

FINANCIAL PLANNING QUESTIONNAIRE  
Lionshare Partners  
2018



**LIONSHARE**  
PARTNERS



## To complete this form by hand :

- Print all pages, fill out and bring to our next meeting



## To complete this form electronically on your PC:

- Visit [www.lionsharepartners.org/forms](http://www.lionsharepartners.org/forms) and save the writeable PDF to your PC for use with Adobe Acrobat Reader
- Complete the form by typing into the designated fields and/or checking the appropriate buttons.
- When finished, save the form and email it to [cjackson@lionsharepartners.org](mailto:cjackson@lionsharepartners.org) or bring a copy to our meeting.

## Financial Information:

To effectively advise you on financial decisions and make the best use of meeting time, your advisor needs complete information about your financial life. The first step in the financial planning process is data collection. To facilitate the data collection, we use this questionnaire.

Please complete the Questionnaire as fully as possible. Information is the lifeblood of the planning process. The quality and range of the suggestions will only be as good as the comprehensiveness of the picture; with more knowledge about you and your family, your objectives and resources, and your charitable commitments, we are better equipped to offer recommendations for fulfilling these objectives in as appropriate and tax efficient a manner as possible. There are no “shortcuts” to completing the Questionnaire. But you may choose to give summary or total amounts where indicated (e.g., the lines for “Total Income” and “Total Expenses” in the Cash Flow Information section). And you may elect only to number a few priorities in the various sections, which ask about objectives (e.g., the section on Estate and Charitable Planning Information).

If you are uncertain of the answer to a question, write your best estimate and include a note about the circumstances in the “Notes to Your Advisor” section at the end of the questionnaire. We also ask to receive copies of your documents (2) weeks before we meet. Please send your documents to us by mail, fax, or Secure Send on our web site. Call or email if you have any questions.

## Confidentiality:

Confidentiality and protection of your personal information is of the highest importance to your advisor and all of the associates and staff. We will not disclose any information about you to anyone—including your employer, accountant, attorney, or family – without your permission.

## Next Steps:

Once your confidential questionnaire has been completed, we will arrange a meeting to review current circumstances and any proposals.

**Important Documents for Introductory Meeting** – We ask that you provide these documents before our initial meeting. The following documents are required in order to accurately complete your Financial Plan. Please provide us those documents that are applicable to your personal financial situation. Strict confidentiality will be maintained at all times.

## **Tax Planning**

- Federal & State Tax Returns (Two previous years)
- Most recent paycheck stub(s)

## **Retirement Planning & Investments (Most Recent Statements)**

- Recent account statements (Bank accounts, Retirement Plan accounts, Brokerage accounts, etc.)
- Employer Stock Plan Documents and Statements (Employee Stock Purchase Plan, Non-Qualified Stock Options, Incentive Stock Options, Restricted Stock Units, Deferred Comp, etc.)
- Retirement Plans (401k, 403b, etc.) - Documents that show plan terms and investment choices
- Mortgage and other loan statements
- Annual Statement(s) of partnership/LLC interests
- Pension documents and statements/ Social Security Statements
- Employer Group Benefits statement or summary
- 529 Statement(s) and/or UTMA Statement(s)

## **Important Documents for Planning Meeting**

- We will request these and related documents for subsequent planning and review meetings.

## **Risk Management (Most Recent Statements)**

- Life Insurance Policies & Annual Statements
- Disability Insurance
- Health Insurance & Long-term care (Policy documents and statements)
- Property & Casualty Insurance (Homeowner/Condo/Renter & Auto policy declaration pages)
- Excess or Umbrella Insurance

## **Estate Planning**

- Estate Planning Documents (Trust, Will, Power of Attorney, etc.)
- Divorce Settlements and/or Nuptial Agreements
- Buy/Sell Agreements
- Trust Statement(s) of which you are the beneficiary (ex: ILIT)
- Any other material financial documents (Ex. Business arrangements, Family Trusts, etc.)

## Planning Concerns and Objectives

All planning should begin and end with your personal considerations and aims.

To help us better understand yours, please number the following in order of their importance to you, with 1 signifying of greatest importance. If several are of equal concern, you may indicate that by giving the same number to those objectives.

Likewise, if any are of little or no value to you, simply leave them blank.

\_\_\_\_\_ Maintaining a comfortable Lifestyle  
\_\_\_\_\_ through my/our retirement years

\_\_\_\_\_ Optimizing the use of loans  
\_\_\_\_\_ to maximize net worth

\_\_\_\_\_ Minimizing Income Tax & Capital Gains Tax

\_\_\_\_\_ Diversifying large single stock and stock  
\_\_\_\_\_ option positions, or other liquid assets

\_\_\_\_\_ Generating adequate capital to run  
\_\_\_\_\_ and grow my own business

\_\_\_\_\_ Ensuring that family members with  
\_\_\_\_\_ special needs are well cared for

\_\_\_\_\_ Positioning as many of my assets for my family  
\_\_\_\_\_ as I can while minimizing Estate & Gift Tax

\_\_\_\_\_ Involving my children and grandchildren  
\_\_\_\_\_ in philanthropic pursuits

\_\_\_\_\_ Supporting my interests in and  
\_\_\_\_\_ commitments to charitable causes

\_\_\_\_\_ Beginning or adding lo my art collection  
\_\_\_\_\_ or dealing with other collectibles

\_\_\_\_\_ Planning for business succession

\_\_\_\_\_ Creating a legacy will help to keep  
\_\_\_\_\_ my children and grandchildren productive

\_\_\_\_\_ Protecting my family's assets from  
\_\_\_\_\_ creditors and litigation

\_\_\_\_\_ Protecting the value of my assets  
\_\_\_\_\_ using hedging techniques

## Objectives & Resources

1. State your reasons for seeking professional advice. Please provide any additional information or comments to help us fully understand your situation and/or objections.

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2. How familiar are you with the investment vehicles in the market today? Are you satisfied with the performance?

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3. What is your picture for financial security five years from now?

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4. Do you have investment preferences? Are there investment types you wish to avoid or exclude?

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5. How comfortable are you managing your finances? (very, somewhat, not at all)?

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6. Please list your major financial obligations and planned expenditures

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7. Please note any health or other family circumstances that may impact your financial planning.

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**General Information**

<b>YOUR First &amp; Last Name:</b>					<b>Today's Date:</b>	
<b>Marital Status:</b>	Single	Married	Partner	Separated	Divorced	Widowed
<b>Street Address:</b>						
<b>City:</b>			<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>			<b>Email:</b>			
<b>Your Date of Birth:</b>			<b>Are You a U.S. Citizen?</b>		Yes	No
<b>SPOUSE'S/PARTNER'S (CO-CLIENT'S) First &amp; Last Name:</b>						
<b>Spouse's/Partner's Date of Birth:</b>			<b>Is your Spouse/Partner a U.S. Citizen?</b>		Yes	No

**Employment Information**

<b>YOUR Employment:</b>		Self-Employed	Company Owner	Employee	Retired
<b>Company Name:</b>					
<b>Occupation:</b>			<b>Years with Company:</b>		
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Work Phone:</b>		<b>Ext:</b>	<b>Fax:</b>		
<b>Work Email:</b>					
<b>SPOUSE'S/PARTNER'S Employment :</b>		Self-Employed	Company Owner	Employee	Retired
<b>Company Name:</b>					
<b>Occupation:</b>			<b>Years with Company:</b>		
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Work Phone:</b>		<b>Ext.</b>	<b>Fax:</b>		

**Income**

	Client 1	Client 2
What is your gross annual income?		
How often are you paid?		
Are you considering a career change?		
Do you expect any major or changes in income during the next 3 years?		

\*if yes, please describe the expected changes below:

**Cash Flow Information** *(Please submit most recent tax return)*

Federal Income Tax Bracket		% State Income Tax Bracket		% Other Income Tax Bracket	
Filing Status	Single	Married	Married	Filing Separately	Head of Household

Note: You may elect to provide totals only for income and expenses, however it is preferable to provide as much information as possible for purposes of cash flow analysis.

Income	Pre-Retirement	In Retirement
<b>Current Income</b>		
Wages		
Investment Income		
Business Income		
Rental Income		
Other		
<b>Sources &amp; Amounts of Retirement</b>		
Qualified Plan/Pension Income		
Investment Income		
Business Income		
Rental Income		
Other		
<b>Total Income</b>		
Expenses	Pre-Retirement	In Retirement
<b>Current Expenses</b>		
Mortgage(s)		
After Tax Living Expenses		
Annual Gifting		
Charitable Gifting		
<b>Retirement Expenses</b>		
Mortgage(s)		
After-Tax Living Expenses		
Annual Gifting		
Charitable Gifting		
Travel		
<b>Total Expenses</b>		

Note: Will there be any extraordinary expense or income item over coming years? (e.g. purchase of luxury vehicle, home remodel) Yes No

If so, please give approximate amount \_\_\_\_\_ and year \_\_\_\_\_

**Family Information**

*Children*

NAMES OF CHILDREN	DATE OF BIRTH	DEPENDENT?	STATE OF RESIDENCE	EMOTIONAL MATURITY*	FINANCIAL MATURITY*
			YES NO		
			YES NO		
			YES NO		
			YES NO		

*Grandchildren*

NAMES OF GRANDCHILDREN	DATE OF BIRTH	DEPENDENT?	STATE OF RESIDENCE	EMOTIONAL MATURITY*	FINANCIAL MATURITY*
			YES NO		
			YES NO		
			YES NO		
			YES NO		

Are all family members in good health? YES NO If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Does any family member have a special need? YES NO If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Are any family members or relatives (other than co-client and children) dependent on you for support now, or likely to need support in the future? YES NO If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have alimony or child support obligations? YES NO If no, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_



**Family Information (continued)**

Do you have any special concerns due to current or prior marriage of a family member?                      YES      NO      If no, please explain:  
\_\_\_\_\_

While married, have you ever lived in a community property state?                      YES      NO      If no, please explain:  
\_\_\_\_\_

Do your children know the history of your family in significant detail?  
\_\_\_\_\_

Do you regularly engage in discussion about what's important to your family and about your family's values?  
\_\_\_\_\_

Do you have a family mission statement?  
\_\_\_\_\_

Have you held or do you hold regular family meetings or retreats?  
\_\_\_\_\_

Are you or is any member of your family in an occupation or profession which is frequently the target of lawsuits?  
\_\_\_\_\_

Do you have adolescent or older children who drive and are listed on your automobile policy?  
\_\_\_\_\_

Do you have a swimming pool at your home (or any of your residences?)  
\_\_\_\_\_

Do you have a home on the ocean (or in a recognized flood plain?)  
\_\_\_\_\_

Do you own real estate (e.g., a second or vacation home) in another part of your state or in another state?  
\_\_\_\_\_

Do you have an office if your home?  
\_\_\_\_\_

Do you employ domestic workers in any capacity?  
\_\_\_\_\_

Are you planning any major renovation or expansion of your residences?  
\_\_\_\_\_

Do you have an investment partnership, or do you invest directly in your own private equity?  
\_\_\_\_\_

**Assets**

**BANK ACCOUNTS**

Type of Account	Balance	Owner
Checking	\$	
Money Market/Savings	\$	
All CDs	\$	
Other:	\$	
How much of the above do you want earmarked for retirement?	\$	

**RETIREMENT ACCOUNTS**

List tax-deferred accounts separately and include accounts labeled: 401(k), 403(b), 457, ESOP, SEP, SIMPLE, Profit Sharing, TSA, Annuities, Traditional IRA and Roth IRA. Please attach copies of most recent statements

Name of Account	At	Owner	Balance
<i>Example: 401(k)</i>	<i>Charles Schwab</i>	<i>Thomas</i>	<i>\$80,000</i>
			\$
			\$
			\$
			\$
			\$
			\$

**TAXABLE ACCOUNTS**

List accounts separately and include: brokerage accounts, joint accounts, trusts, TODs, PODs, non-qualified annuities and accounts in an individual name. Please attach copies of most recent statements.

Name of Account	At	Owner	Balance
<i>Example: Joint Account</i>	<i>Chase</i>	<i>John &amp; Carol</i>	<i>\$25,000</i>
			\$
			\$
			\$
			\$
			\$
			\$

Note: Are of your stock holdings subject to Section 83(b) election? YES NO

**Stock Option Holdings (Submit Statements)**

DESCRIPTION	DATE OF GRANT	DEPENDENT?	TYPE OF GRANT	NO. OF SHARES	EXERCISE PRICE	VESTING DETAILS
			INCENTIVE NONQUALIFIED			
			INCENTIVE NONQUALIFIED			
			INCENTIVE NONQUALIFIED			
			INCENTIVE NONQUALIFIED			
			INCENTIVE NONQUALIFIED			
			INCENTIVE NONQUALIFIED			

Please detail any legal restrictions (e.g. Rule 144) that apply to your ability to market securities freely.

**Homes**

PRIMARY HOME			MARKET VALUE	DATE	COST BASIS	REMAINING MORTGAGE
OWNER	C	J				
	S	CP				
	REVOCABLE TRUST					
	OTHER					
SECONDARY OR VACATION HOME			MARKET VALUE	DATE	COST BASIS	REMAINING MORTGAGE
OWNER	C	J				
	S	CP				
	REVOCABLE TRUST					
	OTHER					

**Investment Real Estate**

DESCRIPTION	OWNER*	MARKET VALUE	REMAINING MORTGAGE	INTEREST RATE	COST BASIS	ANNUAL INCOME	CASH EXPENSES	WHAT ARE YOUR PLANS FOR THIS PROPERTY?
	C J S O							
	C J S O							
	C J S O							
	C J S O							
	C J S O							
	C J S O							

**Other Investments and Assets (Submit Statements)**

Including Partnerships, LLCs, Precious Metals, Futures, Venture Capital, Notes Receivables, Hedge Funds, Privately Held Securities, Exchange Funds, Collectible-s. and Personal Property

DESCRIPTION	OWNER*	YEAR PURCHASED	COST BASIS	ANY REMAINING INSTALLMENTS	CURRENT VALUE IF KNOWN	CURRENT CASH FLOW	ANNUAL TAXABLE INCOME (LOSS) PROJECTION
	C J S O						
	C J S O						
	C J S O						
	C J S O						
	C J S O						

\*O = other, e.g. Family Limited Partnership or LLC

**Pensions**

Client Name	Monthly Amount at Start	Age at Start	Inflation COLA	
<i>Example: Sarah</i>	\$2,200	58	Yes	No
	\$			
	\$			
	\$			

What payout option does this pension represent? (We will assume joint and 50% survivor unless otherwise indicated)

Single Life	Name Applicable Pension(s):
Joint and 50% Survivor	Name Applicable Pension(s):
Joint and 100% Survivor	Name Applicable Pension(s)::

**Retirement Plans**

What level of income (in today's dollars) do you anticipate needing at retirement?	PRE-TAX	AFTER-TAX	\$
After retirement, is your goal to spend down your capital or preserve your wealth for your children and heirs?	TOTALLY DEplete	PARTIALLY DEPELETE	PRESERVE
What is your planned retirement age?	CLIENT:	CO-CLIENT:	

**Closely Held Business Interest Or Professional Practice**

Name of Business:				
Industry/Profession:			Year Established:	
Structure:	C Corp	S Corp	LLC	Partnership
Do you have more than one class of shares or units?			Yes	No
Length of Ownership:	% of Ownership:		Client %	Co-Client %
Name's and Relationships of Other Owners: _____ _____				
Annual Revenues:			Profitability?	Yes No
Number of Employees:		Company Debt:		Amount Personally Guaranteed:
Do you borrow personally to support the business?			Yes	No
Have you pledged any business assets to back business purpose loans?			Yes	No
Value of company owned real estate:				
Cost Basis of company owned real estate:				
Estimated value of business:				
Have you had an evaluation done?	Yes	No	If so, when:	
Do you have a buy-sell agreement?	Yes	No	If so, it is triggered by:	Death Disability
Is the agreement funded?	Yes	No	Explain:	
Is there a business succession plan?	Yes	No		
Do you have key employees whose loss would be detrimental to the profitability of the business?			Yes	No
Is the agreement funded?	Yes	No		
If so, with what type of investment?				
Is your succession plan to:				
Sell business in _____ years?		Yes	No	
Pass to family heirs?		Yes	No	
Go public?	Yes	No	If so, to whom?	
Do you wish to treat all family members equally?	Yes	No		
Leveraged recapitalization?	Yes	No		
Other?	Yes	No		
Explain:				
Do you have a company-sponsored retirement plan?			Yes	No

**Assets Held for Education**

List separately for each child or grandchild and include S29 Plans, Coverdell IRAs, Custodial Accounts, Education Savings Bonds, Mutual Fund Accounts, etc.

Name of Account	Type	Owner	Beneficiary	Balance

**Funding Needs for Children and Other Dependents**

Name	Date of Birth	College Start Year	Years to Fund

We will use the college savings information from the Assets section to determine our education funding projections.

**What is the annual cost of college you are willing to fund for each child?** \_\_\_\_\_

*Keep in mind that your children may get financial aid or choose to take out student loans to help pay for expenses. Therefore, list only the amount you are willing to pay in current dollars. For instance, if you expect a year of college (graduate school) to cost \$15,000 and you plan to pay two-thirds of that amount, then you would give "\$10,000" as your estimated cost.*

Property	Title Name	Total Debt	Maturity	Lender

**Mortgage Debt**

**Notes Payable and Other Non-Mortgage Debt**

Type*	Current Outstanding	Total Credit	Maturity	Collateral	Lender

(Include loans, margin debt, taxes currently due, taxes on assets sold beyond 1 year)

**Liabilities (Continued)**

**Contingent Liabilities**

Do you have any outstanding letters of credit or surety bond?	Yes	No	Amount:: _____
Are you a guarantor or endorser of any debt of a third party?	Yes	No	Amount:: _____
Are you contingently liable on any lease or contract?	Yes	No	Amount:: _____
Are there any lawsuits, claims or judgements pending against you (including divorce)?	Yes	No	Amount:: _____
Have any of your debts, debts guaranteed by you or debts of a company or partnership 20% or more owned by you been discharged through bankruptcy or settled for less than the amount owed?	Yes	No	Amount:: _____
Do you have any other contingent liabilities such as "cash calls"?	Yes	No	Amount:: _____
Are any of your tax obligations past due?	Yes	No	Amount:: _____
Is the IRS auditing or contesting any prior tax returns?	Yes	No	Amount:: _____

**Please Detail Your Attitudes Towards Debt And Liquidity**

I dislike debt and want to be debt-free.	Yes	No	
I use loans to take advantage of opportunities.	Yes	No	
I use loans aggressively to maximize my net worth.	Yes	No	
I have sufficient cash reserves for unexpected needs.	Yes	No	
I would sell liquid assets rather than borrow to meet my needs.	Yes	No	
Do you have any upcoming capital needs or large expenses (in the next 12 months)?	Yes	No	How much? _____

*Is there anything else we should know about these liabilities? For example, are you planning to make any additional principal payments or balloon payment Is the interest rate or the repayment of principal variable on any of these loans?*

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**Annuities**

<b>FIXED</b>	<b>POLICY 1</b>	<b>POLICY 2</b>
OWNER(S)		
INSURED(S)		
BENEFICIARY(IES)		
DATE PURCHAED		
ORIGINAL PREMIUM		
SURRENDER VALUE		
<b>FIXED</b>	<b>POLICY 1</b>	<b>POLICY 2</b>
OWNER(S)		
INSURED(S)		
BENEFICIARY(IES)		
DATE PURCHASED		
ORIGINAL PREMIUM		
SURRENDER VALUE		

**Life Insurance**

<b>LIFE INSURANCE</b>	<b>POLICY 1</b>	<b>POLICY 2</b>	<b>POLICY 3</b>
OWNER(S)			
INSURED(S)			
BENEFICIARY(IES)			
DEATH BENEFIT			
CASH VALUE			
ANNUAL PREMIUM			
TYPE OF INSURANCE			
DATE PURCHASED			
DATE OF LAST POLICY REVIEW			
ISSUING INSURANCE COMPANY			
DATE POLICY TRANSFERRED TO TRUST			



**Individual Long Term Disability**

Complete the following if Client #1 or Client #2 is insured under an individual long term disability policy.

	<b>POLICY 1</b>	<b>POLICY 2</b>
ANNUAL EARNED INCOME		
ANNUAL PREMIUM AMOUNT		
MONTHLY BENEFIT AMOUNT		
POLICY ELIMINATION PERIOD		
POLICY BENEFIT PERIOD		
COST OF LIVING ADJUSTMENT RIDER		
ISSUING INSURANCE COMPANY		

**Long Term Care**

Complete the following if Client #1 or Client #2 is insured under a long term care insurance policy.

	<b>POLICY 1</b>	<b>POLICY 2</b>
NAME OF POLICY OWNER		
ANNUAL PREMIUM AMOUNT		
DAILY BENEFIT AMOUNT		
POLICY ELIMINATION PERIOD		
POLICY BENEFIT PERIOD		
INFLATION ADJUSTMENT RIDER		
ISSUING INSURANCE COMPANY		

**Group Life Insurance**

Complete the following for each life insurance policy of which Client #1 or Client #2 is the insured. Please specify if the beneficiary is a trustee of an irrevocable life insurance trust.

	POLICY 1	POLICY 2
INSURED		
BENEFICIARY(ES)		
DEATH BENEFIT		
CASH VALUE		
ANNUAL PREMIUM		
TYPE OF INSURANCE		
ISSUING INSURANCE COMPANY		

**Group Disability Insurance**

Complete the following if Client #1 or Client #2 is covered by group long term disability insurance.

	POLICY 1	POLICY 2
MONTHLY PREMIUM AMOUNT		
MONTHLY BENEFIT AMOUNT		
POLICY ELIMINATION PERIOD		
POLICY BENEFIT PERIOD		
ISSUING INSURANCE COMPANY		
WHO PAYS THE PREMIUMS? (YOU OR YOUR COMPANY)		

**Other Insurance**

Health Coverage                      Yes      No  
 Property/Casualty                      Yes      No  
 Personal Excess Liability              Yes      No      If yes, how much? \_\_\_\_\_

## Estate & Charitable Planning Information

Do you have a will?	Yes	No	If yes, when was it last updated?
Who is named as executor/executrix?			
Does your will provide for the creation of a trust at your death?	Yes	No	
If so, what type of trust is it? (e.g. credit shelter, marital)			
Who is named as trustee?	Successor trustee?		
If your will includes any specific bequests to an individual or institution other than a co-client, please list the name(s), amount (s), and asset(s): _____			
Do you have a living trust?	Yes	No	
If yes, who is trustee?	Successor trustee?		
Type of Trust:	Market Value of Trust:		
Are you the income or principal beneficiary of a trust established by someone else?	Yes	No	
Explain:			
Are you currently gifting to children, grandchildren or other individuals?	Yes	No	
If yes, please list:			
The gift is:	Outright	In Trust	Have you filed gift tax returns?
			Yes No

DONOR	RECEIPT	AMOUNT	DATE OF GIFT

*(If yes, please include a copy)*

Do you currently make contributions to charity? Yes No  
 If yes, amount of annual cash contributions: Amount of long term capital gain property:

Do you have a situation that requires a Special Needs and/or Asset Protection Trust? Yes No  
 Do you have a Durable Power of Attorney? Yes No  
 Do you have a Medical Power of Attorney and Living Will? Yes No  
 Do you have the same documents for your unmarried adult kids? Yes No  
 When were these documents last updated? Yes No  
 Do you anticipate receiving an inheritance? Yes No  
 Names of trust(s) you have established: Yes No

What are your primary objectives in gifting to charity? (please number with 1 being the highest priority)

- \_\_\_\_\_ Provide Current Gift to Charity/Charities
- \_\_\_\_\_ Provide Future Gift to Charity/Charities
- \_\_\_\_\_ Provide Gift to Charity/Charities at Death
- \_\_\_\_\_ Reduce or Postpone Capital Gains Taxes on Assets
- \_\_\_\_\_ Increase Income from Current Assets
- \_\_\_\_\_ Reduce Income Taxes
- \_\_\_\_\_ Provide Income for children or Others
- \_\_\_\_\_ Reduce Estate Taxes

If income is an objective for you or another family member, as part of your charitable gifting, please prioritize the following:

- \_\_\_\_\_ Start Income Immediately
- \_\_\_\_\_ Start Income in \_\_\_\_\_ Years
- \_\_\_\_\_ Start Income at Retirement (\_\_\_\_\_)
- \_\_\_\_\_ Start Income for Parents or Grandparents in \_\_\_\_\_ Years
- \_\_\_\_\_ Start Income for Co-Client at Donor's Death
- \_\_\_\_\_ Start Income for Children \_\_\_\_\_

Do you have an asset which you would like to gift to family members in the future (at a discount in value), while donating some of the growth and income to charity now? Yes      No

If so, do you believe the asset will appreciate significantly in the future? Yes      No

Are you interested in involving family members in your charitable giving commitments Yes      No

If Yes, would these commitments amount to a substantial sum? (e.g. over \$1,000,000.00) Yes      No

Do you have a charitable trust? Yes      No

If yes, what kind of trust is it? *(please include copy as well)*

What is the Fair Market Value?

What is the Annuity or Unitrust payout?

Please answer the estate planning questions below to help determine if your current will reflects your wishes.

Who do you want to inherit your estate? Who are your beneficiaries?

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Do you have any special possessions (such as jewelry , antiques etc.) that you want to go to someone in particular?

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Do you want to leave any money to charity? If so, which charities?

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Who do you want to inherit your estate if both you and your spouse die; your "contingent beneficiaries"?

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If you have young children, who do you want to look after them until they are grown up?

Who do you want to look after their portion of the estate? Under what conditions and when do you want them to get money from the estate?

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If you have older children with unstable marriages, do you want to make sure that your estate does not end up in th hands of an "outlaw" (estranged spouse of your child)?

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If you have a farm, business or real estate, how do you want these taken care of? Do you want them sold and the money divided? Do you want them passed on to your beneficiaries? If so, in what proportion?

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What do you want if one of your beneficiaries dies before you do? If your child dies before you, do you want their share to go to their children (your grand children) or split between your children still living?

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Do you have any special funeral arrangements that you want followed?

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Who will be your executor, the person that carries out your wishes for the estate?

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Who will be your trustee, if different from the executor?

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**Advisors**

Lionshare Partners Financial Advisor:	
Accountant:	Phone:
Address:	
Attorney (Trusts & Estates):	Phone:
Address:	
Private Banker:	Phone:
Address:	
Life Insurance Agent:	Phone:
Address:	
Other Financial Advisor	Phone:
Firm:	

**General Notes:**

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Is there anyone we may thank for your referral? \_\_\_\_\_

*Please bring your completed Financial Planning Questionnaire along with any appropriate supporting documents to the meeting with your Lionshare Partners Advisor.*

**Please DO NOT complete this section PRIOR to meeting with your advisor.**  
 I acknowledge receipt of Lionshare Partners’ Privacy Policy, Form ADV Part 2 and Advisor Agreement.

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name