



## CLIENT INFORMATION FORM

Name of Contact - Person filling out form: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Client Email: \_\_\_\_\_

County: Bristol Plymouth Norfolk Middlesex Suffolk Barnstable Other: \_\_\_\_\_

Client's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

US Citizen: Yes No If No, Citizen of: \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_/\_\_\_/\_\_\_ Veteran: Yes No

Spouse's Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

If spouse is deceased, date of death: \_\_\_/\_\_\_/\_\_\_ Cell Phone: \_\_\_\_\_

Date of Marriage: \_\_\_/\_\_\_/\_\_\_ US Citizen: Yes No If No, Citizen of: \_\_\_\_\_

Employer: \_\_\_\_\_ Retirement Date: \_\_\_/\_\_\_/\_\_\_ Veteran: Yes No

### Family

Please complete this section as thoroughly as possible, including zip codes & phone #'s

(1) \_\_\_\_\_  
First Name MI Last Name Age

\_\_\_\_\_  
Address (include street, town, state & zip code) Telephone

\_\_\_\_\_  
Spouse's Name Names (including last name if different from yours) & Ages of children



Has anyone in your family recently entered a hospital or skilled nursing facility?      Yes      No

Name of facility: \_\_\_\_\_ Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Health Insurance**

**You (number)**

**Spouse (number)**

Medicare \_\_\_\_\_

Insurance from Employer \_\_\_\_\_

Medicare Supplement \_\_\_\_\_

Long-Term Care Insurance \_\_\_\_\_

Other \_\_\_\_\_

**Financial**

**Income Producing Assets:** Bank accounts, Brokerage Accounts, Stocks, Corporate or U.S. Bonds, other

**Type of Account/Asset**

**Owner(s)**

**Value (numbers only)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Have you or your spouse made any transfers or gifts of \$1,000 or more during the past five years?

Yes      No

**Real Estate**

| Description of Property | Purchase Date | Purchase Price | Estimated Current Value (numbers only) | Owners(s) |
|-------------------------|---------------|----------------|--|-----------|
| _____                   | _____         | _____          | _____                                  | _____     |
| _____                   | _____         | _____          | _____                                  | _____     |
| _____                   | _____         | _____          | _____                                  | _____     |

Are any of the above properties not connected to a sewer line?      Yes      No

Do you or your spouse have an interest in any business?      Yes      No

(please enter numbers only)

## Monthly Income

|                              | You   | Your Spouse | Joint |
|------------------------------|-------|-------------|-------|
| Social Security              | _____ | _____       | _____ |
| Employment: _____            | _____ | _____       | _____ |
| Pension from: _____          | _____ | _____       | _____ |
| IRAs, Annuities, etc.: _____ | _____ | _____       | _____ |
| Rents: _____                 | _____ | _____       | _____ |
| Business Interest: _____     | _____ | _____       | _____ |
| Other: _____                 | _____ | _____       | _____ |
| <b>Totals:</b>               | _____ | _____       | _____ |

Which sources of income have a benefit for a surviving spouse? \_\_\_\_\_

## Life Insurance

(please enter numbers only)

| Owner | Whose Life? | Company Name | Whole/Term? | Face Value | Cash Value | Beneficiary |
|-------|-------------|--------------|-------------|------------|------------|-------------|
| _____ | _____       | _____        | _____       | _____      | _____      | _____       |
| _____ | _____       | _____        | _____       | _____      | _____      | _____       |
| _____ | _____       | _____        | _____       | _____      | _____      | _____       |

**Other Property with Designated Beneficiaries** - Do you have IRAs, Vested Pension Plan, Annuities, or Other Assets that would pass on your death to a particular designated beneficiary?

| Description | Value | Owner | Designated Beneficiary |
|-------------|-------|-------|------------------------|
| _____       | _____ | _____ | _____                  |
| _____       | _____ | _____ | _____                  |
| _____       | _____ | _____ | _____                  |
| _____       | _____ | _____ | _____                  |

Do you or your spouse expect an inheritance? Yes No

Are you or your spouse the beneficiary of any trust? Yes No



I have lived in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington):    Yes        No

Other legal concerns:

**Please provide copies of the following documents PRIOR to your meeting with the attorney:**

1. Will, codicil, trust agreements
2. Real estate deeds, appraisals
3. Admission agreements to hospitals and health facilities
4. Divorce decrees, prenuptial agreements, adoption papers
5. Guardianship documents
6. Living Will, Health Care Declaration or Power of Attorney, Durable Powers of Attorney
7. A list of full names, addresses and telephone numbers of people who have a part in your planning as executors, trustees, beneficiaries of your estate, helpers and advisors.
8. Retirement plans, including any forms designating beneficiaries.

**Additional Children or Agent Information (from page 2)**