Ohio National Financial Services®

Advanced Planning

Estate Planning Data Taker

Reset Form

Please do not use this form to request an estate analysis report. Instead, complete "Request For Estate Analysis Report" (Form 2490).

Date ______________________

Prepared by ______________________

A. Personal Data

Estate Owners:

Name ______________________ Date of Birth / / Health ______________________

Residence Address ______________________ Residence Phone ( ) ______________________

Employer ______________________ Year Started / / ______________________

Occupation/Title ______________________ Annual Compensation $ ______________________

Business Address ______________________ Business Phone ( ) ______________________

Spouse Name ______________________ Date of Birth / / Health ______________________

Employer ______________________ Year Started / / ______________________

Occupation/Title ______________________ Annual Compensation $ ______________________

Business Address ______________________ Business Phone ( ) ______________________

Date of Marriage / / Do you have a pre- or post-nuptial agreement? ☐ Yes ☐ No

Prior Marriage(s)? ☐ Yes ☐ No Obligation from prior marriage(s)? ☐ Yes ☐ No

Children:

Name	Date of Birth	Health	Marital Status
	/ /		
	/ /		
	/ /		
	/ /		

Other Dependents:

Name	Date of Birth	Health	Marital Status
	/ /		
	/ /		

Parents:

Name	Age	Situation

Comments:

Advisers:

Attorney: Phone ( )

Address

Accountant: Phone ( )

Address

Bank/Trust Officer: Phone ( )

Address

Other: Phone ( )

Address

B. Insurance

	Policy 1	**Policy 2**	**Policy 3**	**Policy 4**	**Policy 5**
Insured(s)					
Company					
Plan					
Face Amount					
Owner					
Beneficiary					
Cash Value					
Annual Premium					

C. Inventory of Assets & Liabilities (List ownership at today's fair market value.)

ASSETS	CLIENT	SPOUSE	JOINT	COMMUNITY
Investments				
Cash	$	$	$	$
Stocks/Mutual Funds	$	$	$	$
Bonds	$	$	$	$
Other	$	$	$	$
Total Investments	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00
Business Interests				
Business	$	$	$	$
Machinery/Equipment	$	$	$	$
Crops/Livestock	$	$	$	$
Other	$	$	$	$
Total Business Interests	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00
Real Estate				
Residence	$	$	$	$
Vacation Home	$	$	$	$
Farm/Ranch	$	$	$	$
Investment	$	$	$	$
Other	$	$	$	$
Total Real Estate	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00
Miscellaneous				
Personal	$	$	$	$
Autos/Boats	$	$	$	$
Household Furnishings	$	$	$	$
Jewelry	$	$	$	$
Other	$	$	$	$
Total Miscellaneous	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00
LIABILITIES				
Mortgages	$	$	$	$
Loans	$	$	$	$
Accounts Payable	$	$	$	$
Other	$	$	$	$
Total Liabilities	**$** 0.00	**$** 0.00	**$** 0.00	**$** 0.00

D. Retirement Benefits

CLIENT: Are you currently a participant in a retirement plan? ❑ Yes ❑ No

For each type of plan:	PLAN 1	PLAN 2	PLAN 3
Plan Type			
Present Value	$	$	$
Expected Growth	%	%	%
Beneficiary (at death)			
Annual Contribution (if any)	$	$	$

SPOUSE Are you currently a participant in a retirement plan? ❑ Yes ❑ No

For each type of plan:	PLAN 1	PLAN 2	PLAN 3
Plan Type			
Present Value	$	$	$
Expected Growth	%	%	%
Beneficiary (at death)			
Annual Contribution (if any)	$	$	$

E. Wills and Trusts

WILLS

CLIENT: Do you have a will? ❑ Yes ❑ No **SPOUSE:** Do you have a will? ❑ Yes ❑ No

When was it prepared/last reviewed? ____________________

Basic distribution arrangements ____________________

Type of Marital Deduction Clause:

Client	Spouse	
____________	____________	None
____________	____________	Simple Will — Maximum (100% to spouse)
____________	____________	Credit Trust
____________	____________	Specific Dollar Amount: $ ____________
____________	____________	Percentage of Estate: ________%

Have you named guardians for minor children? ❑ Yes ❑ No

Who? ______________________________ Relation? ______________________________

TRUSTS

Have you created any trusts? ❑ Yes ❑ No

1. Type of Trust ______________________ Date of Trust / / ______

Trustee(s) ______________________ Relation? ______________________

Beneficiary(ies) ______________________ Relation? ______________________

______________________ Relation? ______________________

Assets in Trust ______________________ Value $ ______________________

2. Type of Trust ______________________ Date of Trust / / ______

Trustee(s) ______________________ Relation? ______________________

Beneficiary(ies) ______________________ Relation? ______________________

______________________ Relation? ______________________

Assets in Trust ______________________ Value $ ______________________

Do you have a QTIP marital trust? ❑ Yes ❑ No

Do you have an irrevocable life insurance trust? ❑ Yes ❑ No

List assets funding the trust and their value ______________________________

Are you a trustee or beneficiary under a trust set up by someone else? ❑ Yes ❑ No

Explain ______________________________

____

F. Gifts and Bequests

Have you or your spouse made any gifts? ❑ Yes ❑ No

Donor	Donee	Amount of Gift	Date	Amount of Gift Taxes Paid
		$	/ /	$
		$	/ /	$

Are future gifts contemplated? ❑ Yes ❑ No

Explain ____________________

Have you ever made a gift under the Uniform Gifts/Transfers to Minors Act? ❑ Yes ❑ No

Who is the custodian? ____________________ Who are the donees? ____________________

What was given? ____________________

Do you or your spouse have any special bequests you wish to make? ❑ Yes ❑ No

Donor	Donee	Amount	Charitable (Y/N)
		$	
		$	

G. Inheritance & Powers of Appointment

Do you expect to receive an inheritance? ❑ Yes ❑ No Amount $ ____________

Does your spouse expect to receive an inheritance? ❑ Yes ❑ No Amount $ ____________

Do you have a general power of appointment over other property? ❑ Yes ❑ No

What is the fair market value of that property?

Your Property $ ____________ Spouse's Property $ ____________

H. Business Interest

Name of Business ____________________

Type of Business Organization ____________________

Nature of Business ____________________

Owner	Relationship (if any)	Position	% Owned
			%
			%
			%
			%

Fair market value of business interest: **Client** $ ____________ **Spouse** $ ____________

What do you estimate is the liquidation value of your business (i.e., what would your estate collect)? $ ____________

Do you have a child now active in the business or one who intends to be active? ❑ Yes ❑ No

Is there a buy-sell agreement? ❑ Yes ❑ No **IF SO:**

Is it a cross purchase agreement plan or is the company purchasing the business interest? ____________

Does it provide for the procedure to be followed in the event of: ❑ death ❑ disability ❑ withdrawal ❑ retirement

Does it compel the purchase and sale of an associate's interest in the event of death or is it optional? ____________

Who will be the purchaser? ____________

How is the purchase price determined — book value, fixed price or formula? ____________

What is the agreement price today? ____________

When was the price last reviewed? ____________

Is the agreement funded? ❑ Yes ❑ No With life insurance? ❑ Yes ❑ No With disability insurance? ❑ Yes ❑ No

If no buy-sell agreement exists:

Do you intend to liquidate the business at your death? ❑ Yes ❑ No

Do you intend to transfer your business interest by will? ❑ Yes ❑ No

To whom? ____________

Do you intend to sell your business at death? ❑ Yes ❑ No

To whom? ____________ Relation to Owner ____________

I. Income & Estate Objectives

Do any of your children have special educational, medical or financial needs? ____________

What is your estimate of the emotional maturity of your children? ____________

Do you have any children in college? ❑ Yes ❑ No How many? ____________

Do you anticipate sending any children to college in the future? ❑ Yes ❑ No How many? ____________

If you have children from a former marraige or relationship, what financial objectives do you wish to provide them? ____________

____

Are any assets already owned by children or for them? ❑ Yes ❑ No

Child's Name	Description of Assets	How Held: Trust, Custodianship, etc.	Amount
			$
			$
			$
			$
		0.00	**Total** $ 0.00

Do you want your spouse to manage your estate from an investment standpoint? ❑ Yes ❑ No

To whom would your spouse look for management help?________________________________

Do you expect that your surviving spouse will work? ❑ Yes ❑ No

Do you expect your surviving spouse to remain in your present home? ❑ Yes ❑ No

Do you want to pay off your home mortgage at your death? ❑ Yes ❑ No

At your spouse's death? ❑ Yes ❑ No

At what age do you plan to retire? Client ________________ Spouse ________________

At what monthly income? Client ________________ Spouse ________________

Do you want to reduce estate taxes and settlement costs? ❑ Yes ❑ No

Is meeting your income objectives more important than reducing settlement costs? ❑ Yes ❑ No

What is your most important estate planning objective?

Is there anything else I should know — about your family, your plans or anything that is of particular concern?

Comments

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Tracing its corporate origins to 1909, Ohio National markets a variety of insurance and financial products in 47 states (all except Alaska, Hawaii and New York), the District of Columbia and Puerto Rico, with subsidiary operations in Santiago, Chile. We are committed to building long-term relationships with our customers and to providing them with solutions as their needs change over time.