



Advanced Planning Questionnaire

Client/Family Name: _____

Representative Name: _____ Telephone: (____) _____ Date: __/__/_____



ADVANCED PLANNING QUESTIONNAIRE

Client General Information

1. Client A Name (CL-A) _____

Age _____ DOB ___/___/_____ Gender Male Female State of Domicile _____

U.S. Citizen? Yes No If No, what country? _____

Occupation _____ Health _____ Smoker Non-Smoker

Previously Married? Yes No If Yes, describe any ongoing obligations _____

2. Client B Name (CL-B) _____ Relationship to CL-A _____

Age _____ DOB ___/___/_____ Gender Male Female State of Domicile _____

U.S. Citizen? Yes No If No, what country _____

Occupation _____ Health _____ Smoker Non-Smoker

Previously Married? Yes No If Yes, describe any ongoing obligations _____

3. If this is a married couple, has this couple ever lived in a community property state? (check all that apply):

- Arizona California Idaho Louisiana Nevada
- New Mexico Texas Washington Wisconsin Alaska w/Comm. Prop. Election

Notes: _____



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4. Children and Other Beneficiaries

Name	Age	Relationship		Status	Income	Net Worth	# of Children	Concerns
		Type	With					
		<input type="radio"/> Child <input type="radio"/> Grandchild <input type="radio"/> Other _____	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Both	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="radio"/> Child <input type="radio"/> Grandchild <input type="radio"/> Other _____	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Both	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="radio"/> Child <input type="radio"/> Grandchild <input type="radio"/> Other _____	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Both	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="radio"/> Child <input type="radio"/> Grandchild <input type="radio"/> Other _____	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Both	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="radio"/> Child <input type="radio"/> Grandchild <input type="radio"/> Other _____	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Both	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health

5. Parents

Relationship	Living	Name	Age	Health	Dependent on You	Potential Inheritance
CL-A's Father	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	\$
CL-A's Mother	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	\$
CL-B's Father	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	\$
CL-B's Mother	<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No	\$

Notes: _____



ADVANCED PLANNING QUESTIONNAIRE

Current Planning Documents

6. Estate Planning Documents

Documents	Client A	Client B
<p>Will(s), only</p> <p>With the following provisions:</p> <ul style="list-style-type: none"> ◆ Establish credit shelter trust? ◆ Establish qualified terminable interest property (QTIP) trust? ◆ Establish a trust for the benefit of surviving client? ◆ Establish trust for benefit other beneficiaries (e.g., children, grandchildren)? 	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p>State: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p>State: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Revocable Living Trust with Pour-Over Will(s)</p> <p>With the following provisions:</p> <ul style="list-style-type: none"> ◆ Establish credit shelter trust? ◆ Establish qualified terminable interest property (QTIP) trust? ◆ Establish a trust for the benefit of surviving client? ◆ Establish trust for benefit other beneficiaries (e.g., children, grandchildren)? 	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p>State: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p>State: _____</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Additional Document(s)</p> <ul style="list-style-type: none"> ◆ Power of Attorney? ◆ Healthcare Proxy/Power? ◆ Living Will? ◆ Irrevocable Life Insurance Trust? 	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Date: ___/___/___</p>

7. Do you or your spouse have any pre-nuptial or post-nuptial agreements? Yes No If Yes, describe

“at death” provisions: _____

8. Other Documents: _____



ADVANCED PLANNING QUESTIONNAIRE

Advisor Information

9. Attorney: _____ Telephone Number: _____

10. Accountant: _____ Telephone Number: _____

11. Other: _____ Telephone Number: _____

12. Which of the above advisors will participate in your planning? _____

Is he/she an estate and trust specialist? Yes No May we call to discuss your planning? Yes No

Financial Information

13. Annual Income

	Earned	All Other	Total
Client A	\$ _____	\$ _____	\$ _____
Client B	\$ _____	\$ _____	\$ _____
		Total Gross Income	\$ _____
		Less Total Income Tax	(\$ _____)
		Net Annual Income	\$ _____

14. Marginal Income Tax Rates Federal _____% State _____%

15. How much discretionary income do you have (net income exceeds lifestyle expenses)? \$ _____

16. Will your earnings/income change significantly over the next several years? Yes No

If Yes, describe _____

17. Do you foresee any significant financial events in the next few years (i.e., sale of capital assets, sale of home, IRA distributions, children enter college, parental care)? _____

18. Desired retirement age(s)? _____ Pre-tax retirement income needed? \$ _____



ADVANCED PLANNING QUESTIONNAIRE

19. Assets

Name	Owner	Market Value	Cost Basis	Income
Cash Equivalents				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
Marketable Securities				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
Residence(s)				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
Real Estate Investments				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
Other Investments				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	\$



ADVANCED PLANNING QUESTIONNAIRE

19. Assets (continued)

Name	Owner	Market Value	Cost Basis	Income
Business Interests (include Business Owner Supplement for each business entity)				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
Antiques and Collectibles				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
Personal Property and Automobiles				
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
	<input type="radio"/> CL-A <input type="radio"/> CL-B <input type="radio"/> Joint <input type="radio"/> Tenants-in-Common <input type="radio"/> Comm. Prop.	\$	\$	
Total		\$		

Retirement Accounts and Annuities (include recent statements)						
Name	Owner	Type	Beneficiary	Current Value	Cost Basis	Income
	<input type="radio"/> CL-A <input type="radio"/> CL-B	<input type="radio"/> IRA <input type="radio"/> Roth IRA <input type="radio"/> 401(k) <input type="radio"/> Annuity <input type="radio"/> Qualified Annuity <input type="radio"/> Other _____	<input type="radio"/> CL-A/B <input type="radio"/> Dependent <input type="radio"/> Charity <input type="radio"/> Other	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B	<input type="radio"/> IRA <input type="radio"/> Roth IRA <input type="radio"/> 401(k) <input type="radio"/> Annuity <input type="radio"/> Qualified Annuity <input type="radio"/> Other _____	<input type="radio"/> CL-A/B <input type="radio"/> Dependent <input type="radio"/> Charity <input type="radio"/> Other	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B	<input type="radio"/> IRA <input type="radio"/> Roth IRA <input type="radio"/> 401(k) <input type="radio"/> Annuity <input type="radio"/> Qualified Annuity <input type="radio"/> Other _____	<input type="radio"/> CL-A/B <input type="radio"/> Dependent <input type="radio"/> Charity <input type="radio"/> Other	\$	\$	\$
	<input type="radio"/> CL-A <input type="radio"/> CL-B	<input type="radio"/> IRA <input type="radio"/> Roth IRA <input type="radio"/> 401(k) <input type="radio"/> Annuity <input type="radio"/> Qualified Annuity <input type="radio"/> Other _____	<input type="radio"/> CL-A/B <input type="radio"/> Dependent <input type="radio"/> Charity <input type="radio"/> Other	\$	\$	\$
Total				\$		



ADVANCED PLANNING QUESTIONNAIRE

20. Liabilities

Loan Name/Collateral	Principal Balance	Interest Rate	Maturity Date
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
Total Liabilities	\$		

21. Net Worth is expected to grow at _____% per year.

22. Client Preference for Estate Tax Computation: No Growth 5 Yrs 10 Yrs 15 Yrs

23. List specific highly appreciating assets: _____

24. List assets with a cost basis near or below 50% of today's value (list asset, basis and current value): _____

25. Do you own real estate located in another state or country (list property and location)? _____

26. What is the general level of your investment knowledge? CL-A: High Medium Low
CL-B: High Medium Low

Notes: _____



ADVANCED PLANNING QUESTIONNAIRE

27. Life Insurance

Company Name	Type (WL, SUL)	Owner	Transferred*	Insured	Beneficiary	Death Benefit	Premium	Cash Value	Policy Loan
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$
			<input type="checkbox"/>			\$	\$	\$	\$

* Check box when owner and insured are different – and policy was transferred to owner after original issuance. This may indicate issues with the “Three-Year Rule” of IRC 2035.

28. Financial Totals

Total Assets \$ _____ + Total Retirement Accounts \$ _____ – Total Liabilities \$(_____) = Net Worth \$ _____

Net Worth \$ _____ + Life Insurance \$ _____ = Current Taxable Estate \$ _____



ADVANCED PLANNING QUESTIONNAIRE

Personal Estate Planning

29. What are your overall estate planning objectives? _____

30. How does your current plan distribute assets at (first and second) death? _____

31. Is there anything that you want to change in your current plan? Yes No If Yes, describe _____

32. Do you want your estate to pass equally to your children? Yes No If No, describe _____

33. Have you made provisions for your grandchildren? Yes No If Yes, describe _____



ADVANCED PLANNING QUESTIONNAIRE

34. Who, beyond your children and grandchildren, should be provided for in your estate? _____

35. Are you currently making annual gifts? Yes No If Yes, to whom and how much? _____

36. Have you made any taxable gifts (gifts not covered by the annual exclusion)? Yes No If Yes, list amounts and year gifted _____

37. Are you making gifts to meet another's medical needs or educational costs? Yes No If Yes, describe _____

38. What are the income needs of your surviving loved ones? _____

39. Do you provide for someone who needs special care? Yes No If Yes, describe _____

40. Do you have concerns over your heirs' ability to handle financial matters? Yes No If Yes, describe _____



ADVANCED PLANNING QUESTIONNAIRE

41. Would you prefer to protect your assets, and those of your heirs, from creditors and others (e.g., potential divorcing spouses of heirs)? Yes No If Yes, describe concerns _____

42. Would you consider shifting the ownership of assets in order to reduce estate taxes (assuming you continue to have a level of control over these assets)? Yes No If Yes, describe details/concerns _____

43. Are you making charitable gifts? Yes No If Yes, describe _____

44. Do you have any specific charitable giving objectives or considerations? Yes No If Yes, describe _____

45. Have you made provisions for long term care in case of an accident or disability? Yes No If Yes, describe _____

46. Describe any other issues or concerns _____

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