

Estate Information

Individuals

Rate the importance of each item according to the following scale:

	Low	Medium	High
Distribution assets equally to your children			
Protecting your assets transferred to your children from creditors, divorce, and bankruptcy			
Reviewing your insurance portfolio			
Minimizing estate taxes			
Charitable planning to your estate's planning			
Contributing annually to charity			
Giftng to your children if it doesn't interfere with your financial independence			
Planning for your grandchild's education			
Reviewing your current will structure to eliminate unnecessary taxes			
Protecting your residence and/or vacation home from estate taxes			
Having your estate in trusts for your spouse in order			
To protect your children's inheritance			

Trusts and Partnerships

QTIP Name: _____
 Current Value: _____ Date of Established: _____
 Trustee: _____ Grantor: _____
 Income Beneficiary: _____ Remainder Beneficiary: _____
 Sprinkle Provision? Yes No
 Assets Owned: _____

ILITs

ILIT Name: _____
 Current Value: _____ Date of Established: _____
 Trustee: _____ Grantor: _____
 Income Beneficiary: _____
 Remainder Beneficiary: _____
 Sprinkle Provision Yes No
 Assets Owned: _____

FLPs

FLP Name: _____
Current Value: _____ Date of Established: _____
Owner: _____
Payout Type: _____ Payout Rate: _____
Assets Owned: _____

QPRTs

QPRT Name: _____
Trustee: _____ Grantor: _____
Residence _____ Date Established: _____
Retained Interest: _____
Remainder Interest: _____
Income Beneficiary: _____ Remainder Beneficiary: _____
Term (Years): _____

GRTs

GRT Name: _____
Current Value: _____ Date of Established: _____
Trustee: _____ Grantor: _____
Income Beneficiary: _____ Remainder Beneficiary: _____
Payout Type: _____ Payout Rate: _____
Income Interest: _____ Remainder Interest: _____
Term (Maximum Years): _____ Term expires at death of (Client, Spouse, Last to die): _____
Assets Owned: _____

CRTs

CRT/CLT Name: _____
Current Value: _____ Date of Established: _____
Trustee: _____ Grantor: _____
Income Beneficiary: _____ Remainder Beneficiary: _____
Payout Type: _____ Payout Rate: _____
Income Interest: _____ Remainder Interest: _____
Term (Maximum Years) _____ Term expires at death of (Client, Spouse, Last to die) _____
Assets Owned: _____

CLTs

CRT/CLT Name: _____
 Current Value: _____ Date of Established: _____
 Trustee: _____ Grantor: _____
 Grantor Trust: Yes No
 Income Beneficiary: _____ Remainder Beneficiary: _____
 Payout Type: _____ Payout Rate: _____
 Income Interest: _____ Remainder Interest: _____
 Term (Maximum Years): _____ Term expires at death of (Client, Spouse, Last to die): _____
 Assets Owned: _____

CSTs – Client

CST Name: _____
 Current Value: _____ Date of Established: _____
 Trustee: _____ Grantor: _____
 Grantor Trust: Yes No
 Income Beneficiary: _____ Remainder Beneficiary: _____
 Payout Type: _____ Payout Rate: _____
 Income Interest: _____ Remainder Interest: _____
 Term (Maximum Years): _____ Term expires at death of (Client, Spouse, Last to die): _____
 Assets Owned: _____
 Sprinkle Provision Yes No

CSTs – Spouse

CST Name: _____
 Current Value: _____ Date of Established: _____
 Trustee: _____ Grantor: _____
 Grantor Trust: Yes No
 Income Beneficiary: _____ Payout Type: _____ Remainder Beneficiary: _____
 Payout Rate: _____
 Income Interest: _____ Remainder Interest: _____
 Term (Maximum Years): _____ Term expires at death of (Client, Spouse, Last to die): _____
 Assets Owned: _____ Sprinkle Provision Yes No

Revocable Trusts

Revocable Trust Name: _____
Current Value: _____ Date of Established: _____
Trustee: _____ Grantor: _____
Assets Owned: _____

Irrevocable Trusts

Irrevocable Trust Name: _____
Current Value: _____ Date of Established: _____
Trustee: _____ Grantor: _____
Income Beneficiary: _____ Remainder Beneficiary: _____
Term (Maximum Years): _____ Term expires at death of (Client, Spouse, Last to die): _____
Sprinkle Provision? Yes No Crummey Powers? Yes No
Note Receivable: _____
Payout Type: _____ Payout Rate: _____
Trust Start Date: _____ Trust End Date: _____
Assets Owned: _____

Specific Bequests

Bequest 1: _____
Give (% or \$) _____ Of (Asset Name or Remaining Estates Value) _____
Option A: Distribute Evenly Among All Recipients: _____
Option B: Recipient Percent(ages) _____
Bequest 2: _____
Give (% or \$) _____ Of (Asset Name or Remaining Estates Value) _____
Option A: Distribute Evenly Among All Recipients: _____
Option B: Recipient Percent(ages) _____
Bequest 3: _____
Give (% or \$) _____ Of (Asset Name or Remaining Estates Value) _____
Option A: Distribute Evenly Among All Recipients: _____
Option B: Recipient Percent(ages) _____

Planned Gifts

Planned Gift 1 _____

Use Maximum Annual Gift Tax Exclusion: Yes No

Dollar Amount or Percent: _____

Gift Funded by: _____

Grantor:

Recipient: _____

Gift Start Date: _____ Gift End Date: _____

Planned Gift 2 _____

Use Maximum Annual Gift Tax Exclusion: Yes No

Dollar Amount or Percent: _____

Gift Funded by: _____

Grantor: _____

Recipient: _____

Gift Start Date: _____ Gift End Date: _____

Planned Gift 3 _____

Use Maximum Annual Gift Tax Exclusion: Yes No

Dollar Amount or Percent: _____

Gift Funded by: _____

Grantor:

Recipient: _____

Gift Start Date: _____ Gift End Date: _____

Additional Notes

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