

know

your estate planning needs

Real Recommendations for Your Estate

The information you provide will help us develop a personalized analysis with specific recommendations for you to consider in evaluating your individual situation.

Although much of the information requested in this questionnaire is financial in nature, it is equally important for us to understand your goals and hopes for your estate plan. Please elaborate on these areas in the spaces provided.

We will return the completed analysis to your agent or representative. At that point, we encourage you to discuss these recommendations with him or her. You should also consult with your legal or tax advisor about any specific tax or legal questions you may have before starting an estate plan or making changes to an existing one. In many instances, an attorney will be needed to draft legal documents.

Please understand that all the information you provide is strictly confidential, and under no circumstances are you obligated to purchase anything from Lincoln Benefit Life Company as a result of receiving an analysis.

Individual Financial Planning Services

ESTATE PLANNING QUESTIONNAIRE

AGENT INFORMATION	
agent name	agent/producer #
address	business name
	business phone
	facsimile

CLIENT INFORMATION					
client name		spouse name			
date of birth	sex	date of birth	sex		
social security number		social security number			
occupation		occupation			
U.S. citizen?	yes	no	U.S. citizen?	yes	no
state of residence		state of residence			
children's names	ages	marital status	number of children	ages	
notes (are your children from a prior marriage, have special needs, etc.)					
Do you have any special goals or concerns for your family members?					

Record of Personal Assets*

(EXCLUDING RETIREMENT PLANS LISTED ON PAGE 6 AND BUSINESS INTERESTS LISTED ON PAGE 5)

ASSET TYPE	OWNER **	MARKET VALUE	LIABILITY	GROWTH RATE
residence		\$	\$	%
second residence		\$	\$	%
other real estate		\$	\$	%
stock		\$	\$	%
bonds		\$	\$	%
mutual funds		\$	\$	%
cash		\$	\$	%
household goods		\$	\$	%
personal property		\$	\$	%
autos, boats		\$	\$	%
future inheritance		\$	\$	%
other – please specify				
		\$	\$	%
		\$	\$	%

*If you need more room, or would like to provide a financial statement that includes all of the information requested above in lieu of completing this section, attach any additional information to these sheets.

**Owner: J=Joint with spouse, H=Husband, W=Wife, C=Community Property, HT= Husband’s Trust, WT=Wife’s Trust. Community Property states are: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If you live in a community property state and own any separate property, indicate as HS (Husband Separate) or WS (Wife Separate).

Do you own any assets (such as real estate or business interests) in another state? Please describe:

ABOUT YOUR BUSINESS INTEREST			
(Do not include amounts here that have already been listed on the Record of Personal Assets section.)			
Type of Business:			
Organization of Business	“S” corporation <input type="checkbox"/>		“C” corporation <input type="checkbox"/>
sole proprietor <input type="checkbox"/>	partnership <input type="checkbox"/>	limited liability company <input type="checkbox"/>	
Is there a buy/sell agreement in effect?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
What are your plans for the business?			
What is the estimated value of your business if sold as a going concern today? \$			
Of this estimated value, the estimated value of each owners’ share is:			
client \$	spouse \$	others \$	others \$
At what rate is the value of your business growing each year?			%

Present Estate Plan

	CLIENT	SPOUSE
Do you have a will?		
Date of will		
Do you have a living trust?		
Have assets been transferred to the living trust?		
Year estate plan was last revised		
Does your estate plan use A/B trusts?		
Do you currently have a: living will?		
health care power of attorney?		
financial durable power of attorney?		
Do you have a prenuptial or postnuptial agreement?		
If yes, please give details relevant to estate planning on page 7.		

Income

ITEM	HUSBAND/WIFE/ JOINT	ANNUAL INCOME	GROWTH RATE	PERCENT SAVED EACH YEAR*	FOR HOW MANY MORE YEARS?
salary		\$	%	%	
salary		\$	%	%	
income producing real estate		\$	%	%	
other		\$	%	%	
		\$	%	%	

*Excluding retirement contributions

Retirement Plans

Plan types might include pension plans, profit-sharing plans, 401(k) plans, HR10 plans, simplified employee pension plans, Simple plans, tax-sheltered annuities, individual retirement accounts, Roth IRAs and deferred compensation programs. In community property states, retirement plans are assumed to be community property unless otherwise noted.

	PLAN 1	PLAN 2	PLAN 3	PLAN 4
type				
participant				
designated beneficiary				
current value	\$	\$	\$	\$
Income Tax Basis (if any)	\$	\$	\$	\$
growth rate on balance	%	%	%	%
annual deposit	\$	\$	\$	\$
for how many more years				
planned withdrawals	\$	\$	\$	\$
starting year of withdrawals				
for how many years				
age at planned retirement	client		spouse	

Existing Life Insurance

INSURED	OWNER	BENEFICIARY	INSURANCE COMPANY	FACE AMOUNT*	SURRENDER VALUE
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Insured: H=Husband; W=Wife; S=Survivor (Second-to-Die); if Other, please describe.
Owner: H=Husband; W=Wife; I=Irrevocable Trust; R=Revocable Trust; if Other, please describe.
Beneficiary: H=Husband; W=Wife; I=Irrevocable Trust; R=Revocable Trust; if Other, please describe.

*If the Owner has borrowed against the policy’s cash value, reduce the death proceeds by the amount of the loan.

Estate Planning Goals

Whom do you wish to benefit from your estate? (BOTH CLIENT AND SPOUSE SHOULD RANK INDIVIDUALLY)

CLIENT		SPOUSE	
spouse		spouse	
children		children	
grandchildren		grandchildren	
charity		charity	
other relatives		other relatives	
other (describe)		other (describe)	
Briefly describe your goals in planning your estate. List any specific concerns.			
Do you currently make annual gifts?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, to how many beneficiaries and in what amount?			
Are you interested in the effects of annual gifts?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If you are interested in any of the following, please indicate below:			
<input type="checkbox"/>	charitable bequests at death	<input type="checkbox"/>	using charitable trusts

Please return the completed questionnaire to your agent or representative.
Your agent or representative can fax it to (949) 863-9318 or mail it to:

Lincoln Benefit Life
CPS Insurance Services
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plan

your next steps.

LINCOLN BENEFIT LIFE
C O M P A N Y

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