



Client Information

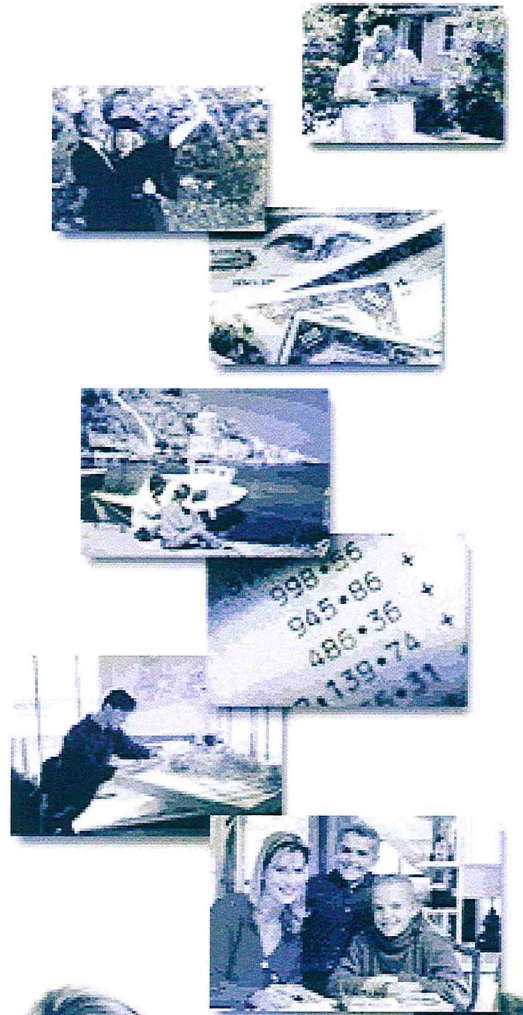
Client Name:

Client Name:

Advisor Name:

Taylor & Williams, Inc.
Brent Williams

Date (mm/dd/yy):



Client Information

Base Family

(co-client if different)

Last Name:	
Marital Status (e.g., married, divorced, single):	
Number of Dependents:	
Address:	
City:	
State:	
Country:	
Zip Code:	
Home Phone Number:	

Basic

	Client	Co-client
Given Name:		
Gender:		
Date of Birth (mm/dd/yy):		
Social Security Number:		
Occupation		
Fax # (co-client if different):		
Business # (co-client if different):		
E-mail:		

Name of Child or Dependent	Gender	Date of Birth

Advisors

Advisory Type (Accountant, etc.)	Full Name	Address	Business #
Accountant			
Attorney			

Liabilities

	Liability 1	Liability 2	Liability 3	Liability 4	Liability 5
Description:					
Owner (<i>client, co-client, joint</i>):					
Life Insured (<i>yes / no</i>):					
Disability Insured (<i>yes / no</i>):					
Amortization Period (<i>or end date</i>):					
Start Date:					
Principal Amount:					
Principal Date (<i>as of</i>):					
Payment Type (<i>e.g., interest only, PI</i>):					
Payment Frequency (<i>e.g., weekly, monthly</i>):					
Interest Rate:					

Insurance

Life Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description:			
Premium Payer (<i>e.g., client, co-client, joint, or other</i>):			
Type (<i>e.g., term, universal</i>):			
Insured (<i>e.g., client, co-client, joint 1st to die, other</i>):			
Effective Date:			
Policy Owner (<i>e.g., client, co-client, joint, or other</i>):			
Beneficiary (<i>e.g., client, co-client, joint 1st to die, other</i>):			
Premium Frequency (<i>e.g., monthly</i>):			
Premiums*:			
Death Benefit*:			
Coverage Ceases (<i>age or date</i>):			
Cash Surrender Value*:			

Disability Insurance

(Use a separate sheet to enter additional policies.)

	Policy 1	Policy 2	Policy 3
Description (<i>group LTD, group STD, individual disability</i>):			
Insured Member:			
Effective Date:			
Monthly Benefit:			
Taxable (<i>yes / no</i>):			
Index for Benefit Amount:			
Waiting Period:			
Benefit Paid Until (<i>years or age</i>):			
Monthly Premium:			

Estate Planning

Existing Wills

	Client	Co-client
Is there a Will? (yes or no):		
What date was the Will last updated on?:		
Where is the Will located? (safety deposit box, etc.):		

Existing Trusts

Irrevocable Trust Information (established trusts) (Use this section to enter basic information regarding any Irrevocable Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (Irrevocable Trust):			
Market Value (start of year):			
Crummey Trust (yes / no):			
Cost Basis:			
Percent Income to Spouse:			
Percent Income to Heirs:			
Percent Trust Tax Rate:			

CST Information (Use this section to enter basic information regarding any Credit Shelter Trusts that has been created.)

Trust Name (Credit Shelter Trust):	
Market Value (start of year):	
Crummey Trust (yes / no):	
Cost Basis:	
Return Rate:	
Percent Income to Spouse:	
Percent Income to Heirs:	
Percent Heirs Tax Rate:	
Beneficiaries (Income):	
Beneficiaries (Remainder):	

ILIT Information (Use this section to enter basic information regarding any Irrevocable Life Insurance Trusts that the client has established.)

	Trust 1	Trust 2	Trust 3
Trust Name (Irrevocable Life Insurance Trust):			
Insured:			
Premium Payer:			
Death Benefit:			
Current CSV:			
Beneficiaries (Income):			
Beneficiaries (Remainder):			