RICE ESTATE PLANNING & ADMINISTRATION

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PERSONAL INFORMATION FORM

(Confidential - To Be Completed by Client)

Date______________________________

Personal and Family Information

Client [1]: ____
First Middle Last

Address: ____
Street City State Zip

Phone: ____________________ (cell) ____________________ (home)

Email Address: __________________________ **Communication Preference:** ☐ ☐ ☐ Email/Cell/Home

Birth Date: ____________ **Occupation and Name of Employer:**______________________

Marital Status: _______________ **Date of This Marriage:** ____________________

Previously Married? ☐ Yes ☐ No **If Yes:** ☐ Widowed ☐ Divorced **Veteran?** ☐ Yes ☐ No

Client [2]: ____
First Middle Last

Address: ____
Street City State Zip

Phone: ____________________ (cell) ____________________ (home)

Email Address: __________________________ **Communication Preference:** ☐ ☐ ☐ Email/Cell/Home

Birth Date: ____________ **Occupation and Name of Employer:** ______________________

Marital Status: _______________ **Date of This Marriage:** ____________________

Previously Married? ☐ Yes ☐ No **If Yes:** ☐ Widowed ☐ Divorced **Veteran?** ☐ Yes ☐ No

Referral Source: Website/Social Media/Presentation/Personal Referral (include name) ______________________

Children: If a child is not a joint child, please indicate which client is biological or adopted parent.
Furnish any additional information on an attached paper.

Child [1]: ____
First Middle Last

Address: ____
Street City State Zip

Phone: ______________________ (cell) ______________________ (home)

Email Address: ____________________ **Birth Date:** __________ ☐ **Joint** ☐ **Client [1]** ☐ **Client [2]**

Child [2]: ____
First Middle Last

Address: ____
Street City State Zip

Phone: ______________________ (cell) ______________________ (home)

Email Address: ____________________ **Birth Date:** __________ ☐ **Joint** ☐ **Client [1]** ☐ **Client [2]**

Child [3]: ____
First Middle Last

Address: ____
Street City State Zip

Phone: ______________________ (cell) ______________________ (home)

Email Address: ____________________ **Birth Date:** __________ ☐ **Joint** ☐ **Client [1]** ☐ **Client [2]**

Professional Advisors

Accountant: ______________________ ______________________
Name Firm

Insurance Agent: ______________________ ______________________
Name Firm

Stock Broker: ______________________ ______________________
Name Firm

Financial Planner: ______________________ ______________________
Name Firm

Personal Physician: ______________________ ______________________
Name Firm

Planning Objectives

1. **What size is your estate, roughly?**
   - ☐ Under $1,000,000
   - ☐ $1,000,001 - $3,000,000
   - ☐ $3,000,001 - $6,500,000
   - ☐ More than $6,500,000

2. **What are your primary goals in estate planning?** (Help children, avoid taxes, avoid probate, make charitable gifts, etc.).

   ____

3. **Do you, your spouse or children have any special needs?** ☐ Yes ☐ No

If yes, please provide additional information: ______________________________

4. **History of Gifts:** List all gifts made in excess of $10,000 and all gifts of life insurance.

Date of Gift	Donor	Recipient	Value	Reason for Gift

5. **Have you or your spouse ever filed a gift tax return?** ☐ Yes ☐ No

6. **Do you have any particular area of charitable interest?** ☐ Yes ☐ No

If yes, please describe: ____

7. **Do you expect inheritances from your parents or other relatives?** ☐ Yes ☐ No

8. **If previously divorced, do you have any payment or life insurance obligations either to your former spouse or to children of the prior marriage embodied in any judgment or written agreement?** ☐ Yes ☐ No **If Yes, please provide copies.**

Summary of Assets

Please indicate whether assets are joint or in client [1] or client [2]'s individual name, the name of the financial institution, and the approximate value for the following assets:

1. **Bank Accounts**

   ____
   ____
   ____

2. **Brokerage/Stock Accounts**

   ____
   ____

3. **Businesses**

4. **Real Property (please provide addresses and county)**

5. **401(k)/IRAs/Other Non-Qualified Retirement Plans**

6. **Pension/Qualified Retirement Plans**

7. **Life Insurance**

8. **Long-Term Health Care Insurance**

9. **Homeowner's Insurance/Umbrella Insurance**

10. **College Savings Plans**

11. **Safe Deposit Box (indicate location and signers)**

12. **Have you previously executed any of the following:**
    - [ ] A Will
    - [ ] A Revocable Living Trust
    - [ ] An Irrevocable Trust
    - [ ] A Power of Attorney
    - [ ] A Prenuptial Agreement
    - [ ] Advance Directive

Thank you for taking the time to fill out this form. It makes our initial meeting much more productive.