



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)** _____

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):**

- | | | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Arizona | <input type="checkbox"/> California | <input type="checkbox"/> Idaho | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Nevada |
| <input type="checkbox"/> New Mexico | <input type="checkbox"/> Texas | <input type="checkbox"/> Washington | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Alaska w/Comm. Prop. Election |

Notes: _____

ADVANCED PLANNING QUESTIONNAIRE

4. Children and other beneficiaries

Name	Age	Relationship		Status	Income	Net Worth	# of Children	Concerns
		Type	With					
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other_____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Both	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other_____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Both	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other_____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Both	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other_____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Both	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	\$	\$		<input type="checkbox"/> Spendthrift <input type="checkbox"/> Divorce <input type="checkbox"/> Creditors <input type="checkbox"/> Health
		<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other_____	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B <input type="checkbox"/> Both	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
CL-A's Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
CL-B's Father	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
CL-B's Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	\$

Notes: _____

ADVANCED PLANNING QUESTIONNAIRE

6. Estate Planning Documents

Documents	Client A	Client B
Will(s) only With the following provisions: <input type="checkbox"/> Establish credit shelter trust? <input type="checkbox"/> Establish qualified determinable interest property (QTIP) trust? <input type="checkbox"/> Establish a trust for the benefit of surviving client? <input type="checkbox"/> Establish trust for benefit of other beneficiaries (e.g., children, grandchildren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ State: <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 Date:___/___/___ State: <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
Revocable Living Trust with Pour-Over Will(s) With the following provisions: <input type="checkbox"/> Establish credit shelter trust? <input type="checkbox"/> Establish qualified determinable interest property (QTIP) trust? <input type="checkbox"/> Establish a trust for the benefit of surviving client? <input type="checkbox"/> Establish trust for benefit of other beneficiaries (e.g., children, grandchildren)?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ State: <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 Date:___/___/___ State: <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
Additional Document(s) <input type="checkbox"/> Power of Attorney? <input type="checkbox"/> Healthcare Proxy/Power? <input type="checkbox"/> Living Will? <input type="checkbox"/> Irrevocable Life Insurance Trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___ <input type="checkbox"/> Yes <input type="checkbox"/> No Date:___/___/___

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

If Yes, described "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 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

Client	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., sales of capital assets, sale of home, IRA distributions, children entering college, parental care)? ☐ Yes ☐ No

If Yes, describe: _____

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="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Marketable Securities				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Residence(s)				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Real Estate Investments				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Other Investments				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$

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="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Antiques and Collectibles				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Personal Property and Automobiles				
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> Tenants-in-Common <input type="checkbox"/> CL-B <input type="checkbox"/> Comm. Property <input type="checkbox"/> Joint	\$	\$	\$
Total		\$		

Retirement Accounts and Annuities (include recent statements)						
Name	Owner	Type	Income	Market Value	Cost Basis	Income
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> 401(k) <input type="checkbox"/> Qualified Annuity <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> CL-A/B <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> 401(k) <input type="checkbox"/> Qualified Annuity <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> CL-A/B <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> 401(k) <input type="checkbox"/> Qualified Annuity <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> CL-A/B <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> Other	\$	\$	\$
	<input type="checkbox"/> CL-A <input type="checkbox"/> CL-B	<input type="checkbox"/> IRA <input type="checkbox"/> Annuity <input type="checkbox"/> 401(k) <input type="checkbox"/> Qualified Annuity <input type="checkbox"/> Roth IRA <input type="checkbox"/> Other _____	<input type="checkbox"/> CL-A/B <input type="checkbox"/> Dependent <input type="checkbox"/> Charity <input type="checkbox"/> 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 Years ☐ 10 Years ☐ 15 Years

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? ☐ Yes ☐ No

If Yes, list property and location: _____

26. What is your general level of investment knowledge?

CL-A: ☐ High ☐ Medium ☐ Low

CL-B: ☐ High ☐ Medium ☐ Low

Notes: _____

ADVANCED PLANNING QUESTIONNAIRE

27. Life Insurance

[illegible]

* 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 \$ _____

Notes: _____

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: _____

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

ADVANCED PLANNING QUESTIONNAIRE

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 amount(s) and year(s) 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 heir's 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 _____

We see the future in you.SM — 

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