------------------------|-------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

TOTAL \$

MONIES OWED TO YOU

TYPE: Promissory notes payable to you ♦ Other monies owed to you

| Name of Debtor | Owed to | Date due | Promissory Note | Current Balance |
|----------------|---------|----------|--|-----------------|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ |

TOTAL \$

PARTNERSHIP & LLC INTERESTS

TYPE: General and Limited Partnerships. Please list the percentages that you own.
(*Please provide a copy of the Partnership Agreement.*)

| Partnership/LLC Name | Owners | Value \$ |
|---|--|--|
| Name of General Partner or Managing Member | | |
| Who holds Partnership or LLC papers | | |
| Entity Type: <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Company |

TOTAL \$

CORPORATE BUSINESS INTERESTS

TYPE: Privately owned (non-publicly traded) stock.

(Please provide a copy of your Corp. book and any Buy/Sell agreements, if applicable.)

| | | | |
|---------------------------------------|--|-------|-----------------|
| Company | Owner | | Phone |
| Address | City | State | Zip |
| Number of Shares | Ownership Percentage | | |
| Is there a Buy/Sell Agreement | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this an "S-Corporation" | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Is this a "Professional" Corporation? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Value \$ |
| | | | <hr/> |
| | | | TOTAL \$ |

SOLE PROPRIETORSHIP INTERESTS

TYPE: All assets owned by you in a sole proprietorship type of business.

| | | | |
|------------------------------------|--|-----|-----------------|
| Name of Business | Owner | | |
| Description of Business | | | |
| Is this a "Professional" Business? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Value \$ |
| Business Insurance Agent | Phone | | Policy # |
| Address | | | |
| City | State | Zip | |
| | | | <hr/> |
| | | | TOTAL \$ |

OTHER ASSETS

TYPE: Any property you own that does not fit into any other listed category.

| | | | |
|-------------|-------|--|-----------------|
| Description | Owner | | Value |
| | | | <hr/> |
| | | | TOTAL \$ |

REAL PROPERTY

TYPE: Land ♦ Buildings ♦ Homes ♦ Time shares.

TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS) ♦ Tenants in common (TC)

♦ Tenancy by the entireties (TBE) *(Please provide a copy of the Deed or Agreement relating to each property, as well as a copy of your title insurance.)*

Property #1

Address City State Zip

County Owner

Do you have a mortgage Yes No Mortgage Amount \$ Fair Market Value

What year did you buy this property? How much did you pay?

Lender Loan #

Address City State Zip

Home Insurance Agent Policy# Company

Address City State Zip

Phone #

Property #2

Address City State Zip

County Owner

Do you have a mortgage Yes No Mortgage Amount \$ Fair Market Value

What year did you buy this property? How much did you pay?

Lender Loan #

Address City State Zip

Home Insurance Agent Policy# Company

Address City State Zip

Phone #

TOTAL \$

YOUR ANNUAL INCOME

Your W-2 Wages Per Year \$
Commissions and Bonuses
Stock Options
Interest / Dividend Income
Rental Income
All Retirement Income and Annuities
Social Security
Income from Trust Distributions
Other Income
Your Income \$

Spouse's W-2 Wages Per Year
Commissions and Bonuses
Stock Options
Interest / Dividend Income
Rental Income
All Retirement Income and Annuities
Social Security
Income from Trust Distributions
Other Income
Spouse's Income \$
Total Family Income (Yours & Spouse's) \$_____

SUMMARY OF VALUES (ENTER TOTALS FROM PRIOR SECTIONS)

| | Amount | | |
|---|-----------------|--------------------|----------|
| | Joint Ownership | Separate Ownership | Total |
| ASSETS | | | |
| Cash Accounts | \$ | \$ | \$ |
| Investment Accounts | \$ | \$ | \$ |
| Stocks | \$ | \$ | \$ |
| Personal Effects | \$ | \$ | \$ |
| Retirement Plans | \$ | \$ | \$ |
| Pension Plans | \$ | \$ | \$ |
| Annuities | \$ | \$ | \$ |
| Insurance Policies | \$ | \$ | \$ |
| Bonds | \$ | \$ | \$ |
| Monies owed to you | \$ | \$ | \$ |
| Partnership & LLC Interests | \$ | \$ | \$ |
| Corporate Business Interests | \$ | \$ | \$ |
| Sole Proprietorship Interests | \$ | \$ | \$ |
| Other Assets | \$ _____ | \$ _____ | \$ _____ |
| LIABILITIES | | | |
| Real Estate Mortgages Payable | \$ | \$ | \$ |
| Loans Payable | \$ | \$ | \$ |
| Accounts Payable | \$ | \$ | \$ |
| Loans Against Life Insurance | \$ | \$ | \$ |
| Unpaid Taxes | \$ | \$ | \$ |
| Other Obligations | \$ | \$ | \$ |
| Total Liabilities | \$ | \$ | \$ |
| NET ESTATE | | | |
| (Total Assets Minus Liabilities) | \$ _____ | \$ _____ | \$ _____ |