



# Client Information Form

For Family Wealth Preservation Act Planning

## GENERAL INFORMATION

Single       Married

Today's Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you currently have a CPA?  Yes       No

If yes, please provide contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Do you currently have an attorney?  Yes       No

If yes, please provide contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

## GENERAL INFORMATION - CONTINUED

Do you currently have an investment advisor?  Yes  No

If yes, please provide contact information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Do you currently have an estate plan?  Yes  No

If yes, has it been reviewed in the last year?

If yes, are any of the potential beneficiaries receiving  
Social Security Benefits?

Yes  No

If so, whom: \_\_\_\_\_

Do you currently have a revocable living trust?  Yes  No

If yes, please provide a copy of the most current version.

Do you currently have an irrevocable life insurance trust?  Yes  No

If yes, please provide a copy of the most current version.

If you have no surviving children or grandchildren, are you willing  
to have all or a substantial portion of any trust assets transferred  
to a charity upon your death (or spouse's death)?  Yes  No

Are you willing to have all or a substantial portion of any trust assets  
invested in Oklahoma assets\*?  Yes  No

Are there currently any judgments against you or your spouse?  Yes  No  
If yes, who is the creditor: \_\_\_\_\_

Are you, or your spouse, currently a defendant in a lawsuit?  Yes  No

Is there a potential for filing bankruptcy within the next three (3) years?  Yes  No

\* Oklahoma assets are defined to include a stock, bond or debenture issued by an "Oklahoma-based company," Oklahoma state or local municipal bonds or other obligations, accounts in Oklahoma-based banks and Oklahoma real estate.

## FINANCIAL INFORMATION

### REAL ESTATE

Please use these descriptions in the TYPE column for your Real Estate assets.

Primary Residence      Land      Rental Home      Commercial Property  
 Second Residence      Vacation Home      Rental Property

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

### BANK ACCOUNT

Please use these descriptions in the TYPE column for your Bank Account assets.

Checking      CD  
 Savings      Money Market

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

### INVESTMENT

Please use these descriptions in the TYPE column for your Investment assets.

Bonds      Ltd. Partnership      Preferred Stock  
 Common Stock      Mutual Fund      Stock Brokerage

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owner	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

## FINANCIAL INFORMATION - CONTINUED

### RETIREMENT

Please use these descriptions in the TYPE column for your Retirement assets.

401k  
403b

IRA  
Qualified Plan

SEP/IRA  
Other

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

### INSURANCE

Please use these descriptions in the TYPE column for your Insurance assets.

Term Policy  
Whole Life Policy

Universal Life Policy  
Variable Life Policy

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

### BUSINESS

Please use these descriptions in the TYPE column for your Business assets.

General Partnership  
Ltd. Partnership (Bus.)

C Corporation  
S Corporation

Sole Proprietorship  
LLC

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

## FINANCIAL INFORMATION - CONTINUED

### OTHER

Please use these descriptions in the TYPE column for your Other assets.  
 Collectibles                      Recreational  
 Miscellaneous

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

### LIABILITY

Please use these descriptions in the TYPE column for your Other assets.  
 Mortgage                      Other Loans  
 Personal Loan

Type	Description	Owner			Asset Value
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	
		Co-Owned	Husband	Wife	

## FAMILY INFORMATION

**CLIENT:**

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Please print full names of parents, brothers, and sisters, living or deceased.

Name	Address	Relationship

**SPOUSE:**

Date of Birth: \_\_\_ - \_\_\_ - \_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

Please print full names of parents, brothers, and sisters, living or deceased.

Name	Address	Relationship

## FAMILY INFORMATION - CONTINUED

**FAMILY STATUS:**

Full names of children of THIS MARRIAGE, dates of birth and addresses if different from client:

Name	Date of Birth	Address	Sex M/F	Handicapped Y/N

Full names of children of PREVIOUS MARRIAGE, dates of birth and addresses if different from client:

**CLIENT:**

Name	Date of Birth	Address	Sex M/F	Handicapped Y/N

**SPOUSE:**

Name	Date of Birth	Address	Sex M/F	Handicapped Y/N

## FAMILY INFORMATION - CONTINUED

Full names of ADOPTED CHILDREN, dates of birth and addresses if different from client:  
 (Please indicated adopted by whom: client, spouse, or both)

Name	Date of Birth	Address	Adopted By	Sex M/F	Handicapped Y/N

Full names of DECEASED CHILDREN, dates of birth and dates of death.

Name	Date of Birth	Date of Death	Sex M/F

Full names of DESCENDANTS OF DECEASED CHILDREN, dates of birth and addresses:

Name	Parents	Address	Date of Birth	Sex M/F	Handicapped Y/N