

Confidential
Personal Information Form
“PIF”



Squillace & Associates, P.C.
20 Park Plaza
Suite 1115
Boston, Massachusetts 02116

Telephone: (617) 716-0300
Fax: (617) 203-9050
www.squillace-law.com

Instructions

The purpose of the Personal Information Form is to provide us with a comprehensive picture of your assets and liabilities. Please complete each section to the best of your ability. This information will be kept confidential by us and is helpful in advising you on legal and tax issues related to your plan.

At the bottom of each section there is a place to total the assets and liabilities. That will be used on the next to last page to provide a quick snapshot of your current personal balance sheet.

In order to provide you with the best service possible, the last page is a complete list of the documents we suggest you attach to this packet.

If the sections do not apply to you, just leave it blank.

If you have any questions at all, please do not hesitate to contact our office, at (617) 716-0300 or via email: info@squillace-law.com.

We look forward to working with you.

Basic Personal Information

The information you provide should be filled in carefully to ensure that your information appears correctly in your estate planning documents.

Client 1

Full Legal Name: _____ Today's Date: _____

Nickname: _____

Birth Date: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone: _____ Cellular Telephone: _____

Personal Email: _____

Employer: _____ Position: _____ Business Telephone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Work Email: _____ Annual Salary: _____

I prefer to be contacted during regular business hours by:

Home Phone
Work Phone

Cellular Phone
Personal Email

Work Email
Any Way to Contact Me is Fine

I am currently: Married Divorced Widowed Single Partnered
Date: _____ Date: _____ Date: _____

I am a U.S. Citizen: Yes No

I have lived in the following states: CA WA NV AZ NM TX ID LA WI

My health is: Excellent Good Fair Poor

I have the following health concerns: _____

I have safety deposit box: Yes No

Do you have any pets? Yes No

Would you like to discuss providing for them? _____

Do you have any charitable interests? Yes No

Would you like to discuss charitable giving in your plan? _____

Client 2 (if applicable)

Full Legal Name: _____

Nickname: _____

Birth Date: _____ Social Security Number: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Telephone: _____ Cellular Telephone: _____

Personal Email: _____

Employer: _____ Position: _____ Business Telephone: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Work Email: _____ Annual Salary: _____

I prefer to be contacted during regular business hours by:

Home Phone Cellular Phone Work Email
Work Phone Personal Email Any Way to Contact Me is Fine

I am currently: Married Divorced Widowed Single Partnered
Date: _____ Date: _____ Date: _____

I am a U.S. Citizen: Yes No

I have lived in the following states: CA WA NV AZ NM TX ID LA WI

My health is: Excellent Good Fair Poor

I have the following health concerns: _____

I have safety deposit box: Yes No

Do you have any pets? Yes No
Would you like to discuss providing for them? _____

Do you have any charitable interests? Yes No
Would you like to discuss charitable giving in your plan? _____

Children's Information

Please list any children you may have.

Child #1

Child's Full Legal Name: _____

Nickname: _____ Birth Date: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County: _____

Email Address: _____ Employed: Yes No

Parent: Client 1 Client 2 Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Birth Date

Special Needs

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child #2

Child's Full Legal Name: _____

Nickname: _____ Birth Date: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County: _____

Email Address: _____ Employed: Yes No

Parent: Client 1 Client 2 Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Birth Date

Special Needs

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child #3

Child's Full Legal Name: _____

Nickname: _____ Birth Date: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County: _____

Email Address: _____ Employed: Yes No

Parent: Client 1 Client 2 Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Birth Date

Special Needs

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child #4

Child's Full Legal Name: _____

Nickname: _____ Birth Date: _____ Social Security Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ County: _____

Email Address: _____ Employed: Yes No

Parent: Client 1 Client 2 Joint Adopted

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Grandchildren's Names

Parents

Birth Date

Special Needs

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Dependents/Family

Please list any friends or relatives who are dependents.

Dependent #1

Dependent's Full Legal Name: _____

Relationship: _____

Nickname: _____ Birth date: _____

Social Security Number: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Email: _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Is the dependent currently employed? Yes No

Can the dependent work? Yes No

Dependent #2

Dependent's Full Legal Name: _____

Relationship: _____

Nickname: _____ Birth date: _____

Social Security Number: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home telephone: _____ County of Residence: _____

Email: _____

Special Needs: Medical Educational Financial

Married Divorced Widowed Single Spouse's Name: _____

Is the dependent currently employed? Yes No

Can the dependent work? Yes No

Other Professional Advisors

Please list other professional advisors that you use. We will not contact them without your prior permission and discussion of how to include them in your estate planning.

Name of CPA: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Financial Advisor: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ E-Mail: _____

Name of Life Insurance Agent: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ E-Mail: _____

Client 1's Physician: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ E-Mail: _____

Client 2's Physician: _____

Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # _____ Fax # _____ E-Mail: _____

Asset Information

Please fill out to the best of your ability. If you are a co-owner on any accounts with someone else (i.e. parent, siblings, children) please indicate the name of the co-owner. Owner: JT= Joint, C1=Client 1, C2=Client 2

Cash Accounts	Type (Checking, Savings, Certificate of Deposits)	Owner	Estimated Current Value

TOTAL \$ _____

Investment Accounts	Type (Money Market, Investment, Other)	Owner	Estimated Current Value

TOTAL \$ _____

Retirement Accounts	Type (IRA, 401(k), Profit Sharing, SEP)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ _____

Pension Plans	Type (Defined Benefit, Defined Contribution, Other)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ _____

Life Insurance Policies	Type (Whole, Term, Variable, Other)	Owner	Primary Beneficiary	Secondary Beneficiary	Value

TOTAL \$ _____

Annuities	Type (Immediate, Deferred)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ _____

Bonds	Type (US Savings, Corporate, Municipal, Treasury)	Owner	Estimated Current Value

TOTAL \$ _____

Stocks	Number of Shares	Owner	Estimated Current Value

TOTAL \$ _____

Business Assets	Type (LLC, Proprietorship, privately owned stock "non-publicly traded")	Owner	Estimated Current Value

TOTAL \$ _____

Personal Effects	Owner	Estimated Current Value

TOTAL \$ _____

Description of anticipated inheritance, gift, or lawsuit judgement	Type	Value

TOTAL \$ _____

Monies Owed to You	Comments	Value

TOTAL \$ _____

Liabilities Owed by You	Comments	Value

TOTAL \$ _____

Other Assets	Type	Owner	Estimated Current Value

TOTAL \$ _____

Real Estate

Please list any real property and indicate the type of property below along with type of ownership. **TYPE OF PROPERTY:** Land, Buildings, Homes, Time shares.
TYPE OF OWNERSHIP: Joint Tenants with survivorship rights (JTWROS), Tenants in common (TC), Tenancy by the entireties (TBE), Community Property (CP)

Owner(s): _____ Fair Market Value: _____
Type of Property: _____ Type of Ownership: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Is there a mortgage? Yes No Mortgage Amount: _____
Lender: _____
Home Insurance Agent: _____
Company: _____
When was this property purchased? _____ What was the purchase price? _____

Owner(s): _____ Fair Market Value: _____
Type of Property: _____ Type of Ownership: _____
Address: _____
City: _____ State: _____ Zip: _____ County: _____
Is there a mortgage? Yes No Mortgage Amount: _____
Lender: _____
Home Insurance Agent: _____
Company: _____
When was this property purchased? _____ What was the purchase price? _____

Owner(s): _____ **Fair Market Value:** _____

Type of Property: _____ **Type of Ownership:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Is there a mortgage? Yes No **Mortgage Amount:** _____

Lender: _____

Home Insurance Agent: _____

Company: _____

When was this property purchased? _____ **What was the purchase price?** _____

Owner(s): _____ **Fair Market Value:** _____

Type of Property: _____ **Type of Ownership:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Is there a mortgage? Yes No **Mortgage Amount:** _____

Lender: _____

Home Insurance Agent: _____

Company: _____

When was this property purchased? _____ **What was the purchase price?** _____

TOTAL REAL ESTATE \$ _____

Total Assets & Liabilities

Please add up the total from each section. The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co- ownership with someone other than a spouse, the full value of that asset should be reported under that person's column.

ASSETS

Client One

Client Two

AMOUNT

Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Other Assets		
Real Property		
TOTAL ASSETS		

LIABILITIES

Client One

Client Two

AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
TOTAL LIABILITIES		

NET ESTATE

--	--	--

Document Status

Please indicate the status of each document listed below (if applicable)

	<u>Attached</u>	<u>To Do</u>	<u>N/A</u>
1. Existing wills and/or trusts of both clients including any other Estate Plan Documents (health care documents power of attorney, etc.)	_____	_____	_____
2. Copies of deed(s) for real estate	_____	_____	_____
3. Copies of partnership or LLC operating agreement(s)	_____	_____	_____
4. Copies of shareholder and/or buy/sell agreement(s)	_____	_____	_____
5. Copies of divorce decree(s) or pre-nuptial agreement(s)	_____	_____	_____
6. Copies of any Estate/Gift Tax Returns	_____	_____	_____
7. Copies of any promissory notes and/or loan agreements of money owed to you	_____	_____	_____