

TRUST QUESTIONNAIRE COUPLE

This document is designed to get you a preview of the precise questions you will see to allow your financial advisor to assist in coordinating your estate plan. Please note that when you are in the software, there will be detailed tips that accompany each of the below questions, particularly the major decisions. The information used here will be submitted to EncorEstate Plans, who will prepare and review the documents based on information completed.

STEP 1 – MARITAL STATUS

_____ Single _____ Married _____ Domestic Partnership

STEP 2 – FAMILY INFORMATION

Trust Name: _____ (usually "Last Name" Family Trust)

Client Name 1 (as you want it to appear on documents): _____

Are you a U.S. Citizen? _____ Yes _____ No

Client Name 2 (as you want it to appear on documents): _____

Are you a U.S. Citizen? _____ Yes _____ No

Home Address: _____ County: _____

Do you own this home? _____ Yes _____ No

If yes, who holds current legal ownership to property? ____ Both _____ Client 1 _____ Client 2

Do you want EncorEstate Plans to prepare deed to transfer your home into the trust (minimum \$250 fee)?

_____ Yes _____ No

Do you own any other real estate? ____ Yes _____ No

If yes, what are the addresses?

Have you previously done a trust? ____ Yes _____ No

If Yes, what is the exact name and date of the trust? _____

If Yes, are all of your real estate holdings in the trust? _____ Yes _____ No

Information about Living Children:

Child 1 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

Child 2 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

Child 3 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

Child 4 Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address (if different than yours): _____

Optional Contact Info: Email: _____ Phone Number: _____

Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Is the child disinherited? ___ Yes ___ No

***Please add additional children on a separate sheet

Information about Deceased Children:

Do you have any deceased children? ___ Yes ___ No If yes, please provide the following information:

Child's Name _____ Is the biological or adopted child of: ___ Both ___ Client 1 ___ Client 2

Name of the Deceased Child's Children, if any: _____

Limitations on Surviving Spouse:

Would you like to limit the surviving spouse's ability to change the estate plan after the first spouse dies? _____ Yes _____ No

***Please note the answer is most commonly no.

If marked yes, your trust will split into two trusts at the first death (The Surviving Spouse's side and the Deceased Spouse's side). The Surviving Spouse would be able to live off both sides, but could NOT change the beneficiaries of the Deceased Spouse's side. There are upsides and downsides to this decision. Your advisor can provide a more detailed description of the impact of this decision using a document titled "Types of Trust" in the Training and Resources.

STEP 3 – BENEFICIARIES – Who is getting everything and how are they getting it?

Are the Beneficiaries getting equal shares? _____ Yes _____ No

Beneficiary Information

Beneficiary 1 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 2 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 3 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 4 Name: _____ Percentage or Fraction Interest: _____

Beneficiary 5 Name: _____ Percentage or Fraction Interest: _____

For each Beneficiary, you will need to decide the following – please note the answer does not need to be the same for each:

If the beneficiary dies, would you want this share to go to: _____ Per Stirpes (generally that beneficiary's child(ren)) _____ Lapse (to the other named beneficiaries) _____ Other: _____

Restrictions: Do you want restrictions on the distributions to this beneficiary? _____ Yes _____ No

If yes, do you want the following (please note there are detailed descriptions of each in the software):

_____ Special Needs Trust (used for beneficiaries with special health needs who may have needs-based public benefits).

_____ Age Based Restrictions (beneficiaries would still have access to funds for health care, education, and support. If yes, choose the restriction: _____ 1/3 at 25, 1/3 at 30, and 1/3 at 35

_____ 1/3 at earlier of undergrad degree or 25, 1/3 at 30, and 1/3 at 35 _____ 1/2 at 25, 1/2 at 30

_____ Other: Please describe: _____

Specific Gifts (for charity, pets, or others in your life) – for each, please denote if it is after the a particular spouse’s death or after both have died, and the amount or item:

STEP 4 – TRUSTEES, EXECUTORS, POWERS OF ATTORNEY

Who do you want to make financial decisions for you if you cannot make them for yourself? If you are married, it is assumed the spouse is first (unless otherwise indicated). Please list relationship also.

#1: _____ #2: _____

#3: _____

Timing on power of attorney (most common is immediate for primary agent (spouse) and springing for all others:

_____ Immediate for Primary Agent only _____ Immediate for all agents _____ Springing

Do any of these agents act together? ____ Yes _____ No

STEP 5 – HEALTH CARE AGENTS

Who do you want to make health care decisions for you if you cannot make them for yourself? If you are married, we generally see the spouse first. Please list the relationship also.

Client #1

#1: _____ #2: _____

#3: _____

Do any of these agents act together? ____ Yes _____ No

Client #2

#1: _____ #2: _____

#3: _____

Do any of these agents act together? ____ Yes _____ No

Would you like to include specific wishes about your health care desires? ____ Yes _____ No

***If Yes, please complete the attached the Statement of Wishes. If No, move to Step 6.

STEP 6 – GUARDIAN

Do you have any children under the age of 18 or expect to in the future? _____ Yes _____ No

If yes, who would have physical custody of any minor children?

#1: _____ #2: _____ #3: _____

Do any of these agents act together? ____ Yes _____ No

Are there any other restrictions on the named guardians (must be married to each other and living together, live within a certain area, etc.)?
