

CONFIDENTIAL

GENERAL INFORMATION

CLIENT 1

Full name:

Other name(s) used (i.e., maiden name):

Date of Birth:

Place of Birth:

Social Security Number:

Are you a United States citizen? [] Yes [] No

If "no," country of citizenship:

CLIENT 2 [SPOUSE OF CLIENT 1]

Full name:

Other name(s) used:

Date of Birth:

Place of Birth:

Social Security Number:

Are you a United States citizen? [] Yes [] No

If "no," country of citizenship:

Date and Place of Marriage:

Location of Marriage Certificate:

ADDRESS AND TELEPHONE INFORMATION:

Home Phone #:

Business Phone #:

Fax:

E-mail address:

Permanent residence:

Address:

Own or rent?

How long have you resided there?

Other residence(s) if any:

Own or rent?

ONLY If you have residences in more than one state, please answer the following:

State in which you are registered to vote:

When did you first register to vote in that state?

State in which your car is registered:

Address used on your federal tax return:

Address to which your credit card bills are sent:

Describe each home in each state (size of building, land, etc).

Residence 1:

Residence 2:

PRIOR MARRIAGE(S)

CLIENT 1

Name of Former Spouse:

Date and Place of Prior Marriage:

If marriage ended by divorce, list date of judgment:

If marriage ended by death, list date of death:

CLIENT 2

Name of Former Spouse:

Date and Place of Prior Marriage:

If marriage ended by divorce, list date of judgment:

If marriage ended by death, list date of death:

CHILDREN AND OTHER RELATIVES

LIVING CHILDREN AND GRANDCHILDREN

Please note that children of your present marriage are listed first. Children of prior marriage(s), whether of yourself or your spouse, are listed separately. In all cases, please provide the following information:

- *If the child is not living with you, the child's address.*
- *If the child is married, list the name of the child's spouse and the names of their children, if any.*
- *If you have children from a prior marriage, indicate with whom the child resides if not with you.*
- *If any of your children are adopted, list the date of adoption and the location of documents.*
- *If any child has special needs because of developmental, physical or mental disability, please indicate here, and separately list information regarding doctors, guardians and other pertinent data.*

Children of Existing Marriage:

1. Full name:

Address:

Date of birth:

Gender: Male Female

Name of spouse (if any):

Name(s) of children (if any):

Other information requested above (if any):

2. Full name:

Address:

Date of birth:

Gender: Male Female

Name of spouse (if any):

Name(s) of children (if any):

Other information requested above (if any):

3. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

Children of Prior Marriage(s)

Client 1

1. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

2. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

3. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

Client 2

1. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

2. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

3. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
Name(s) of children (if any):
Other information requested above (if any):

DECEASED CHILDREN

Client 1:

Child's Full Name:
Date of death:
Spouse's Name:
Address:
Any living issue of this child? Yes No. If yes, please provide the following:
Name of child:
Date of birth:
Name of child:
Date of birth:
Name of child:
Date of birth:

Client 2:

Child's Full Name:
Date of death:
Spouse's Name:
Address:
Any living issue of this child? Yes No. If yes, please provide the following:
Name of child:
Date of birth:
Name of child:
Date of birth:
Name of child:
Date of birth:

PEOPLE RAISED BY CLIENTS

Are there people you and/or your spouse have raised as children who are *not* legally your children? (Note: An adopted child is legally your child.) If so, please list.

1. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
For purposes of your Will and/or Trust, do you wish this person to be considered your child?
 Yes No

2. Full name:
Address:
Date of birth:
Gender: Male Female
Name of spouse (if any):
For purposes of your Will and/or Trust, do you wish this person to be considered your child?
 Yes No

OTHER FAMILY MEMBERS

List other members of your family who are closest in relationship to you (*i.e.*, parents, siblings). If any are dependent upon you for support, please specify.

If you have friends that you consider as close as family members, include them here.

Client 1:

1. Full name:
Address:
Date of birth:
Other information requested above (if any):

2. Full name:
Address:
Date of birth:
Other information requested above (if any):

Client 2:

1. Full name:
Address:
Date of birth:
Other information requested above (if any):

2. Full name:
Address:
Date of birth:
Other information requested above (if any):

INFORMATION REGARDING IMPORTANT DOCUMENTS

The documents listed below are very important and are often needed when you are not available or not able to tell others where to find them. If you have executed any of the following documents, please provide me with a copy or give its current location. *If you don't know, take time now to find it or give enough information about it so that someone else can find it when needed.* If the document does not apply to you, put "n/a" next to it.

ESTATE PLANNING DOCUMENTS

Please indicate whether you have the following documents. If YES, please provide a copy.

WILL Yes No

TRUST Yes No

DURABLE POWER OF ATTORNEY FOR ASSET MANAGEMENT Yes No

POWER OF ATTORNEY FOR HEALTH CARE (ADVANCE DIRECTIVE) Yes No

DIRECTIVE TO PHYSICIAN and/or LIVING WILL Yes No

If any powers of attorney have been granted by you to another:

Date:

Holder of power:

State where executed:

Special powers granted or withheld:

Location of original(s):

Number of originals executed:

OTHER DEATH-RELATED DOCUMENTS

PREPAID FUNERAL AND BURIAL ARRANGEMENTS (If yes, please provide following information)

Name of Company:

Address:

Phone Number:

Person to Contact:

PERSONAL DOCUMENTS

Please indicate whether you have the following documents. If YES, please provide a copy.

DIVORCE DECREE: _____ Yes _____ No

PREMARITAL AGREEMENT(S): _____ Yes _____ No

COMMUNITY PROPERTY AGREEMENT(S): _____ Yes _____ No

MARITAL PROPERTY AGREEMENT(S): _____ Yes _____ No

GIFT TAX RETURN(S) _____ Yes _____ No

DISTRIBUTION OF YOUR ESTATE

EXECUTORS:

In order of preference, please list the full names, relationships and address of your Executors (i.e., person named in your will to administer your estate):

Your spouse first?: Yes No

Alternate after spouse or someone other than spouse:

1. Name:

Relationship:

Address:

Phone Number:

2. Name:

Relationship:

Address:

Phone Number:

3. Name:

Relationship:

Address:

Phone Number:

Do you wish for your Executor to serve without bond? Yes No

TRUSTEES:

In order of preference, please list the full names, relationships and address of your Trustees (i.e., the person(s) who will administer your trust estate upon incapacity and/or death):

Same as Executor?: Yes No

If not same as above:

1. Name:

Relationship:

Address:

Phone Number:

2. Name:

Relationship:

Address:

Phone Number:

3. Name:

Relationship:

Address:

Phone Number:

Do you wish for your Trustee to receive compensation for services as Trustee? Yes No
If yes, should compensation be "reasonable", based upon a percentage of the fair market of the trust, or a set amount (please check one)?

- Reasonable Compensation
- ____% of the fair market value of the trust
- Set amount \$_____

GUARDIANS OF MINOR CHILDREN:

In order of preference, please list the full names, relationships, and address of guardians of any minor children and state whether they are guardians of the person, guardians of the estate, or both:

1. Name:
Relationship:
Address:
 Guardian of person Guardian of estate Guardian of person and estate

2. Name:
Relationship:
Address:
 Guardian of person Guardian of estate Guardian of person and estate

CLIENT ONE

DURABLE POWER OF ATTORNEY, ASSET MANAGEMENT *(if you would like this document included in your estate plan, please provide the following information)*

In order of preference, please list the full names, relationships and address of your agents for your general durable power of attorney (asset management if you are incapacitated):

Same as Executors?: Yes No

If no, spouse first?: Yes No
If neither of the above or as alternates:

1. Name:
Relationship:
Address:
Phone Number:

2. Name:
Relationship:
Address:
Phone Number:

3. Name:
Relationship:
Address:
Phone Number:

Powers. You may give your attorney-in-fact full power to act in your place. Giving your attorney-in-fact broad power assures that he or she can handle all of your affairs. Powers usually given to an attorney-in-fact are listed below. Please check all of the powers you wish to give your attorney-in-fact.

- | | |
|---|--|
| <input type="checkbox"/> Real property transactions | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Personal property transactions | <input type="checkbox"/> Contracts |
| <input type="checkbox"/> Bond, share and commodity transactions | <input type="checkbox"/> Borrowing Money |
| <input type="checkbox"/> Banking transactions | |
| <input type="checkbox"/> Safe deposit boxes | |
| <input type="checkbox"/> Business operating transactions | |
| <input type="checkbox"/> Insurance transactions | |
| <input type="checkbox"/> Estate transactions | |
| <input type="checkbox"/> Personal relationships and affairs | |
| <input type="checkbox"/> Social security and unemployment | |
| <input type="checkbox"/> Benefits from military service | |
| <input type="checkbox"/> Taxes | |
| <input type="checkbox"/> Employment of agents | |
| <input type="checkbox"/> Gifts to charities, and to individuals other than attorney in fact | |
| <input type="checkbox"/> Gifts to named attorney in fact | |
| <input type="checkbox"/> Management of lawsuits | |

CLIENT TWO

DURABLE POWER OF ATTORNEY, HEALTH CARE *(if you would like this document included in your estate plan, please provide the following information)*

In order of preference, please list the full names, relationships and address of your agents for your general durable power of attorney (health care management if you are incapacitated):

Same as executors?: Yes No

If no, spouse first?: Yes No

If neither of the above or as alternates:

1. Name:
Relationship:
Address:
Phone Number:

2. Name:
Relationship:
Address:
Phone Number:

3. Name:
Relationship:
Address:
Phone Number:

Desires Regarding Life-Prolonging Treatment (please check only ONE)

I do not wish to receive medical treatment if I am in an irreversible coma or persistent vegetative state, or terminal illness and life sustaining procedures would only artificially delay death; or otherwise if burdens of treatment outweigh expected benefits.

I want to receive medical treatment unless I am in an irreversible coma.

I want to preclude use of life sustaining procedures if I am in a terminable condition.

I want to receive medical treatment that will allow me to live as long as possible.

Do you wish to make any additional statements regarding treatment? If so, please state below:

Anatomical Gifts (Please check ONE)

Attorney in fact authorized to make any anatomical gifts

Attorney in fact authorized to make anatomical gifts of specific parts

Please specify specific parts:

If authorizing anatomical gifts above, please indicate the following (if any limitation):

Anatomical gifts are limited to the following purposes:

Education Transplant Therapy Research

Attorney in fact not authorized to make any anatomical gifts

Powers Regarding Disposal of Remains

Yes No Attorney in fact authorized to dispose of your remains

If yes, please check one of the following:

Yes No Disposal in attorney in fact's discretion

Yes No Disposal according to your expressed wishes

Autopsy

Yes No Attorney in fact authorized to okay an autopsy

Organ Donation

Yes No Attorney in fact authorized to okay organ donation.

Primary Physician (optional)

Name

Address

Phone Number

HEALTH/SPECIAL NEEDS

Do either you or your spouse have any special health concerns? [] Yes [] No

If "yes," please explain:

Do any of your children have special needs you would like to address in your estate plan?

[] Yes [] No

If "yes," please explain:

DISINHERITANCE

Do you wish to specifically disinherit an individual or group of people? Yes No

If "yes," please list their full names, relationships to you, and addresses. You may provide a brief explanation if you like:

- 1. Name:
- Relationship:
- Address:
- Explanation (if any):

DISTRIBUTION OF PROPERTY ON DEATH

In General

If married, do you want all your property to go to your spouse on your death? Yes No

To your children in equal shares on your spouse's death? Yes No

If not married, do you want all your property to go to your children in equal shares? Yes No

If neither of the above, to whom do you wish to leave your property, and in what proportions?

- 1. Name:
- Relationship:
- Address:
- Proportion

- 2. Name:
- Relationship:
- Address:
- Proportion

- 3. Name:
- Relationship:
- Address:
- Proportion

Distribution to Children:

When should your children receive their distributions?

Outright on your death?: Yes No

Outright on your spouse's death?: Yes No

If not outright, please provide age(s) of distribution and the fractional or percentage interest of each child's share to be distributed at specified age(s):

Name of Child:

Age	Fractional or Percentage Interest/Share
_____	_____ (i.e., at 24 receives 1/4 of share)
_____	_____ (i.e., at 28 receives 1/2 of share)
_____	_____ (i.e., at 30 receives remaining share)

Name of Child:

Age	Fractional or Percentage Interest/Share
_____	_____ (i.e., at 24 receives 1/4 of share)
_____	_____ (i.e., at 28 receives 1/2 of share)
_____	_____ (i.e., at 30 receives remaining share)

If a child or children of yours predecease you:

Would you like their issue (your grandchildren) to receive their distribution? Yes No

If "yes," outright? Yes No.

If "no," at same ages listed above? Yes No

Simultaneous Death

Desired disposition of estate in the event you, your spouse and your issue die simultaneously:

EXAMPLES:

1) Your heirs (determined by California law)? Yes No

2) Specific named individuals (other than your heirs generally)? Yes No

If yes please provide names:

3) A specific charity (Red Cross, Boy's Town, Girl Scouts)? Yes No

If yes, please provide name:

Specific Bequests

List specific bequests you wish to make, if any, indicating what and to whom. In the event the individual or organization does not survive, please specify if the gift will be distributed to that individual's issue, to someone else, or if the gift will lapse and become a part of the residue of your estate, as in the following examples:

1) Diamond and ruby cocktail to John Doe, my friend, 1234 Easy Street, Avocado, California. If John Doe is not living, to his issue by right of representation.

2) Ermine stole, Hobie catamaran, and the sum of \$5,000 to Jane Roe, my sister-in-law, 4321 Memory Lane, Hometown, Ohio. If Jane Roe is not living, to Mary Doe, my friend, 1234 Easy Street, Avocado, California.

3) Antique sheet music collection and 1 harpsichord to Best School of Music Scholarship fund, 51 Crescendo Lane, Solotown, Pennsylvania. If this scholarship fund is not in existence at my death, this gift shall lapse.

4) The sum of \$1,000 to Boy Scouts of America, c/o National Headquarters, 321 Right Path, Eagletown, New York, or to its successor. If Boy Scouts of America or its successor is not an organization at the time of my death, this gift shall lapse.

- 1.
- 2.
- 3.
- 4.

SAFETY DEPOSIT BOXES

1. Name and address of bank:

Full name(s) of person(s) entitled to access:

2. Name and address of bank:

Full name(s) of person(s) entitled to access:

ASSET DOCUMENTATION

To proceed properly with your estate plan, you need to provide specific information regarding your personal assets. *Please do not list assets held in a corporate name.* You can either fill out the answers in the appropriate spaces provided below, or provide photocopies of documents, such as bank statements, brokerage account statements, 1099 forms you receive, etc., containing all the requested information. If a financial statement has been prepared for you recently, please provide a copy.

SCHEDULE A--REAL ESTATE

California Property:

Please provide the following information about all real property (including timeshares, rental property or farmland) you and your spouse own *as individuals* (not as general or limited partners), located in California. Separate residential and investment property and note which is which. For rental properties owned by you and/or your spouse, please provide the name, address and telephone number of the property manager, if any. Note where documents relating to the property are kept and please provide a photocopy of the most recent Grant Deed and any Deed of Trust.

Name of Owner exactly as shown on the Grant Deed (after "hereby grants to"): EXAMPLES: John Doe and Jane Doe, husband and wife John Doe and Jane Doe, as joint tenants Jane Doe, as separate property John Doe and Jane Doe, as community property John Doe and Jane Doe, as tenants in common John Doe, Sr., as to an undivided four-fifths interests, and John Doe, Jr., as to an undivided one-fifth interest

- 1. Name of Owner:
- Property address:
- Name of Lender:
- Address of Lender:
- Loan Number:
- Assessor's Parcel Number (APN):

Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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- Name of Property Manager:
- Address:
- Telephone Number:
- If there is mortgage life insurance, note that here:

2. Name of Owner:

Property address:

Name of Lender:

Address of Lender:

Loan Number:

Assessor's Parcel Number (APN):

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Name of Property Manager:

Address:

Telephone Number:

If there is mortgage life insurance, note that here:

3. Name of Owner:

Property address:

Name of Lender:

Address of Lender:

Loan Number:

Assessor's Parcel Number (APN):

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Name of Property Manager:

Address:

Telephone Number:

If there is mortgage life insurance, note that here:

Foreign Property (Property outside of California):

If you and/or your spouse own real property in another state or country, please provide all the following information for each property. The requested information includes the name, address and phone number of a title company in the county in which your property is located, and the County Recorder/Clerk's office for the county in which your property is located. If possible, please provide photocopies of Grant Deeds or Deeds of Trust.

- 1. Name of Owner:
- Property address:
- Name of Lender:
- Address of Lender:
- Loan Number:
- Assessor's Parcel Number (APN):
- Name of Title Company:
- Address:
- Telephone Number
- County in which property is located:
- County Recorder/Clerk:
- Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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- Name of Property Manager:
- Address:
- Telephone Number:
- If there is mortgage life insurance, note that here:

- 2. Name of Owner:
- Property address:
- Name of Lender:
- Address of Lender:
- Loan Number:
- Assessor's Parcel Number (APN):
- Name of Title Company:
- Address:
- Telephone Number
- County in which property is located:
- County Recorder/Clerk:

Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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- Name of Property Manager:
- Address:
- Telephone Number:
- If there is mortgage life insurance, note that here

**SCHEDULE B--MARKETABLE SECURITIES (STOCKS, BONDS, MUTUAL FUND SHARES,
TREASURY INSTRUMENTS)**

Securities Accounts:

For all securities accounts, please supply the requested information, including the exact title of the account:

*EXAMPLES: John Doe and Jane Doe as Joint Tenants John Doe and Jane Doe as Community Property
Jane Doe as Separate Property*

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all of the requested information.

1. Name of Brokerage:

Brokerage Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Account Registration:

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

2. Name of Brokerage:

Brokerage Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Account Registration:

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

3. Name of Brokerage:
 Brokerage Address:
 Telephone Number:
 Fax Number:
 E-mail address:
 Account Number:
 Account Registration:
 Account Representative's Name:

Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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Securities Held in Certificate Form:

For stocks and bonds held outside a brokerage account (i.e., you or your spouse have the certificates), please supply the requested information, including the exact title of the owner as it appears on the stock certificate or bond:

*EXAMPLES: John Doe and Jane Doe as Joint Tenants John Doe and Jane Doe as Community Property
 John Doe as Separate Property*

Also please provide a photocopy of each stock certificate or bond.

1. Full Name of Issuing Company as it appears on stock certificate:
 Full Name of Owner *exactly* as it appears on stock certificate:

<u>Certificate No.</u>	<u>No. of Shares on Certificate</u>	<u>Common or Preferred</u>
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Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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2. Full Name of Issuing Company as it appears on stock certificate:
 Full Name of Owner *exactly* as it appears on stock certificate:

<u>Certificate No.</u>	<u>No. of Shares on Certificate</u>	<u>Common or Preferred</u>
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Form of ownership (circle one):

Joint Tenants	Tenancy in Common	Community Property	Husband's Separate	Wife's Separate
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**SCHEDULE C - BANK ACCOUNTS
(CHECKING, SAVINGS, MONEY MARKET)**

For all bank accounts, please supply the requested information, including the exact title of the account:

*EXAMPLES: John Doe and Jane Doe as Joint Tenants John Doe and Jane Doe as Community Property
Jane Doe as Separate Property*

Please provide a contact person at the financial institution if possible. If possible, please indicate whose funds created the account. If the account is held in trust for someone else, indicate this fact by adding "ITF" to the name on the account.

Alternatively, please provide a photocopy of a recent monthly statement, which will contain all of the requested information.

1. Name of Financial Institution:

Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Checking Savings Money Market Certificate of Deposit Other

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Paid on Death Beneficiary? Yes No

If yes, please list beneficiary name:

2. Name of Financial Institution:

Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Checking Savings Money Market Certificate of Deposit Other

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Paid on Death Beneficiary? Yes No

If yes, please list beneficiary name:

3. Name of Financial Institution:

Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Checking [] Savings [] Money Market [] Certificate of Deposit [] Other []

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Paid on Death Beneficiary? [] Yes [] No

If yes, please list beneficiary name:

4. Name of Financial Institution:

Address:

Telephone Number:

Fax Number:

E-mail address:

Account Number:

Checking [] Savings [] Money Market [] Certificate of Deposit [] Other []

Account Representative's Name:

Form of ownership (circle one):

Joint Tenants

Tenancy in Common

Community
Property

Husband's
Separate

Wife's
Separate

Paid on Death Beneficiary? [] Yes [] No

If yes, please list beneficiary name:

SCHEDULE D - LOANS, NOTES AND MORTGAGES RECEIVABLE

Notes Payable to You:

1. Exact name of holder as it appears on the note:

Exact name of debtor:

Face Amount:

Due Date:

Interest Rate:

Collateral Securing Loan (if any):

2. Exact name of holder as it appears on the note:

Exact name of debtor:

Face Amount:

Due Date:

Interest Rate:

Collateral Securing Loan (if any):

3. Exact name of holder as it appears on the note:

Exact name of debtor:

Face Amount:

Due Date:

Interest Rate:

Collateral Securing Loan (if any):

SCHEDULE E -LIFE INSURANCE

For each life insurance policy owned by you and/or your spouse, please supply the requested information, including the exact name of the owner:

*EXAMPLES: John Doe and Jane Doe as Joint Tenants
John Doe and Jane Doe, Husband and Wife
John Doe as Separate Property*

Alternatively, please provide a photocopy of the front page of the policy, which will contain the requested information, and please provide a copy of the current beneficiary designation:

1. Carrier's Name:
Carrier's Address:
Policy No.:
Face Value:
Name of Insured:
Owner of Policy:
Primary Beneficiary:
Contingent Beneficiary:
Type (circle one):
Term Universal Life Whole Life
Policy Loans:
How are Dividends Used?:
How are Premiums Paid?:

2. Carrier's Name:
Carrier's Address:
Policy No.:
Face Value:
Name of Insured:
Owner of Policy:
Primary Beneficiary:
Contingent Beneficiary:
Type (circle one):
Term Universal Life Whole Life
Policy Loans:
How are Dividends Used?:
How are Premiums Paid?:

3. Carrier's Name:
Carrier's Address:
Policy No.:
Face Value:
Name of Insured:
Owner of Policy:
Primary Beneficiary:
Contingent Beneficiary:
Type (circle one):

Term	Universal Life	Whole Life
Policy Loans:		
How are Dividends Used?:		
How are Premiums Paid?:		

SCHEDULE F - PERSONAL, HOUSEHOLD, ETC. PROPERTY

List all personal property of significant value, including, for example, antiques, artwork, other collectibles, jewelry:

Household furniture and furnishings:

Jewelry:

Automobiles:

1. Model and License No:

Name on Registration:

Leased or Owned:

2. Model and License No:

Name on Registration:

Leased or Owned:

3. Model and License No:

Name on Registration:

Leased or Owned:

4. Model and License No:

Name on Registration:

Leased or Owned:

Collections: If you have any collections (such as Art, Stamp, Coin, Gun), describe here and indicate whether the collection is specially insured:

Other Property Not Listed Above (Motorcycles, Boats, Etc.): Describe here and indicate pertinent information (location, special insurance, etc.):

**SCHEDULE G - RETIREMENT AND OTHER EMPLOYMENT BENEFITS, INDIVIDUAL
RETIREMENT ACCOUNTS (IRAs) OR KEOGH ACCOUNTS**

RETIREMENT AND EMPLOYMENT BENEFITS

For all employee benefits provided to you or your spouse, please provide the following information, or a photocopy of the most recent statement containing all the requested information. Also please provide a copy of the current beneficiary designation.

Pensions or Corporate Retirement Plans

1. Name of Employer:
Address of Employer:
Name of Plan:
Name of Plan Administrator:
Address of Plan Administrator:
Name of Primary Beneficiary:
Name of Contingent Beneficiary:

2. Name of Employer:
Address of Employer:
Name of Plan:
Name of Plan Administrator:
Address of Plan Administrator:
Name of Primary Beneficiary:
Name of Contingent Beneficiary:

Keogh Plans

1. Participant's Name:
Account Number:
Name of Custodial Institution:
Address of Custodial Institution:
Name of Primary Beneficiary:
Name of Contingent Beneficiary:

2. Participant's Name:
Account Number:
Name of Custodial Institution:
Address of Custodial Institution:
Name of Primary Beneficiary:
Name of Contingent Beneficiary:

Deferred Compensation Contracts

1. Amount and timing of expected payout:
Substantial contingencies which must be met for payout:

2. Amount and timing of expected payout:
Substantial contingencies which must be met for payout:

Stock Options

1. Option Price:

Current Value of Stock:

Restriction(s) on exercise of option:

2. Option Price:

Current Value of Stock:

Restriction(s) on exercise of option:

Group Term Life Insurance

1. Insurer:

Amount of Insurance:

Name of Primary Beneficiary:

Name of Contingent Beneficiary:

Accident Coverage:

2. Insurer:

Amount of Insurance:

Name of Primary Beneficiary:

Name of Contingent Beneficiary:

Accident Coverage:

INDIVIDUAL RETIREMENT ACCOUNTS (IRAs)

For all Individual Retirement Accounts (IRAs), please provide the requested information.

Alternatively, please provide a photocopy of the most recent annual statement, which will contain all of the requested information. Also please provide a copy of the current beneficiary designation.

Mutual Funds

1. Participant's Name:

Account Number:

Name of Custodial Institution:

Address of Custodial Institution:

Name of Primary Beneficiary:

Name of Contingent Beneficiary:

2. Participant's Name:

Account Number:

Name of Custodial Institution:

Address of Custodial Institution:

Name of Primary Beneficiary:

Name of Contingent Beneficiary: