



LIFE INSURANCE

FACT FINDER

Advanced Markets

Estate Planning Fact Finder — Long Form



LIFE INSURANCE

ESTATE PLANNING

Advanced Markets

Estate Planning

Fact Finder — Long Form

Note: If you would like to do a basic estate planning analysis, please complete pages 1–5. If you want a more sophisticated estate planning analysis, please complete the entire fact finder.

PERSONAL INFORMATION

Client

First Name: _____

Last Name: _____

Gender: _____ DOB/Age: _____

SSN: _____

State of Residence: _____

Smoker: Yes No

Underwriting Class* (Legend Below): _____

Citizenship: _____

Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

States Resided in During Marriage: _____
(AZ, CA, ID, LA, NV, NM, TX, WA, WI are community property states)

Number of Children: _____ Number of Married Children: _____

Children's Names and Ages: _____

Financial Information

Annual Salary: \$ _____

Spouse's Annual Salary: \$ _____

Other Income: \$ _____

Spouse's Other Income: \$ _____

Total Adjusted Gross Income: \$ _____

Income Tax Bracket: _____ %

Date: _____

Spouse

First Name: _____

Last Name: _____

Gender: _____ DOB/Age: _____

SSN: _____

State of Residence: _____

Smoker: Yes No

Underwriting Class* (Legend Below): _____

Citizenship: _____

Address: _____

Work Phone: _____ Home Phone: _____

Email Address: _____

States Resided in During Marriage: _____
(AZ, CA, ID, LA, NV, NM, TX, WA, WI are community property states)

Number of Children: _____ Number of Married Children: _____

Children's Names and Ages: _____

Advisory Team Information

Attorney: _____

Phone: _____

Email Address: _____

Accountant: _____

Phone: _____

Email Address: _____

Financial Advisor(s): _____

Phone: _____

Email Address: _____

*Underwriting Legend: Super Preferred Non Smoker, Preferred Non Smoker, Standard Plus Non Smoker, Standard Non Smoker, Preferred Smoker, Standard Smoker, Uninsurable.

SCHEDULE OF ASSETS & LIABILITIES

Asset Name	Owner			Owner Notes*	Liability	Current Market Value	Cost Basis and/or Growth	Annual Income	% Spent Each Year
	Client	Spouse	Joint						
Checking & Savings Accounts									
CDs									
Money Market Funds									
Taxable Bonds & Bond Funds									
Tax-Exempt Bonds & Bond Funds									
Other Publicly Traded Securities									
Receivables									
Annuities									
Business Interests									
Primary Residence									
Other Residences									
Farms									
Other Real Estate									
Autos, Boats, Planes									
Jewelry, Art, Furs									
Collectibles									
Other Personal Property									
Other Assets/Liabilities									
Anticipated Inheritances, Gifts									
Totals:									

*Owner Notes: Use CP for community property. Use CT or ST (client's/spouse's trust) for revocable trust property; TIC for tenancy in common; JTWR0S for joint tenancy with right of survivorship. Note any non-spousal owners. Growth rates are net of all income & capital gains taxes. Percent spent is percent of the growth that is consumed each year.

Existing Life Insurance

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

* Type: *Permanent, Term, Group Term, Survivorship, First to Die, etc.*
 If premium payor is different from owner, please indicate.

Retirement Plan Details

	Plan 1	Plan 2	Plan 3	Plan 4
Owner of the Plan (Client/Spouse):				
Type of Plan (401(k), IRA, etc.):				
Primary Beneficiary (Name & Age):				
Contingent Beneficiary (Name & Age):				
Current Balance:				

CURRENT ESTATE PLAN

Have You & Your Spouse Executed:	Y/N	Year	In What State?
Wills?			
Revocable Living Trusts?			
Durable Powers Of Attorney?			
Health Care Directives?			
Community Property Agreements?			
Pre/post Marital Agreements?			

Owner Notes: use CP for community property; Use CT or ST (client's/spouse's trust) for revocable trust property; TIC for tenancy in common; JTWRWS for joint tenancy with right of survivorship. Note any non-spousal owners.

CURRENT ESTATE PLAN (continued)

Does your will or revocable trust establish a credit shelter trust or otherwise use your unified credit?

Does your will or revocable trust include a marital deduction gift to your spouse?

Is the marital gift outright or in trust?

QTIP OR General Power of Appointment

Describe provisions for children or other beneficiaries:

Describe provisions for charities:

Is your spouse's will or revocable trust different from yours?

How?

Does your plan use your generation-skipping transfer tax exemption?

How?

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

Describe:

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

CURRENT GIFTING PROGRAM

Current Gifts

	Client	Spouse
Annual Exclusion Gifts:	\$	\$
	\$	\$
Number of Years to Continue:		
Other Planned Lifetime Taxable Gifts:	\$	\$
	\$	\$
Number of Years to Continue:		

Prior Taxable Gifts

Total Pre-1977 Taxable Gifts:	\$	\$
Federal Gift Taxes Paid:	\$	\$
	\$	\$
Total Post-1976 Taxable Gifts:	\$	\$
Remaining Applicable Exclusion Amount:	\$	\$

Charitable Gifts

Annual Gifts to Charity:	\$	\$
	\$	\$
Number of Years to Continue:		
One-Time Gifts to Charity:	\$	\$
	\$	\$

Assumptions for Analysis of Current Plan & Planning Options

Who is Assumed to Die First: _____

Years Until First Death: _____

Years Between Deaths: _____

Pay Off Liabilities at: _____

First Death: _____

Second Death: _____

Other: _____

State Death Tax: _____

Estimated Probate Fees: \$ _____

Estimated Administration Fees: \$ _____

Additional Death Expenses: \$ _____

Present IRS 7520 Valuation Rate: _____ %

Growth Rate on Trust Assets: _____ %

Growth Rate on Non-Trust Assets: _____ %

Comments

PLANNING OBJECTIVES

Retirement Planning Goals

Desired Retirement Age/Date: _____

Client: _____

Spouse: _____

Desired Annual Retirement Income (Pretax): \$ _____

Planned Annual Savings (Outside of Qualified Plans): \$ _____

Starting When? _____

For How Many Years? _____

Planned Withdrawals (Outside of Qualified Plans): \$ _____

Starting When? _____

For How Many Years? _____

Estate Planning Goals

Provisions for Spouse? Yes No

Pay off Mortgages or Other Debts? Yes No

Provisions for Children? Yes No

Equalize Children's Inheritances? Yes No

Provisions for Grandchildren? Yes No

Provisions for Others (Aging Parents)? Yes No

Beneficiaries with Special Needs? Yes No

Charitable Gifts? Yes No

Minimize Taxes and Other Transfer Costs? Yes No

Other Goals

Planning Options to Illustrate: _____

Planning Additions and Changes:

New Irrevocable Life Insurance Trust

Add new irrevocable life insurance trust(s) information here.

Grantor(s): _____

Insured(s): _____

Beneficiaries: _____

Generation-Skipping Provisions: _____

Comments

ADVANCED PLANNING TECHNIQUES

Other Trusts

Type:¹ _____

Potential Assets to Give to Trust: _____

Duration:² _____

Growth Rate: _____ %

Annuity Amount or Payout: _____ %

% of Payout Spent: _____

- 1. Type: Charitable Remainder Annuity Trust (CRAT), Charitable Remainder Unitrust (CRUT), Qualified Personal Resident Trust (QPRT), Grantor Retained Annuity Trust (GRAT), Grantor Retained Unitrust (GRUT), Charitable Lead Annuity Trust (CLAT), Charitable Lead Unitrust (CLUT), Other
- 2. Duration: For non-charitable trusts, duration can be a specified number of years, typically less than life expectancy. For charitable trusts, duration can be a specified number of years or for the life or lives of one or more individuals.

Family Limited Partnerships (FLPs)

Asset 1: _____

Asset 2: _____

Asset 3: _____

Asset 4: _____

Asset 5: _____

Asset 6: _____

Asset 7: _____

FLP Assets

Discount Rate on Gifts of Limited Partnership Interests: _____ %

Growth Rate for Partnership Assets: _____ %

Gifts of Partnership Interests

Annual Exclusion Gift Amounts: \$ _____

Years to Continue: _____

Initial Additional Taxable Gifts: \$ _____

Comments

BUSINESS PLANNING

Company Name: _____

Phone: _____

Address: _____

Form of Business:
(C corp, S corp, Proprietorship, General partnership, Limited partnership, LLC, other)

Nature of Business: _____

Business Owners (are any of the owners related?)

Name: _____

Title: _____

Gender: _____

Date of Birth: _____

Annual Salary: _____

Bonus: _____

Other: _____

Other Key Employees

Name: _____

Title: _____

Gender: _____

Date of Birth: _____

Annual Salary: _____

Bonus: _____

Other: _____

Business Valuation

Fair Market Value: \$ _____

How and When Was Value Determined?

Book Value: \$ _____

As Of: _____

Annual Growth Rate: _____ %

Business Planning Objectives

What will happen to the business and the owner's family upon an owner's disability, retirement or death?

Disability: _____

Retirement: _____

Death: _____

Any Other Family Members Active in the Business?

Management Succession Plan in Place? _____

Ownership Interests Transferred by Gift? _____

Is There a Buy-Sell Agreement? _____

Buy-Sell Agreement Last Reviewed with Attorney: _____

What Type of Buy-Sell Agreement?

How is the Purchase Price Determined in the Agreement?

BUSINESS PLANNING (continued)

How Will the Purchase be Funded?

Comments

Any Existing Corporate-Owned Life Insurance?

Existing Split Dollar?

Qualified and Non-Qualified Plans/Benefits in Place?

Business Advisors

Attorney:

Phone:

Email Address:

Accountant:

Phone:

Email Address:

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Trusts should be drafted by an attorney familiar with such matters in order to take into account income and estate tax laws (including the generation-skipping tax). Failure to do so could result in adverse tax treatment of trust proceeds.

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