

Life Insurance Trust Estate Planning Questionnaire

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Family Information

Spouse/Partner Name

Children Names & Ages

Other Dependents

Life Insurance Policy Details

Insurance Company

Policy Number

Policy Amount

Current Owner of Policy

Current Beneficiary

Type of Policy

If Other, Specify

Trust Information

Name of Proposed Trust

Desired Trustees

Desired Successor Trustees

Intended Trust Beneficiaries

Additional Trustee Instructions

Other Relevant Information

Other Assets to Include

Special Instructions

Questions or Concerns

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