

## CONFIDENTIAL CLIENT DATA SHEET

THE ADVANCEMENT GROUP, INC.  
7315 S. Lewis Ave.  
Tulsa, Oklahoma 74136

(918) 491-0079 Office  
(918) 491-0087 Fax

DATE \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### I. PERSONAL and FAMILY INFORMATION:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Full Legal Name - Please Print

SPOUSE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
Full Legal Name - Please Print

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

COUNTY OF RESIDENCE \_\_\_\_\_ HOME PHONE ( \_\_\_\_ ) \_\_\_\_\_

OCCUPATION - YOU \_\_\_\_\_ WORK PHONE ( \_\_\_\_ ) \_\_\_\_\_

OCCUPATION - SPOUSE \_\_\_\_\_ WORK PHONE ( \_\_\_\_ ) \_\_\_\_\_

MARITAL STATUS: \_\_\_\_ MARRIED \_\_\_\_ SINGLE \_\_\_\_ WIDOW(ER) \_\_\_\_ DIVORCED

UNITED STATES CITIZEN: YOU: \_\_\_\_ YES \_\_\_\_ NO SPOUSE: \_\_\_\_ YES \_\_\_\_ NO

### II. SERVICES DESIRED:

\_\_\_\_ ESTATE PLANNING \_\_\_\_ FINANCIAL PLANNING \_\_\_\_ RETIREMENT PLANNING

\_\_\_\_ BUSINESS PLANNING \_\_\_\_ INSURANCE PLANNING \_\_\_\_ OTHER

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

### III. CHILDREN:

1. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Full Legal Name - Please Print

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN ☐ YES ☐ NO IF SO, AGES \_\_\_\_\_

2. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Full Legal Name - Please Print

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN ☐ YES ☐ NO IF SO, AGES \_\_\_\_\_

3. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Full Legal Name - Please Print

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN ☐ YES ☐ NO IF SO, AGES \_\_\_\_\_

4. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Full Legal Name - Please Print

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN ☐ YES ☐ NO IF SO, AGES \_\_\_\_\_

5. NAME \_\_\_\_\_ AGE \_\_\_\_\_  
Full Legal Name - Please Print

ADDRESS \_\_\_\_\_

CHILD'S SPOUSE \_\_\_\_\_ AGE \_\_\_\_\_

CHILDREN ☐ YES ☐ NO IF SO, AGES \_\_\_\_\_

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? ☐ YES ☐ NO IF YES, DESCRIBE:

\_\_\_\_\_

ARE THESE CHILDREN FROM THIS MARRIAGE? ☐ YES ☐ NO IF NO, PLEASE EXPLAIN:

\_\_\_\_\_

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? ☐ YES ☐ NO

#### IV. BACKGROUND INFORMATION:

(IMPORTANT. Please read carefully and complete all questions that are relevant to you. )

A. PREVIOUS MARRIAGES:

<u>NAME OF PRIOR SPOUSE(s)</u>	<u>DATE &amp; PLACE OF MARRIAGE</u>	<u>HOW AND WHEN TERMINATED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. DIVORCE OBLIGATIONS: (PAY/RECEIVE):

CHILD SUPPORT \_\_\_\_\_ ALIMONY \_\_\_\_\_

LIFE INSURANCE \_\_\_\_\_ RETIREMENT PLAN \_\_\_\_\_

OTHER TERMS \_\_\_\_\_

C. ANY PRENUPTIAL AGREEMENTS? \_\_\_ YES \_\_\_ NO

D. DO YOU SUPPORT OR EXPECT TO SUPPORT ANYONE ELSE SUCH AS A PARENT  
OR OTHER PERSON? \_\_\_ YES \_\_\_ NO IF YES, PLEASE EXPLAIN:

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

E. MILITARY SERVICE: (BRANCH, RANK, SERIAL NUMBER, DATES):

\_\_\_\_\_

F. DESCRIBE ANY SIGNIFICANT HEALTH PROBLEMS:

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

G. HAVE YOU EVER LIVED IN A COMMUNITY PROPERTY STATE? (AZ,CA,TX, ID, LA,  
NM, NV, WA & WI) \_\_\_ NO \_\_\_ YES NAME: \_\_\_\_\_

H. ANY GIFTS MADE PRIOR TO 1982 IN EXCESS OF \$3,000? \_\_\_ YES \_\_\_ NO  
AFTER 1982 IN EXCESS OF \$10,000? \_\_\_ YES \_\_\_ NO

I. FORGIVE ANY LOANS AT DEATH? \_\_\_ YES \_\_\_ NO

J. ANY RECENTLY INHERITED PROPERTY? \_\_\_ YES \_\_\_ NO

## **V. GOALS and OBJECTIVES:**

(Please check and comment on the following as it may be applicable to you - in as much detail as possible.)

I WANT OR NEED TO:

\_\_\_ Avoid probate of my/our estate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Provide privacy in the transfer of my/out estate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Reduce or eliminate Federal Estate Taxes in my/our estate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Control the time and conditions for distribution of my/our estate

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Establish a special trust for a beneficiary with special needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Consider charity in my estate planning

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Provide for the continuation/transfer of a business

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Provide liquidity for spouse, children or business

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Reduce or eliminate capital gains taxes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ Provide for grandchildren's education or other needs

\_\_\_\_\_

\_\_\_\_\_

\_\_\_ In addition to the above, I/we have the following goals and objectives

\_\_\_\_\_

\_\_\_\_\_

## VI. FINANCIAL INFORMATION:

(\*Please include Title of property using the following: **J** - Jointly Owned **H** - Husband **W** - Wife **S** - Self)

### ASSETS

	Value	*Title	Basis
<u>Cash/Cash Equivalents:</u>			
Checking Accounts	_____	_____	_____
Money Market Funds	_____	_____	_____
Savings Accounts	_____	_____	_____
CDs	_____	_____	_____
Total Cash/Equivalent	_____		

### Invested Assets:

Bonds	_____	_____	_____
Common Stocks	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
401(k); 403(b)	_____	_____	_____
Annuities	_____	_____	_____
Deferred Comp Plan	_____	_____	_____
Rental Property(s)	_____	_____	_____
Raw Land	_____	_____	_____
Business Interest(s)	_____	_____	_____
Notes Receivable	_____	_____	_____
Total Invested Assets	_____		

### Use Assets:

Personal Residence	_____	_____	_____
Second Home	_____	_____	_____
Personal Property	_____	_____	_____
Automobiles	_____	_____	_____
Art/Antiques/Collectibles	_____	_____	_____
Total Use Assets	_____		

TOTAL ASSETS =====

Life Insurance Death Benefit: (Complete Sec. VII. B.)

Husband	_____
Wife	_____

### #1. TOTAL

ESTATE VALUE =====

### LIABILITIES AND NET WORTH

#### Liabilities:

Credit Card(s)	_____
Margin Accounts	_____
Auto Loans	_____
Rental Property	_____
Personal Residence	_____
Notes Payable	_____
Unpaid Taxes	_____

#2. Total Liabilities =====

(Attach additional pages, if needed for any information regarding Invested Assets)

#### #3. Total

Estate Value	_____
minus	
Total Liabilities	_____
equals	
Net Estate Value	=====

## VII. FINANCIAL INFORMATION - Detailed Information:

### A. RETIREMENT PLANS - TYPE: IRA, KEOGH, PENSION & PROFIT SHARING, TSA, DEFERRED COMP

OWNER (YOU OR SPOUSE)	TYPE	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### B. LIFE INSURANCE: TYPE: T - TERM W - WHOLE UL - UNIVERSAL V - VARIABLE

OWNER	TYPE	INSURED	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### C. BUSINESS INTERESTS - TYPE: C - C CORP S - S CORP SP - SOLE PROPRIETORSHIP P - PARTNERSHIP PC - PROFESSIONAL CORP LLC - LTD LIAB COMP FLP - FAM LTD PART

1. NAME OF BUSINESS \_\_\_\_\_

WHAT DOES IT DO? \_\_\_\_\_

TYPE \_\_\_\_\_ PERCENTAGE OWNER \_\_\_\_\_ OWNERSHIP VALUE \_\_\_\_\_

WHO WILL CONTINUE THE BUSINESS AT DEATH OR RETIREMENT?

\_\_\_\_\_

DO YOU HAVE A BUY-SELL AGREEMENT? \_\_\_ YES \_\_\_ NO IS IT FUNDED? \_\_\_ YES \_\_\_ NO

DO YOU HAVE KEYMAN AND/OR DISABILITY INSURANCE? \_\_\_ YES \_\_\_ NO

(IF ADDITIONAL BUSINESS INFORMATION, PLEASE ATTACH ADDITIONAL INFORMATION  
IN A SIMILAR FORMAT.)

## VIII. KEY PEOPLE IN YOUR ESTATE PLAN:

### A. EXECUTORS OF WILLS:

FIRST: \_\_\_\_ SPOUSE \_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

SECOND: \_\_\_\_\_  
(NAME)

THIRD: \_\_\_\_\_  
(NAME)

### B. TRUSTEES OF REVOCABLE LIVING TRUST OR TESTAMENTARY TRUSTS:

ORIGINAL: \_\_\_\_ SPOUSE(S) \_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

FIRST BACK-UP: \_\_\_\_\_  
(NAME)

SECOND BACK-UP: \_\_\_\_\_  
(NAME)

THIRD BACK-UP: \_\_\_\_\_  
(NAME)

### C. GUARDIANS FOR MINOR CHILDREN:

FIRST: \_\_\_\_\_  
(NAME)

SECOND: \_\_\_\_\_  
(NAME)

THIRD: \_\_\_\_\_  
(NAME)

### D. FINANCIAL POWER OF ATTORNEY:

FIRST: \_\_\_\_ SPOUSE \_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

SECOND: \_\_\_\_\_  
(NAME)

THIRD: \_\_\_\_\_  
(NAME)

## VIII. KEY PEOPLE IN YOUR ESTATE PLAN (cont.)

### D. HEALTH CARE POWER OF ATTORNEY:

ORIGINAL \_\_\_\_ SPOUSE(S) \_\_\_\_ OTHER: \_\_\_\_\_  
(NAME)

HUSBAND:

FIRST BACK-UP: \_\_\_\_\_  
(NAME)

SECOND BACK-UP: \_\_\_\_\_  
(NAME)

WIFE:

FIRST BACK-UP: \_\_\_\_\_  
(NAME)

SECOND BACK-UP: \_\_\_\_\_  
(NAME)

## IX. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH:

A. UPON FIRST DEATH: \_\_\_\_ TO MY SPOUSE \_\_\_\_ BY-PASS/SURVIVOR'S TRUST  
\_\_\_\_ TO OTHERS: \_\_\_\_\_

\_\_\_\_ INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

B. (UPON THE DEATH OF THE SURVIVING SPOUSE), THE ASSETS ARE TO BE  
DISTRIBUTED AS FOLLOWS:

\_\_\_\_ IMMEDIATE OUTRIGHT DISTRIBUTION \_\_\_\_ INTO TRUST FOR CHILDREN  
TO CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE EXPLAIN:

\_\_\_\_\_

### C. TRUST DISTRIBUTION FOR CHILDREN:

1. MULTIPLIER TRUST: \_\_\_\_ UNTRUST

CHILDREN'S SHARE OF INCOME \_\_\_\_ CHARITY(S) SHARE OF INCOME \_\_\_\_



**IX. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH (cont.):**

**C. TRUST DISTRIBUTION FOR CHILDREN (cont.)**

**2. AGES AND PERCENTAGES:**

\_\_\_\_\_ % AT \_\_\_\_\_ YEARS OR AGE \_\_\_\_\_

\_\_\_\_\_ % AT \_\_\_\_\_ YEARS OR AGE \_\_\_\_\_

\_\_\_\_\_ % AT \_\_\_\_\_ YEARS OR AGE \_\_\_\_\_

SPECIFIC BEQUESTS? \_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE EXPLAIN :

\_\_\_\_\_

**D. DO YOU WANT TO INCLUDE CHARITY(S) IN YOUR ESTATE DISTRIBUTION?**

\_\_\_\_ YES \_\_\_\_ NO IF YES, PLEASE COMPLETE THE FOLLOWING:

**1. CHARITABLE DISTRIBUTION:**

\_\_\_\_\_ % DISTRIBUTION OF ESTATE AT DEATH OF SECOND SPOUSE

\_\_\_\_\_ % DISTRIBUTION OF MULTIPLIER TRUST INCOME

\_\_\_\_\_ % DISTRIBUTION OF MULTIPLIER TRUST PROPERTY AT TERMINATION

\_\_\_\_\_ % OF DISTRIBUTION AT AGES AND PERCENTAGES

**2. NAMES AND PERCENTAGES TO CHARITY:**

<u>NAME OF CHARITY</u>	<u>CITY/STATE</u>	<u>PERCENTAGE(S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## X. CHARITY & ANONYMITY PREFERENCES:

1. IS IT OKAY FOR THE CHARITY TO KNOW MY/OUR NAME?    ☐ YES    ☐ NO
2. IS IT OKAY FOR THE CHARITY TO KNOW THE AMOUNT OF THE GIFT?    ☐ YES    ☐ NO
3. PLEASE INCLUDE ME IN THE ENDOWMENT OR LEGACY SOCIETY OF THE CHARITY.  
     ☐ YES    ☐ NO
4. IS IT OKAY FOR THE ATTORNEY TO SHARE A COPY OF YOUR ESTATE PLAN DOCUMENTS  
FOR FUTURE REFERENCE AND OR GIFT CALCULATIONS?    ☐ YES    ☐ NO

## XI. COMMENTS & NOTES

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.