



THE PENNSYLVANIA TRUST COMPANY
Five Radnor Corporate Center
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Radnor, PA 19087
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610-977-0258

ESTATE PLANNING INFORMATION FORM

Please complete this form to the best of your ability and bring it along to your scheduled appointment. The information you provide will make that meeting more productive. If you are uncertain as to how to respond to a particular question, just leave it blank. We will review your answers with you so that you can affirm or change them after considering all potential options and their respective legal and tax ramifications. We look forward to working with you.

I. PERSONAL AND FAMILY INFORMATION

A. General

1. Names(s)/Birthdate(s)/Social Security No.

2. Home Address (include county)/Home and Cell Telephone numbers/FAX/Email

3. Business Address(es)/Telephone/FAX/Email

4. Marital Status/Prior Marriages/State of Prior Marriages

5. Military Service

6. Location of Safe Deposit Box (or other storage for important documents)

7. Citizenship

B. Children and Other Dependents

Name/SSN	Date of Birth	Other information (<i>i.e.</i> separate address/marital status/spouse/children)
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1. Any child of a prior marriage?

2. Any child under a physical or mental disability?

C. Parents (if living)

1. Name(s)/Address/Age

D. Current Advisors/Professionals

<u>Name and Address</u>	<u>Telephone No.</u>	<u>Email Address</u>
Trust Advisor _____ _____	_____	_____
Accountant _____ _____	_____	_____
Attorney _____ _____	_____	_____
Life Insurance Agent _____ _____	_____	_____
Investment Advisor _____ _____	_____	_____

(If one spouse uses different advisors, please note and provide the same information for them.)

II. FINANCIAL INFORMATION (Please add separate sheets if more space is needed.)

A. Tax Filing Status

- Single
- Married Filing Joint Return
- Married Filing Separate Return
- Unmarried Head of Household

Marginal Tax Rate? _____

Effective Tax Rate? _____

B. Primary Checking/Savings Bank

Client

Spouse

Bank Name _____

Bank Name _____

City/State: _____

City/State: _____

Account Name: _____

Account Name: _____

Account # _____

Account # _____

ABA/Routing _____

ABA/Routing _____

C. Assets – Cash Accounts

Name & Address of Institution	Type of Acct. (Checking, Savings CD, Money Market)	Owner	Current Balance	Est Avg Bal. Past 12 Mos
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

D. Securities Holdings

Please provide copies of statements for all current investment accounts, regardless of whether the assets will be managed by Pennsylvania Trust Company.

E. Real Estate and Mortgages

Location	Title in Name of	Date Acq.	Cost	Est. Mkt. Value	Current Mortgage Balance	Interest Rate	Maturity Date
Personal							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Investment							
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

F. Other Assets

	Client	Spouse	Joint
Total Personal Effects (e.g. Automobiles, Furniture, Jewelry, Art, etc.)	_____	_____	_____
Accounts & Notes Receivable	_____	_____	_____
Miscellaneous*	_____	_____	_____

**Includes, for example, intellectual property, oil & gas rights, contract interests, limited partnerships, and other business interests.*

G. Life Insurance

Face Amount	Name of Company	Type (Ordinary Life; Term)	Policy Owned By	Present Beneficiaries
On Client's Life:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
On Spouse's Life:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H. Liabilities*

Name & Address of Lender	Borrower	Current Unpaid Balance	Final Due Date	Estimated Annual Prin & Int Expense	Collateral (yes/no)
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*(i.e., Bank and margin debt, personal loans, etc.)

I. Health and Liability Insurance

If Yes, Name of Insurer

Are you covered by a Group Plan?

Yes No _____

Do you have private coverage?

Yes No _____

Do you have a long-term care policy?

Yes No _____

J. Retirement Assets

	Custodian/ Current Value	Annual Contributions	Beneficiary(s)
<u>Client</u>			
401(k)	_____	_____	_____
Pension Profit/Sharing	_____	_____	_____
IRA(s)	_____	_____	_____
Roth IRA(s)	_____	_____	_____
KEOGH	_____	_____	_____
<u>Spouse</u>			
401(k)	_____	_____	_____
Pension Profit/Sharing	_____	_____	_____
IRA(s)	_____	_____	_____
Roth IRA(s)	_____	_____	_____
KEOGH	_____	_____	_____

Pension Benefits

	Client	Spouse
Lump Sum Value	_____	_____
Annual Annuity	_____	_____

K. Existing Interests in Estates or Trusts
(including powers of appointment)

<u>Estate or Trust</u>	<u>Nature of Interest</u>	<u>Fiduciary</u>	<u>Estimated Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

L. Expected Inheritances (if any)

Client: _____ Spouse: _____

Children: _____

M. Existing Fiduciary Appointments

N. Closely-Held Business Interests (see Schedule A attached)

O. Miscellaneous

1) Are you an officer or director of any organization other than your principal employer? Yes No

If yes, please list such organizations and whether profit or non-profit, and whether covered by officer and director liability insurance.

- 2) Are you covered by Officer and Director Liability Insurance where you are employed? Yes No
- 3) Are you an "Insider" subject to Section 16(b) of the Securities Act of 1933? Yes No
- 4) Do you or your spouse receive income from, or do either of you have any present interest in a trust(s)? If so, please provide details. Yes No

- 5) Have you or your spouse created a living or revocable trust(s) for yourselves? Yes No
- 6) Amount of annual income necessary to provide present standard of living? \$ _____
- 7) Anticipated expenses relating to support of children or grandchildren? (education, mortgage, etc.) Yes No

\$ _____

- 8) Any expenses relating to support of parents or other family members? Yes No
- \$ _____
- 9) Any other major present or pending obligations (real estate purchase, charitable pledges, etc.) or major expenditures planned in the next five years? Yes No

If Yes, please elaborate:

- 10) Are you doing any regular gifting to children or grandchildren? Have you funded, or are you contemplating, 529 Plans for same? Yes No
- Have you gifted any of your lifetime federal gift tax exemption? Yes No
- Have you ever filed a gift tax return? Yes No
- 11) Have you done estate planning to transfer assets between spouses to fund and take advantage of current federal estate tax exemption? Yes No
- 12) Do you have a will? Does Spouse? Yes No
Date of last update or revision? _____
- 13) Do you have a durable power of attorney? Yes No

Who is designated? _____

Does spouse have a durable power of attorney?

Yes No

Who is designated? _____

14) Do you or spouse have medical power of attorney/living will?

Yes No

Who is designated? _____

15) Have you put down a deposit, or are you on a “waiting list” at any retirement communities?

Yes No

If yes, which?

16) Non-profit or charitable interests, and/or those organizations to which you donate time and/or to which you direct significant (by your standards) gifts or pledges?

17) Any significant hobbies or personal interests? _____

18) Any particular industries or sectors you want to avoid in your portfolios, due to personal beliefs (i.e., alcohol, defense, tobacco, environmental issues)?

Yes No

III. DISPOSITION OF YOUR ESTATE:

- A.** If you are married and your spouse survives you, do you want to leave everything to your spouse? _____ (yes) _____ (no)
- B.** The three questions below ask how your estate should be distributed if you are unmarried at the time of your death, or in the event your spouse predeceases you.
- 1. Cash gifts:** Would you want to leave a cash gift to any specific individual or charity? If so, please list the amount and the beneficiary.

AMOUNT OF GIFT	BENEFICIARY (name and address)
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_____	_____
_____	_____
_____	_____

- 2. Other Gifts of Specific Items:** Would you want to leave any non-cash specific items of property to a named individual or charity? If so, please list the item and the beneficiary.

DESCRIPTION OF GIFT	BENEFICIARY (name and address)
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_____	_____
_____	_____
_____	_____

- 3. Remainder of Estate:** State the names of all persons to whom you wish to leave the rest of your estate (in the event you are not survived by a spouse), and note the proportion each is to receive. Also, please state whether the assets should be left outright or in trust.

BENEFICIARY	PROPORTION OF ESTATE
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_____	_____
_____	_____
_____	_____

7. Supplemental Info. (Please attach those of the following that apply).

a. [Please attach most recent financial statement.]

b. Buy/Sell Agreement.

c. Last formal valuation report.