



Legacy and estate planning

# Distribute your estate your way.



# Personal information

Tell us a little about you and your family so we can better understand your current situation.

Name: First \_\_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Yes  No  
U.S. citizen

Home address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Occupation/title \_\_\_\_\_ Employer \_\_\_\_\_ Business phone (\_\_\_\_) \_\_\_\_\_

Business address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Eligible for Soc. Sec. benefits?  Yes  No

Spouse name: First \_\_\_\_\_ Last \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Yes  No  
U.S. citizen

Home address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Spouse email \_\_\_\_\_ Spouse phone (\_\_\_\_) \_\_\_\_\_

Spouse Occupation/title \_\_\_\_\_ Spouse employer \_\_\_\_\_ Spouse business phone (\_\_\_\_) \_\_\_\_\_

Spouse business address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Eligible for Soc. Sec. benefits?  Yes  No

Any former marriages?  Yes  No If yes:  Self  Spouse

Are there prenuptial or postnuptial agreements?  Yes  No

If yes, explain: \_\_\_\_\_

## Children

1 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Name (first and last) Date of birth Marital status # of children

\_\_\_\_\_  
Address Occupation Spouse name

\_\_\_\_\_  
Email (\_\_\_\_\_) Phone

2 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Name (first and last) Date of birth Marital status # of children

\_\_\_\_\_  
Address Occupation Spouse name

\_\_\_\_\_  
Email (\_\_\_\_\_) Phone

3 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Name (first and last) Date of birth Marital status # of children

\_\_\_\_\_  
Address Occupation Spouse name

\_\_\_\_\_  
Email (\_\_\_\_\_) Phone

4 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Name (first and last) Date of birth Marital status # of children

\_\_\_\_\_  
Address Occupation Spouse name

\_\_\_\_\_  
Email (\_\_\_\_\_) Phone

5 \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Name (first and last) Date of birth Marital status # of children

\_\_\_\_\_  
Address Occupation Spouse name

\_\_\_\_\_  
Email (\_\_\_\_\_) Phone

Attach separate page, if needed.

## Grandchildren

1

Grandchild name

Parents' names

Address

Planning considerations

2

Grandchild name

Parents' names

Address

Planning considerations

3

Grandchild name

Parents' names

Address

Planning considerations

4

Grandchild name

Parents' names

Address

Planning considerations

5

Grandchild name

Parents' names

Address

Planning considerations

6

Grandchild name

Parents' names

Address

Planning considerations

*Attach separate page, if needed.*

## Parents

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Parent name.

Living?  Yes  No

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Address

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Planning considerations

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Parent name.

Living?  Yes  No

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Address

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Planning considerations

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Spouse parent name.

Living?  Yes  No

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Address

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Planning considerations

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Spouse parent name.

Living?  Yes  No

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Address

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Planning considerations

# Assets and liabilities

We need to have a clear picture of your finances to assist you. This information is personal, so we'll keep it private. If additional space is needed, feel free to provide separate financial statements.

## Personal information summary

Personal assets	Asset value	Liabilities	Ownership code	Growth rate
<b>Ownership codes:</b> <b>S</b> = Self, <b>SP</b> = Spouse, <b>J</b> = Joint with spouse, <b>JS</b> = Joint with survivorship (self – joint ownership with another – non-spouse), <b>C</b> = Community property, <b>JSP</b> = Joint with survivorship (spouse – joint ownership with another – non-spouse)				
Residence				
Business building				
Vacation home				
Rental property				
Land				
Business				
Personal property				
Vehicles				
Collectibles				
Future inheritances				
Cash and equivalents*				
Investments**				
Retirement plans – you				
Retirement plans – spouse				
IRAs – you				
IRAs – spouse				
Roth IRAs – you				
Roth IRAs – spouse				
Annuities – you				
Annuities – spouse				
Other_____				

\* Include checking accounts, savings accounts, money market funds, CDs, etc.

\*\* Include T-bills/T-notes; government, municipal and corporate bonds; notes/mortgages; common and preferred stock; LTD partnerships; and insurance trusts (ILITs, CRTs, etc.).



## Life insurance policies

Description	Insured	Face amount	Cash value	Premium	Ownership code	Beneficiary
<b>Description codes:</b> SL = Single life, FTD = First to die, SV = Survivorship <b>Owner/insured/beneficiary codes:</b> S = Self, SP = Spouse, B = Business, C = Community property, I = Irrevocable trust, R = Revocable trust, O = Other						

Have you reviewed your life insurance with your insurance professional in the past two years?  Yes  No

Have you used tobacco within the last 12 months? Self:  Yes  No                      Spouse:  Yes  No

Describe your and your family’s health history: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is any of this coverage designated for creditors or lenders?  Yes  No  Unsure

Are you concerned about chronic illness?  Yes  No  Unsure

Do you have a policy that includes provisions to protect you in the case of a chronic illness?  
 Yes  No  Unsure

## Disability insurance policies

Description	Benefit amount	Premium	Ownership code	Elimination period	Group or individual
<b>Ownership codes:</b> S = Self, SP = Spouse, B = Business					

# Distribution goals

Complete the following questions about your goals for distributing your estate. Also detail your plans for any gifts and expected inheritances and business ownership.

1. While you are living, are you using any of the following to manage and preserve your assets?

Which of the following do you have in place?	Self	Date	Spouse	Date
Revocable funded living trust	<input type="radio"/>		<input type="radio"/>	
Revocable unfunded living trust	<input type="radio"/>		<input type="radio"/>	
Living will	<input type="radio"/>		<input type="radio"/>	
Power of attorney for property	<input type="radio"/>		<input type="radio"/>	
Power of attorney for health care	<input type="radio"/>		<input type="radio"/>	
Long-term care insurance	<input type="radio"/>		<input type="radio"/>	
Chronic illness protection	<input type="radio"/>		<input type="radio"/>	
Health insurance	<input type="radio"/>		<input type="radio"/>	
Other _____	<input type="radio"/>		<input type="radio"/>	

2. Have you provided for distribution of your estate (wills, trusts) at death? If yes, describe (revocable/irrevocable, charitable remainder, etc.) and provide dates of the documents.

How do your estate planning documents distribute your assets?	Self	Date	Spouse	Date
Will	<input type="radio"/>		<input type="radio"/>	
All outright to spouse	<input type="radio"/>		<input type="radio"/>	
Credit maximizing will (optimal)	<input type="radio"/>		<input type="radio"/>	
• Family trust	<input type="radio"/>		<input type="radio"/>	
• Marital trust	<input type="radio"/>		<input type="radio"/>	
Specified amount/percent to spouse	<input type="radio"/>		<input type="radio"/>	
Other (generation-skipping trust/dynasty trust, charitable trust, etc.)	<input type="radio"/>		<input type="radio"/>	

3. Would you like to provide for any special goals or needs (college, charity, health concerns, etc.)? If yes, what steps have you taken?

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4. How do you feel about giving your surviving spouse control over the final distribution of your estate? Would you feel differently if your surviving spouse remarried?

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5. Do you have any concerns about your survivors handling the financial management of your estate (e.g., ability to handle money, economic maturity)? If yes, describe.

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## Lifetime gifts/inheritances

1. Would you consider making gifts (charities, family, friends) during your lifetime for tax reduction or other purposes? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2. What life insurance gifts have you and your spouse made within the last three years?  
Year: \_\_\_\_\_ Donor: \_\_\_\_\_ Donee: \_\_\_\_\_  
Net death benefit: \_\_\_\_\_ Cash value: \_\_\_\_\_  
Tax credit used: \_\_\_\_\_ Tax paid: \_\_\_\_\_  
  
Year: \_\_\_\_\_ Donor: \_\_\_\_\_ Donee: \_\_\_\_\_  
Net death benefit: \_\_\_\_\_ Cash value: \_\_\_\_\_  
Tax credit used: \_\_\_\_\_ Tax paid: \_\_\_\_\_
  
3. What other lifetime gifts have you and your spouse made (exclude annual exclusion gifts)?  
Year: \_\_\_\_\_ Donor: \_\_\_\_\_ Donee: \_\_\_\_\_  
Value of gift: \_\_\_\_\_  
Tax credit used: \_\_\_\_\_ Tax paid: \_\_\_\_\_  
  
Year: \_\_\_\_\_ Donor: \_\_\_\_\_ Donee: \_\_\_\_\_  
Value of gift: \_\_\_\_\_  
Tax credit used: \_\_\_\_\_ Tax paid: \_\_\_\_\_
  
4. Do you expect to receive any gifts, or are you a beneficiary of any trust(s) established by others?  
If yes, describe. Self: \_\_\_\_\_ Spouse: \_\_\_\_\_
  
5. Do you expect to receive an inheritance? If yes, how much? Self: \_\_\_\_\_ Spouse: \_\_\_\_\_
  
6. Are there any other agreements that will affect the distribution of your estate? (buy-sell, prenuptial, postnuptial, divorce decrees, etc.)? If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. What is your primary objective concerning the distribution of your estate (fair and equitable distribution, minimize expenses, special needs, taxes, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Business ownership summary

1. Do you own an interest in a business?  Yes  No If yes, name of business: \_\_\_\_\_

Is this a family business?  Yes  No

2. Type of business entity and tax status:

Corporation

Taxed as:

C Corp

S Corp

Limited Liability Company

Taxed as:

Partnership

C Corp

S Corp

Partnership

Sole proprietorship

3. Owners:

Ownership percentage

Owners:	Ownership percentage
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Have you received a Principal® Informal Business Valuation?

Yes  No Please provide estimated business value. \$ \_\_\_\_\_

I would like more information about receiving a Principal Informal Business Valuation.

5. What would you want to happen to your business interest(s) at your death (sold, retained, passed to others)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What steps have you taken to accomplish this goal? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Do any of the employee benefit plans in place provide income or other benefits to your heirs or key employees at your death? Please list all. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Survivor needs

Tell us about the income needs of your dependents upon your death.

## Current salary

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
Self Spouse

## Cash needs

### Housing fund

To pay off your mortgage or provide for a down payment

At death of self At death of spouse  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

### Debt liquidation

To pay off other debts

\$ \_\_\_\_\_ \$ \_\_\_\_\_

### Education fund

To pay the cost of college, any outstanding student loans, etc.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Others (bequests, final expenses, etc.)

\$ \_\_\_\_\_ \$ \_\_\_\_\_

## Income needs

(Do not include income for cash needs funded above.)

### Death of self

Your spouse's total monthly income needs  
(mortgages/rent, utilities, groceries, insurance, etc.)

With dependents	Without dependents	At retirement
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your spouse's anticipated monthly employment income

Other income (alimony, trusts, survivor pension income)

### Death of spouse

Your total monthly income needs

Your anticipated monthly employment income

Other income (alimony, trusts, survivor pension income)

With dependents	Without dependents	At retirement
_____	_____	_____
_____	_____	_____
_____	_____	_____

# How do you get started?

You've provided a lot of details about your estate and your plans. And it may be difficult to know what to do first. The following chart can help you determine your priorities.

<b>Distribution goals</b>	<b>Priority ranking</b>	<b>Target date</b>
Determine cash needs.		
Determine income needs.		
Outline any additional special goals or needs.		
Review existing wills, trusts, and other planning documents, including beneficiary designations.		
<b>Lifetime gifts/inheritances</b>	<b>Priority ranking</b>	<b>Target date</b>
Document gifts made, including value, date, and impact on gift tax exemption.		
Determine if additional agreements will impact your estate.		
<b>Business ownership</b>	<b>Priority ranking</b>	<b>Target date</b>
Create a buy-sell agreement or review existing buy-sell agreement.		
Address estate equalization among heirs inside and outside of the business.		
Develop a list of key employees.		
Review executive benefit plans in place.		
<b>Life insurance policies</b>	<b>Priority ranking</b>	<b>Target date</b>
Review existing policies, including beneficiary designations.		
Determine if additional coverage is needed.		

## Professionals

Please list your team of advisors.

Accountant \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

Attorney \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

Banker \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

Investments \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address

Insurance \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email address









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