

Personal Information:

Please circle Estate Plan you desire: **Simple Will** **Individual Trust** **Joint Trust** **"AB" Trust**

Name:	Name:
SS No.:	SS No.:
Street Address:	City/State:
Zip/County:	Telephone:
Email Address:	

You will be the initial Trustee of your Trust. If you cannot act as Trustee or die, your Trust will require an individual or fiduciary for administration called a "Successor Trustee". Please name your Successor Trustees:

1st Successor Trustee:	2nd Successor Trustee:
3rd Successor Trustee:	My Successor Trustees may (<i>circle one</i>) act alone act jointly

Primary Beneficiary: Please list to whom you want your estate to pass to upon death and what percentage.

Contingent Beneficiary: In the event the primary beneficiary dies before you, or in a common accident, please list whom you want your estate to pass to upon death (For Example: Your primary beneficiaries are your two children, Jack and Jill. Your secondary beneficiaries, in the event Jack and/or Jill does not survive you, might be the children of Jack or Jill).

My Beneficiary must be **21** or _____ years of age before distribution (*circle one*).
Your Will requires a person or fiduciary for administration upon your death (this person or fiduciary is now called a "Personal Representative" and was previously called "Executor", "Executrix" and/or "Administrator").

Please name your Personal Representative:	1st Alternative Personal Representative:
2nd Alternative Personal Representative:	3rd Alternative Personal Representative:

Note: your Personal Representative may be your husband or your wife or a family member (over the age of 18 years). If you select someone who is not a family member, Florida law requires that they be a Florida resident. Alternatively, you may select a Fiduciary to serve as Personal Representative.

Durable Power of Attorney ("DPOA"): (*can be any individual over the age of 18 years*).

I appoint as my DPOA:	I appoint as my 1st Alternative DPOA:
I appoint as my 2nd Alternative DPOA:	I appoint as my 3rd Alternative DPOA:

Living Will and Health Care Surrogate ("HCS"): (*can be any individual over the age of 18 years*).

I appoint as my HCS:	I appoint as my 1st Alternative HCS:
I appoint as my 2nd Alternative HCS:	I appoint as my 3rd Alternative HCS:

Financial Consultant Name, Address & Email Address: _____

Client's Net Worth: _____

Client's Signature: _____ Date: _____

Client's Signature: _____ Date: _____

Referred By: _____