

Estate Planning Factfinder

Date: _____

Personal Information

Name _____ Date of birth _____ Social Security no. _____

Home Address _____

City _____ State _____ Zip _____

Day Phone Number _____ Work Phone Number _____

Fax Phone _____ Cell Phone _____ E-mail _____

Citizenship: U.S. Citizen Resident Alien Non-Resident Alien

Health Status _____ Smoker Non-Smoker

Number of Children _____

Children's Names & Ages _____

Financial Advisors

Attorney _____ Phone _____

CPA or Accountant _____ Phone _____

Financial Planner _____ Phone _____

Banker/Trust officer _____ Phone _____

Broker _____ Phone _____

Insurance Agent _____ Phone _____

Salary

Employer _____

Current Annual Salary \$ _____ Average Annual Increase _____ %

How many years do you expect to continue to work? _____

Will salary be continued at your death? Yes No If yes, how many years? _____

Continuing Obligations

Do you have continuing obligations under a divorce decree or property settlement?

Describe _____



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Schedule of Assets & Liabilities

Asset Name	Ownership Type*	Liability	Current Market Value	Cost Basis	Annual Income	% Spent Annually
Checking & Savings						
CDs						
Money Market Funds						
Bonds						
Securities						
Annuities						
Business Interests						
Accounts Receivable						
Primary Residence						
Secondary Residence						
Other Real Estate						
Autos						
Boats & Planes						
Personal Property						

* Ownership Type: Use CT for Client's revocable trust property, TIC for tenancy in common, JTWROS for joint tenancy with right of survivorship.

Schedule of Assets & Liabilities cont'd...

Asset Name	Ownership Type*	Liability	Current Market Value	Cost Basis	Annual Income	% Spent Annually
Collectibles						
Farms						
Retirement Plans						
Deferred Compensation						
Anticipated Inheritances						
Other Assets						
TOTALS						

* Ownership Type: Use CT for Client's revocable trust property, TIC for tenancy in common, JTWR0S for joint tenancy with right of survivorship.

Existing Life Insurance

Insured	Type*	Face Amount	Annual Premium	Est. Years to pay	Net Cash Value	Insurance Carrier	Owner**	Beneficiary
Client								
Client								
Joint								

* Please indicate in Type: Term, Group Term, Survivorship, First to die, etc.
 ** If the premium payer is different from the owner, please specify owner and premium payer

Your Prior Planning

Do you have a will? Yes No

If yes: Bequests to persons other than surviving children \$ _____

Bequests to charity \$ _____

What does your will do with the remaining estate?

- Leaves everything to grandchildren or others
 Leaves everything to someone other than surviving children

Describe provisions for children or other beneficiaries: _____

Describe any irrevocable trusts created by you, including life insurance trusts, grantor retained annuity trusts, charitable remainder or lead trusts and qualified personal residence trusts:

Prior Gifting

Have you made any gifts that required filing a gift tax return? Yes No

Total of these gifts \$ _____ Total gift taxes paid \$ _____

Do you plan to make lifetime gifts? Yes No

In what amounts and to whom? _____

How many years do you expect to continue these gifts? _____

Estate Planning Goals:

Provisions for children? Yes No

Pay off mortgages or other debts? Yes No

Provisions for grandchildren? Yes No

Transferring business to children? Yes No

Equalize children's inheritances? Yes No

Do you plan to make lifetime gifts? Yes No

Provisions for parents? Yes No

Beneficiaries with special needs? Yes No

Charitable gifts? Yes No

Minimize taxes and transfer costs? Yes No

Maintaining control over assets? Yes No

GST Tax planning? Yes No

Additional Comments/Information

Neither ING, its agents or representatives give tax or legal advice. For complete details regarding your individual situation, consult with your tax and legal advisors.
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