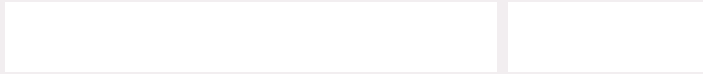


CONFIDENTIAL ESTATE PLANNER



This material is designed to provide general information in regard to the subject matter covered. It should be used with the understanding that Prudential is not rendering legal, accounting or tax advice. Such services should be provided by your own advisors.

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1 PERSONAL INFORMATION

Client A	Date of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Employer	
What's the best time to contact you? <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	E-mail	
Primary Residence Address/Street	City, State Zip	Home Phone
Second Residence Address/Street	City, State Zip	Home Phone
Business Address/Street	City, State Zip	Home Phone
Client B	Date of Birth	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation	Employer	
Business Address/Street	City, State Zip	Home Phone
Always a resident of this state? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, previous states of residence:		
Any pre/postnuptial agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No Any former marriages? <input type="checkbox"/> Yes <input type="checkbox"/> No Whom? Client A <input type="checkbox"/> Client B <input type="checkbox"/>		
Any alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount: Any child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount		

2 FAMILY MEMBERS

Children's Name	Relationship	Age	Married?	Spouse's Name	# Children	Address

Parent's Name	Age	Address

Any special concerns, needs or arrangements to consider for your children, parents or grandchildren?

3 ADVISORS

Do you work with other advisors?

Accountant	Address	Phone
Attorney	Address	Phone
Financial	Address	Phone
Other	Address	Phone

4 ESTATE ATTITUDES AND OBJECTIVES

1. Has anyone ever suggested that you get involved in the estate planning process? Describe. Have you ever done any estate planning? Describe:

2. What motivated you to get involved with estate planning at this time?

3. What do you hope to accomplish **NOW** as a result of this process?

4. What are your goals for the ultimate distribution of your assets? Whom would you like to receive your assets?

Client A

Client B

5. Do you want to treat your children equally in the distribution of your assets (children of prior marriages, children not involved with business)? Explain:

6. Do you have any concerns about burdening your heirs, including spouse, with the financial management of your estate? Explain:

7. Would you like to provide for any special goals or needs (special needs, care of parents, charity)? Explain:

8. If federal and state taxes took 50% of your assets, how would that make you feel? Do you want your family forced to liquidate assets to pay estate settlement costs and tax?

9. How do you feel about giving up control of your assets (gifting, changing ownership) to achieve your estate and wealth transfer objectives?

10. Do you plan to retire? At what age? How much income will you need? How comfortable are you that you'll be able to accomplish this goal?

11. How important is your independence and your ability to maintain your current lifestyle and the lifestyle of your surviving spouse?

5 SURVIVOR NEEDS

CASH NEEDS	At Death Of Client A	At Death Of Client B
Final Expenses Medical, funeral expenses, probate and legal costs	\$	\$
Emergency Fund Expenses which could not be paid from current income such as major repairs or purchases.	\$	\$
Housing Fund To pay off your mortgage or provide a down payment.	\$	\$
Debt Liquidation To pay off other debts.	\$	\$
Child/Home Care Fund To pay additional expenses for child care or home care for an adult.	\$	\$
Education Fund To pay the cost of college or vocational training.	\$	\$
Others	\$	\$

INCOME NEEDS

How much income would your family need to maintain their current lifestyle?

How much is your current monthly income?

Client A

Client B

Client A Death	With Dependents	With Out Dependents	Retirement
Survivor's Total Monthly Income Needs	\$	\$	\$
Survivor's Anticipated Monthly Employment Income	\$	\$	\$
Other Income (alimony, survivor pension income)	\$	\$	\$
Client A Death			
Survivor's Total Monthly Income Needs	\$	\$	\$
Survivor's Anticipated Monthly Employment Income	\$	\$	\$
Other Income (alimony, survivor pension income)	\$	\$	\$

1. Where do you invest your savings, and why? How much are you consistently saving annually?

2. How do you feel about your current overall investment strategy? What do you consider to be a reasonable long-term gross rate of return on your investments?

3. Are you currently taking distributions from any of the retirement accounts/plans (either qualified or nonqualified)? If so, provide additional information concerning survivor benefits:

6 BUSINESS INTERESTS Complete One For Each Business (If not applicable go to section 7)

The Business Continuation Supplement IFS — A069748 should also be completed.

Company Name _____

Principal Business Activity _____

Years in Business _____

Business Type (Check applicable)

- C Corporation Corporate Tax Bracket
- Public
- Private (check applicable) — Family as Owners Sole Shareholder Corp. Personal Service Corp.
- Is there a possibility this entity will go public? No Yes, how soon?
- Pass-through Entity for Tax Purposes (Check applicable)
- Partnership—Is it organized as a General Partnership Limited Partnership
- LLC
- S Corporation—Was it always an S Corporation? Yes No
- Sole Proprietorship

Business Owners

Name	% Owned & Type of Interests	Family Relationship (if any)	DOB/Health	Annual Salary	Annual Dividend/ Distribution	Personal Tax Bracket

1. What do you want to have happen to the business at your retirement, disability or death? Retain Sell as a going concern Liquidate
2. What steps have been taken to accomplish this objective? Explain: _____
3. What is your estimated fair market value of the business if sold today as a going concern? _____
4. Will the business have significant value whether or not you are involved in the business? Explain: _____
5. Are there benefits provided by the business that would lead to substantial financial loss, that you would like continued to you and or your family? Explain: _____
6. If you are not able to be involved in the business will your family/spouse's financial security be tied to the business? How will they get income from the business? _____

7 PERSONAL ASSETS & LIABILITIES

Ownership Code: (A) Client A (B) Client B (C) Community/Marital Property (D) Tenancy in Common (J) Joint with Right of Survivorship with Spouse (O) Other (if selected describe)

Areas not requiring data are shaded and optional data areas are identified.

Asset Type	Gross Value	Liability	Owner Code	Beneficiary	Misc Info.	Cost Basis (Optional)
REAL PROPERTY					Loan Int./Term (Optional)	
Primary Residence						
Second Residence						
Rental Property						
Land						
INVESTMENTS (Not Qualified Retirement)					Interest/ Maturity Date (Optional)	
Bank/Saving Accounts/CDs						
Bonds/ T-Bills						
Receivables (Money Owed to You)						
Securities (Identify Company)					Estimated Growth (Optional)	
Mutual Funds (Identify Fund Company)						
QUALIFIED RETIREMENT ACCOUNTS & PLANS (Identify Type Of Plan - IRA, Roth, SEP, 401(k), etc.)			Participant			
QUALIFIED DEFINED BENEFIT RETIREMENT PLANS					Estimated Annual Benefit	Age Receive Payment/ # Yrs. to Receive
NONQUALIFIED RETIREMENT PLANS (Identify Type Of Plan – SERP, Deferred Comp., 457(f) etc.)						
TANGIBLE PERSONAL PROPERTY						
Automobiles						
Household Furnishings						
Recreation Vehicles						
Collectibles/Art						
CREDIT CARDS/LOANS			Person Responsible		Loan Int./Term (Optional)	
TOTAL						

7 PERSONAL ASSETS & LIABILITIES *continued...*

STOCK OPTIONS

Option Type (NSO,ISO)	Grant Date	Shares Granted	Date Vested	Expiration Date	Exercise Price	Exercise Details	
						Date Exercised (if applicable)	Options Exercised

Do you have other employer incentive plan? Describe:

ANNUITIES

Annuitant Code	Owner Code	Beneficiary	Owner Driven: Y or N	Annuity Type & Carrier	Account Value	Death Benefit Value	Basis (optional)

1. Describe any noteworthy features of the annuities (surrender charges, step-up etc):

2. Are you taking distributions from any annuity? If so, provide additional information concerning survivor benefits: :

LIFE INSURANCE POLICIES (Include employer group policies)

Insured Code	Owner Code	Beneficiary	Policy Type & Carrier	Death Benefit Amount	Annual Cost	Total Cash Value	Loan (if any)

1. Why did you purchase the insurance you currently own? Have your reasons for coverage changed?

2. Provide any additional noteworthy information concerning your life insurance policies (e.g., premium structure such as split dollar, premium source etc.):

3. How is your health? To your knowledge has it changed since you purchased the coverage?

8 LIFETIME GIFTS & INHERITANCES

1. Are you currently making any gift tax-free (annual exclusion) gifts? Describe (whom, amount, reason):
2. Do you feel you can afford to make gifts during your lifetime? Would you consider maximizing tax-free gifts to your heirs? How do you feel about creating social capital (charity)?

3. Have you made any gifts of life insurance within the last three years? Describe:

Year	Donor	Donee	Net Death Benefit	Cash Value	Credit Used	Tax Paid

4. Have you made any gifts where you filed a gift tax return (gifts in excess of gift tax annual exclusion)? Describe:

Year	Donor	Donee	Value of Gift	Credit Used	Tax Paid

5. Are you currently receiving any gifts? Are you currently a beneficiary of a trust? Explain:

6. Do you expect to receive an inheritance? How much/ from whom? Client A: Client B:

9 CURRENT WILL AND TRUST PROVISIONS

1. Which of the following estate documents do you currently have in place?

	Client A			Client B		
Wills	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>
Living Revocable Trust	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>
Power of Attorney — Financial Matters	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Power of Attorney — Health Care	<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Guardians for Minors	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Whom <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Whom <input type="text"/>
Irrevocable Insurance Trust (ILIT)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>
Other Trust Arrangements in Place (Describe)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Date <input type="text"/>

2. Identify how your current documents distribute your estate:

	Client A	Client B
No Wills/Trusts	<input type="checkbox"/>	<input type="checkbox"/>
All Outright to Spouse, Otherwise Children	<input type="checkbox"/>	<input type="checkbox"/>
No Property to Spouse, All to Children	<input type="checkbox"/>	<input type="checkbox"/>
Maximize By-Pass Trust Balance to Spouse	<input type="checkbox"/>	<input type="checkbox"/>
Other i.e., charitable bequest (Describe)	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your primary objective concerning the distribution of your estate (minimize taxes and costs, special needs, charitable bequest etc.)?

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