

# CONFIDENTIAL ESTATE FACT FINDER

THE PRUDENTIAL INSURANCE COMPANY OF AMERICA



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**Securities and Insurance Products:  
Not Insured by FDIC or Any Federal Government Agency. May Lose Value.  
Not a Deposit of or Guaranteed by Any Bank or Bank Affiliate.**



**1 PERSONAL INFORMATION**

<b>Client A</b>	Date of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Employer	
What's the best time to contact you? <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Email	
Primary Residence Address/Street	City, State, Zip	Home Phone
<b>Client B</b>	Date of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Employer	
Business Address/Street	City, State, Zip	Business Phone
Always a resident of this state? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, previous state of residence:	
Any pre or postnuptial agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any previous marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No Whom? Client A <input type="checkbox"/> Client B <input type="checkbox"/>	
Any alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	Any Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount:	

**2 FAMILY MEMBERS**

Child's Name	Relationship	Age	Married?	Spouse's Name	# Children	Address
Parent's Name		Age	Address			

Any special concerns, needs or arrangements to consider for your children, parents or grandchildren?

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**3 ADVISORS**

What advisors do you work with?

Accountant	Address	Phone
Attorney	Address	Phone
Financial	Address	Phone
Other	Address	Phone

**4 ESTATE ATTITUDES AND OBJECTIVES**

1. Has anyone ever suggested that you get involved in an estate or wealth transfer process? Describe. What have you done to achieve your estate objectives?
2. What motivated you to review your estate arrangements at this time?
3. What do you hope to accomplish NOW as a result of this process?
4. What are your goals for the ultimate distribution of your assets? Whom would you like to receive your assets?
  - Client A
  - Client B
5. Do you want to treat your children equally in the distribution of your assets (children of prior marriages, children not involved with business)?
6. Do you have any concerns about burdening your heirs, including spouse, with the financial management of your estate? Explain:
7. Would you like to provide for any special goals or needs (special needs, care of parents, charity)? Explain:
8. If federal and state taxes and other estate settlement costs took 35% of your assets, how would that make you feel? Do you want your family forced to liquidate assets to pay estate settlement costs and tax?
9. How do you feel about giving up control of your assets (gifting, changing ownership) to achieve your estate and wealth transfer objectives?
10. What age do you plan to retire? How much income will you need? How comfortable are you that you'll be able to accomplish this goal?
11. How important is your independence and your ability to maintain your current lifestyle and the lifestyle of your surviving spouse?

<b>5</b>	<b>SURVIVOR NEEDS</b>
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<b>CASH NEEDS</b>	<b>At Death of Client A</b>	<b>At Death of Client B</b>
<b>Final Expenses</b> Medical, funeral, probate and legal costs	\$	\$
<b>Emergency Fund</b> Expenses which could not be paid from current income such as major repairs or purchases.	\$	\$
<b>Housing Fund</b> To pay off your mortgage or provide a down payment.	\$	\$
<b>Debt Liquidation</b> To pay off other debts.	\$	\$
<b>Child/Home Care Fund</b> To pay additional expenses for child care or home care for an adult.	\$	\$
<b>Education Fund</b> To pay the cost of college or vocational training.	\$	\$
<b>Others</b>	\$	\$

**INCOME NEEDS**

How much income would your family need to maintain their current lifestyle?

How much is your current monthly income?

Client A

Client B

<b>Client A Death</b>	<b>With Dependents</b>	<b>Without Dependents</b>	<b>Retirement</b>
Survivor's Total Monthly Income Needs	\$	\$	\$
Survivor's Anticipated Monthly Employment Income	\$	\$	\$
Other Income (alimony, survivor pension income)	\$	\$	\$
<b>Client B Death</b>			
Survivor's Total Monthly Income Needs	\$	\$	\$
Survivor's Anticipated Monthly Employment Income	\$	\$	\$
Other Income (alimony, survivor pension income)	\$	\$	\$

1. Where do you invest your savings, and why? How much are you consistently saving annually?

2. How do you feel about your current overall investment strategy? What do you consider to be a reasonable long-term gross rate of return on your investments?

3. Are you currently taking distributions from any of the retirement accounts/plans (either qualified or nonqualified)? If so, provide additional information concerning survivor benefits.

## 6

**BUSINESS INTERESTS — Complete One for Each Business (If not applicable, go to section 7)**

*A Confidential Business Fact Finder 0185400 is also available.*

Company Name \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

Years in Business \_\_\_\_\_

**Business Type (Check applicable)**

- C Corporation      Corporate Tax Bracket \_\_\_\_\_
- Public
- Private (check applicable) -  Family as Owners  Sole Shareholder Corp.  Personal Service Corp.
- Is there a possibility this entity will go public?  No  Yes If Yes, how soon? \_\_\_\_\_
- Pass-through Entity for Tax Purposes (Check applicable)
- Partnership—Is it organized as a  General Partnership  Limited Partnership
- LLC
- S Corporation—Was it always an S Corporation?  Yes  No
- Sole Proprietorship

**Business Owners**

Name	% Owned & Type of Interest	Family Relationship (if any)	DOB/Health	Annual Salary	Annual Dividend/ Distribution	Personal Tax Bracket

1. What do you want to have happen to the business at your retirement, disability or death?

- Retain  Sell as a going concern  Liquidate

2. What steps have been taken to accomplish this objective? Explain:

3. What is your estimated fair market value of the business if sold today as a going concern?

4. Will the business have significant value whether or not you are involved in the business? Explain:

5. Are there benefits provided by the business that protect against a substantial financial loss and that you would like continued to you and or your family? Explain:

6. If you are not able to be involved in the business, will your family/spouse's financial security be tied to the business? How will they get income from the business?

**7 PERSONAL ASSETS & LIABILITIES**

**Ownership Code:** (A) Client A (B) Client B (C) Community/Marital Property (D) Tenancy in Common (J) Joint Tenancy with Rights of Survivorship with Spouse (O) Other (if selected, describe) **Areas not requiring data are shaded and optional data areas are identified.**

Asset Type	Gross Value	Liability	Owner	Beneficiary	Misc. Info.	Cost Basis (Optional)
<b>REAL PROPERTY</b>					Loan Int./Term (Optional)	
Rental <input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<b>INVESTMENTS (Non-Qualified)</b> Cash Eq. / CDs					Interest/Maturity Date (Optional)	
<b>Securities</b>					Estimated Growth (Optional)	
<b>Mutual Funds</b>						
<b>QUALIFIED RETIREMENT ACCOUNTS</b> (Identify Type of Plan—IRA, Roth, SEP, 401(k), etc.)			Participant			
<b>QUALIFIED DEFINED BENEFIT RETIREMENT PLANS</b>					Estimated Annual Benefit	Age Receive Payment/ # Yrs. To Receive
<b>NONQUALIFIED RETIREMENT PLANS</b> (Identify Type—SERP, Deferred Comp., 457(f), etc.)						
<b>TANGIBLE PERSONAL PROPERTY</b>						
<b>OTHER LOANS (not listed above)</b>					Loan Int./Term (Optional)	
<b>TOTAL</b>						

**7 PERSONAL ASSETS & LIABILITIES** (Continued)**STOCK OPTIONS**

Option Type (NSO, ISO)	Grant Date	Shares Granted	Date Vested	Expiration Date	Exercise Price	Exercise Details Date Exercised (if applicable)	Options Exercised

Do you have other employer incentive plans? Describe:

**ANNUITIES**

Annuitant	Owner	Beneficiary	Owner Driven: Y or N	Annuity Type & Carrier	Account Value	Death Benefit Value	Basis (optional)

1. Describe any noteworthy features of the annuities (surrender charges, step-up, etc.):

2. Are you taking distributions from any annuity? If so, provide additional information concerning survivor benefits:

**LIFE INSURANCE POLICIES** (Include employer group policies)

Insured	Owner	Beneficiary	Policy Type & Carrier	Death Benefit Amount	Annual Cost	Total Cash Value	Loan (if any)

1. Why did you purchase the insurance you currently own? Have your reasons for coverage changed?

2. Provide any additional noteworthy information concerning your life insurance policies (e.g., premium structure such as split dollar, premium source, etc.):

3. How is your health? To the best of your knowledge has it changed since you purchased the coverage?

## 8 LIFETIME GIFTS & INHERITANCES

1. Are you currently making any gift-tax-free (annual exclusion) gifts? Describe (whom, amount, reason):

2. Do you feel you can afford to make gifts during your lifetime? Would you consider maximizing tax-free gifts to your heirs? How do you feel about creating social capital (charity)?

3. Have you made any gifts of life insurance within the last three years? Describe:

Year	Donor	Donee	Net Death Benefit	Cash Value	Exemption Used	Tax Paid

4. Have you made any gifts where you filed a gift tax return (gifts in excess of gift tax annual exclusion)? Describe:

Year	Donor	Donee	Net Death Benefit	Cash Value	Exemption Used	Tax Paid

5. Are you currently receiving any gifts? Are you currently a beneficiary of a trust? Explain:

6. Do you expect to receive an inheritance? How much/from whom?  Client A:  Client B:

## 9 CURRENT WILL AND TRUST PROVISIONS

1. Which of the following estate documents do you currently have in place?

	Client A	Client B
Wills	<input type="checkbox"/> No <input type="checkbox"/> Yes Date	<input type="checkbox"/> No <input type="checkbox"/> Yes Date
Living Revocable Trust	<input type="checkbox"/> No <input type="checkbox"/> Yes Date	<input type="checkbox"/> No <input type="checkbox"/> Yes Date
Power of Attorney—Financial Matters	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Power of Attorney—Health Care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Guardians for Minors	<input type="checkbox"/> No <input type="checkbox"/> Yes Who?	<input type="checkbox"/> No <input type="checkbox"/> Yes Who?
Irrevocable Insurance Trust (ILIT)	<input type="checkbox"/> No <input type="checkbox"/> Yes Date	<input type="checkbox"/> No <input type="checkbox"/> Yes Date
Other Trust Arrangements in Place (Describe)	<input type="checkbox"/> No <input type="checkbox"/> Yes Date	<input type="checkbox"/> No <input type="checkbox"/> Yes Date

2. Identify how your current documents distribute your estate:

	Client A	Client B
No Wills/Trusts	<input type="checkbox"/>	<input type="checkbox"/>
All Outright to Spouse, Otherwise Children	<input type="checkbox"/>	<input type="checkbox"/>
No Property to Spouse, All to Children	<input type="checkbox"/>	<input type="checkbox"/>
Maximize By-Pass Trust, Balance to Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Other - i.e., charitable bequest (Describe)	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your primary objective concerning the distribution of your estate (minimize taxes & costs, special needs, charitable bequest, etc.)?

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