



TRUST PLANNING INTAKE FORM

YOUR TRUST. YOUR TERMS. YOUR PEACE OF MIND.

This Intake Form is designed for individuals or families seeking Trust Planning services. Thoughtful planning today helps ensure your wishes are honored and your loved ones are protected in the future. To make the most of your consultation, please complete and submit the form at least **72 hours** before your scheduled appointment. This allows us to thoughtfully review your information and show up fully prepared to guide you through the next steps.

Don't stress about having every document or answer upfront. Share what you can now, and we'll guide you through the rest with care and clarity.

DISCLAIMER: Your privacy matters. Everything you share here is kept strictly confidential and used only to prepare for your consultation. Just a heads-up: completing this form doesn't establish an attorney-client relationship. Our initial meeting is simply a starting point for us to explore your needs—no pressure, no obligations until we both agree to move forward. **A formal agreement must be signed in order to become an OFFICIAL FOREVER LEGAL CLIENT.**

Today's Date: _____

How did you hear about FOREVER LEGAL? _____

PERSONAL INFORMATION

What is your full name? *[First Name, Middle, Last Name]* _____

List any other former names: _____

What is your birthday? _____

What is your driver's license number? _____

Are you a U.S. citizen? ☐ Yes ☐ No

What is your social security number? *[last four digits]* _____

What is your address? *[Street Address or PO Box, City, State, Zip]* _____

What is your county of residence? _____



What is your email address? _____

What is your phone number? _____

What is your preferred method of contact? _____

TRUSTEE INFORMATION

Who will be the Trustee over the Trust? *[Provide Full Name, Address, Date of Birth, Driver's License Number, and Phone Number]*

EMPLOYMENT AND FINANCIAL INFORMATION

Are you currently employed? ☐ Yes ☐ No

If yes:

Occupation/Position: _____

Employer Name, Address, and Contact Information: _____

Estimated Annual Income from Salary, Bonuses, etc.: _____

What is your estimated annual investment income [dividends, interests, etc.]?

Do you have an Insurance Agent? ☐ Yes ☐ No

If yes, provide their name and contact information: _____

Do you authorize FOREVER LEGAL to contact? ☐ Yes ☐ No

Do you have a Broker, Financial Planner, or Accountant? ☐ Yes ☐ No

If yes, provide their name and contact information: _____

Do you authorize FOREVER LEGAL to contact? ☐ Yes ☐ No

Do you have a safe deposit box? ☐ Yes ☐ No



If yes:

Where is it located? _____

What is the safety deposit box number? _____

What is your current health status? (Excellent / Good / Poor) _____

Explain: _____

Are you a Disabled Veteran? ☐ Yes ☐ No

Do you receive social security, disability, Medicaid, or other governmental benefits?

☐ Yes ☐ No

If yes, explain: _____

MARITAL INFORMATION

Are you currently married? ☐ Yes ☐ No

If yes:

Date of marriage: _____

Spouse's name: _____

Are you widowed? ☐ Yes ☐ No

If yes:

Name of deceased spouse: _____

Date of death: _____

Did your spouse leave a Will? *[Provide a copy of the Will]* ☐ Yes ☐ No

If yes, was the Will probated? _____

Are you divorced? ☐ Yes ☐ No

If yes:

Name of ex-spouse: _____

Date of divorce: _____

State of divorce: _____



List any financial obligations *[alimony, child support, etc.]*: _____

Do you have a premarital or post marital agreement? ☐ Yes ☐ No

If yes, please include a copy.

Are you pregnant or anticipating becoming pregnant in the near future? ☐ Yes ☐ No

FAMILY INFORMATION

Do you have any children? ☐ Yes ☐ No

If yes, please list all children [deceased and alive]. Please include each child's first and last name, birthdate, and address. _____

Have any of the above-named people ever had a child given up for adoption or for which parental rights have been terminated? ☐ Yes ☐ No

Do you have grandchildren? ☐ Yes ☐ No

If yes, please list all grandchildren [deceased and alive]: _____

Have any of the above-named people ever had a child given up for adoption or for which parental rights have been terminated? ☐ Yes ☐ No

What are the names of your parents?

Mother's Name *[deceased or alive]*: _____

Father's Name *[deceased or alive]*: _____

Do you have any family dynamics that may affect your estate planning?

Please explain: _____

ASSET INFORMATION

Do you own any Real Property [land] or Mineral Interests? ☐ Yes ☐ No



If yes:

List each residence, state, approximate value, and mortgage balance for each. _____

State the name[s] which appear on the title, if known, and state whether the property is held with right of survivorship, if known. _____

Do you have a Savings Account? ☐ Yes ☐ No

If yes, list the account type, financial institution, any beneficiaries, and approximate value for each account. _____

Do you have a Checking Account? ☐ Yes ☐ No

If yes, list the account type, financial institution, any beneficiaries, and approximate value for each account. _____

Do you have a Brokerage Account? ☐ Yes ☐ No

If yes, list the account type, financial institution, any beneficiaries, and approximate value for each account. _____

Do you have an Individual Retirement Account [IRA Account]?

List Institution/Custodian, balance, any beneficiaries. _____

Do you have an Employee Benefit Plan, 401K Plan? ☐ Yes ☐ No

If yes, list Plan type, Institution/Administrator, balance, any beneficiaries for each plan.

For defined contribution plans, such as 401K plans, please list the current account balance.

For defined contribution plans please also list your yearly contribution.

For defined benefit plans, please indicate either your projected monthly benefit or projected lump sum payment period for stock options, please indicate current value. _____



Do you have Life Insurance or Annuities? ☐ Yes ☐ No

If yes, list Institution/Administrator, cash value, payoff amount, any beneficiaries for each.

Do you have any current Trust Interests [including Powers of Appointments]? ☐ Yes ☐ No

If yes, explain: [Provide full Trust name.] _____

Do you have any other major assets that will be included in the Trust [fine artwork or jewelry, pending lawsuits, etc.]? ☐ Yes ☐ No

If yes: _____

Do you have any anticipated inheritance? ☐ Yes ☐ No

If yes:

Name of person who may leave you something.

Relationship: _____

Rough estimate of amount: _____

Do you own a Business? ☐ Yes ☐ No

If yes:

Name of Business: _____

Business industry: _____

Is this a family-owned business? _____

Address: _____

EIN Number: _____

List the Owners/Members/Shareholders of your business and the ownership percentage for each.

Has your business been valued? _____

Approximate value: _____

Number of employees: _____



Please indicate which of the following your business already has in place, if any:

- ☐ Operating Agreement
- ☐ Corporate Minutes
- ☐ Bylaws
- ☐ Buy-Sell Agreement

Do you have whole or part ownership in another/other business?

Explain: _____

Do you own any Automobiles [including boats and trailers]? Make and Year, Date Acquired, Owner on Title, Issuer State, Value, Loan amounts. Include whether the automobile is co-owned.

LIABILITY INFORMATION

List any liabilities you have [excluding mortgages or car loans listed above].

Consumer Debts: *[Provide description and amounts]* _____

Business Debts: *[Provide description and amounts]* _____

Guarantees: *[Provide description and amounts]* _____

GIFT AND ESTATE PLANNING INFORMATION

Have you ever made any taxable gifts? [Please include copies of gift tax returns that you have filed.]

☐ Yes ☐ No

If yes, please list the recipient, amount, date, and source of funds. _____

Do you currently have a Will? [Please include a copy.] Yes ☐ No ☐



Do you currently have a Trust? *[Please include a copy.]* Yes ☐ No ☐

If yes, please provide the full legal name of Trust and date of creation.

Identify any of the following issues that are important to you:

- ☐ Minimize gift taxes.
- ☐ Make charitable gifts.
- ☐ Set up Generation-Skipping Trusts.
- ☐ Provide for disabled relatives.
- ☐ Eliminate probate or guardianship *[if possible]*.
- ☐ Protect children/ grandchildren from divorce and creditors.
- ☐ Provide for children.
- ☐ Protect children from immature spending habits.
- ☐ Provide for grandchildren.
- ☐ Protect children's inheritance in the event of a subsequent remarriage by the survivor.
- ☐ Plan for a disability.
- ☐ Pass values and responsibility to family members.
- ☐ Other: *[In your own words, briefly explain any issues or concerns you have. Some examples include: "I have a special needs child, I'm on Medicaid, I'm divorcing my spouse, I'm interested in asset protection strategies, I have assets outside of Texas."]*

ESTATE DISTRIBUTION

In your own words, how would you like your estate to be distributed? *[For example, would you prefer to leave everything to your spouse, divide it equally among your children, or leave specific assets to certain individuals such as a friend or family member?]*

Who would you like to designate as the beneficiaries of your Trust?

Beneficiary One: _____



Beneficiary Two: _____

Beneficiary Three: _____

Beneficiary Four: _____

Beneficiary Five: _____

Your Trusts may provide for any minor children, grandchildren. At what age should these Trusts terminate and distribute the assets outright to the children?

Who would you like to designate as the Trustee? Banks and Trust Companies can act as Trustees for a fee, but it's often better to appoint an individual as a Trustee for smaller or simpler estates.

Who would you like to designate as a Co-Trustee, if any?

Who would you like to designate as an Alternative Trustee?

DESIGNATION OF GUARDIAN

Name a Guardian for Minor Children. *[Provide date of birth and contact information]*

CERTIFICATION

I hereby affirm that the information contained in this questionnaire is complete and accurate to the best of my/our knowledge.

Signature

Date



**DO NOT EMAIL THIS INTAKE FORM. TO
ENSURE YOUR INFORMATION
REMAINS SECURE UPLOAD YOUR
FORM IN MYCASE. THANK YOU!**