

UNITED WEALTH PROTECTION CONCEPTS, LLC

Confidential Client Profile for the use of our associated CPA and Law Firms

For our comments regarding suggestions and recommendations to accomplish your estate tax, income tax and asset protection planning based on the following personal, family, financial, business situation and stated objectives, please complete and return this confidential client profile to our Office Headquarters at 1860 82nd Avenue Suite 206, Vero Beach FL 32966. Feel free to call us toll free at (800) 922-1771 or use our toll free facsimile number at (866) 533-4804.

Associate please complete:
Representative Name: _____

Preliminary Information

Please Print All Information

Client Information

Last Name _____
First Name _____
Middle Name _____
Suffix (Jr., Sr., etc.) _____
Citizen of _____
Date of Birth (MM/DD/YYYY) _____
Social Security Number _____

Spouse's/Partner's Information

Last Name _____
First Name _____
Middle Name _____
Suffix (Jr., Sr., etc.) _____
Citizen of _____
Date of Birth (MM/DD/YYYY) _____
Social Security Number _____

Home Address _____

City _____ State _____ Zip Code _____

County of Residence _____ Home Phone _____

Home Email Address _____

Mail Documents to _____ Home _____ Office _____ Duration of Residence _____

Today's Date (MM/DD/YYYY) _____

Employer _____

Position _____

Address _____

City _____ State _____ Zip Code _____

Business E-mail Address _____

Phone _____ Fax _____

Spouse's/Partner's Employer _____

Position _____

Address _____

City _____ State _____ Zip Code _____

Business E-mail Address _____

Phone _____ Fax _____

_____ Yes _____ No Are either of you owners of the employment? If yes, please complete
Schedule "A" on Page 9.

Children

Full Name _____	Age _____	# of Grandchildren
Social Security Number _____		
Full Name _____	Age _____	# of Grandchildren
Social Security Number _____		
Full Name _____	Age _____	# of Grandchildren
Social Security Number _____		
Full Name _____	Age _____	# of Grandchildren

Is it possible for you to have or adopt more children? _____ YES _____ NO

Is any beneficiary physically impaired or mentally handicapped? _____ YES _____ NO

Have any of your children died leaving heirs? _____ YES _____ NO

**If “YES,” provisions may need to be added to your documents.
Please elaborate on Schedule “B” Page 13.**

If married, is this your first marriage?
 _____ YES - Marriage date (MM/DD/YYYY)
 _____ NO - Please complete Schedule “C” on Page 13.

Financial Statement

(If more room is needed please use Schedule “D” on Page 14)

ASSET	CP or SP*	US VALUE	FOREIGN VALUE	DEBT
Cash & Savings		\$	\$	\$
Life Insurance on Client *1		\$	\$	\$
Life Insurance on Spouse/Partner *1		\$	\$	\$
Installment Notes		\$	\$	\$
Stocks & Bonds - Listed Sec.		\$	\$	\$
Stocks & Bonds - Unlisted		\$	\$	\$
Investment Real Estate		\$	\$	\$
Business Interest		\$	\$	\$
Retirement Plans of Husband		\$	\$	\$
Retirement Plans on Wife		\$	\$	\$
Residence		\$	\$	\$
Second Residence		\$	\$	\$
Personal Assets		\$	\$	\$
Potential Inheritance		\$	\$	\$
Other Assets/Debts		\$	\$	\$
TOTAL ESTATE		\$	\$	\$

*CP/SP - Community Property/Separate Property. For each asset or liability indicated as “SP,” please indicate who owns the asset.

*1 - Please complete Schedule “F” Page 16

Do you own any company stock options? _____ YES _____ NO

If YES, company name _____

Are any of the assets located outside of your home state? _____ YES _____ NO

If YES, please indicate below which assets and where they located.

Liability Information

Are there any outstanding judgments against you or your spouse? _____ YES _____ NO

If yes, please give brief description: _____

Are you and/or your spouse named defendants in any current lawsuits? _____ YES _____ NO

If yes, please give brief description: _____

Are there any pending or potential lawsuits? _____ YES _____ NO

If yes, please give brief description: _____

Are you and/or your spouse under a court order to prevent the transfer of assets? _____ YES _____ NO

If yes, please give brief description: _____

Goals for Estate Planning & Asset Protection

Please number your priorities for all of the following that apply to your estate planning and asset protection goals. You may also provide other goals below or, if you desire, on a separate piece of paper:

- _____ Provide asset protection from creditors and lawsuits
- _____ Reduce income taxes
- _____ Reduce or eliminate estate taxes
- _____ Avoid the expense of probate
- _____ Control you assets throughout your life
- _____ Provide privacy

In addition to the areas indicated above, I/we have the following goals and/or objectives in planning our estate: _____

Previous Planning

Do you or your spouse/partner have any of the following:

<u>H</u>	<u>W</u>		<u>H</u>	<u>W</u>	
_____	_____	Durable Power of Attorney (Health)	_____	_____	Children's Trust
_____	_____	Durable Power of Attorney (Assets)	_____	_____	Charitable Remainder Trust
_____	_____	Living Will (year prepared _____)	_____	_____	Charitable Lead Trust
_____	_____	Will (year prepared _____)	_____	_____	Pension Limited Partnership
_____	_____	Revocable Living AB Trust	_____	_____	Limited Liability Company(s)
_____	_____	Limited Partnership(s) (Family)	_____	_____	Corporation(s) (International)
_____	_____	Insurance Trust	_____	_____	Corporation(s) (Domestic)
_____	_____	Foreign Security Trust	_____	_____	US Grantor International Trust
_____	_____	Non US Grantor Trust	_____	_____	Other (please list on separate paper)

Do you have any international interest? If yes please complete Schedule "E" Page 15

_____ YES _____ NO

Fiduciary Appointments

WILLS

NOTE: If executor is surviving spouse, note "S/S." Indicate relationship of all appointments, for example, brother, mother, friend, etc.

	Single Individual/Client Name	Spouse/Partner
1st Executor	_____	_____
Relationship	_____	_____
2nd Executor	_____	_____
Relationship	_____	_____
3rd Executor	_____	_____
Relationship	_____	_____

TRUSTS FAMILY, MARITAL & CHILDREN'S TRUST

NOTE: Trustees are often the same individuals you have named as your executors. Only complete this section if you want different trustees.

	Single Individual/Client Name	Spouse/Partner
1st Trustee	_____	_____
Relationship	_____	_____
2nd Trustee	_____	_____
Relationship	_____	_____
3rd Trustee	_____	_____
Relationship	_____	_____

GUARDIAN, for children under age 18

Please name only one person as a guardian and successor guardians, not a married couple. You do not have to name the child's parent as a guardian since that is automatic.

Guardian	_____
Relationship	_____
Contact Information	_____
Successor Guardian	_____
Relationship	_____
Contact Information	_____
3rd Guardian	_____
Relationship	_____
Contact Information	_____

Would you want your guardian's child to be an income beneficiary of the trust for higher education needs only until the age of 25? _____ YES _____ NO

ULTIMATE DISTRIBUTION OF ESTATE IN THE EVENT OF A CATASTROPHE

In the event you, your spouse, children and grandchildren should die without leaving any descendants, your estate will automatically pass according to state law. _____ Allow the property to pass to heirs

You can modify this distribution scheme if you want.

Change the default language as follows _____

DURABLE LIMITED POWER OF ATTORNEY FOR FINANCIAL DECISIONS

This document authorizes your agent to conduct your financial affairs. It is generally used when you are mentally or physically incapable of making decisions. NOTE: If agent is surviving spouse, note "S/S", otherwise state the relationship.

	Single Individual/Client Name	Spouse/Partner
1st Agent	_____	_____
Relationship	_____	_____
Contact Information	_____	_____
2nd Agent	_____	_____
Relationship	_____	_____
Contact Information	_____	_____
3rd Agent	_____	_____
Relationship	_____	_____
Contact Information	_____	_____

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

NOTE: If agent is surviving spouse, note "S/S" otherwise state the relationship

	Single Individual/Client Name	Spouse/Partner
1st Agent		
Relationship	_____	_____
Address	_____	_____
Phone	_____	_____
2nd Agent	_____	_____
Relationship	_____	_____
Address	_____	_____
Phone	_____	_____
3rd Agent	_____	_____
Relationship	_____	_____
Address	_____	_____
Phone	_____	_____

GENERAL DISTRIBUTION PROVISIONS FOR TAX-PLANNED DOCUMENTS

- After the surviving spouse dies, do you want the assets managed as a single trust until the youngest child attains a specified age, after which the trust assets would be divided?
_____ YES
_____ NO
If "YES", until what age would you like the assets pooled?
- Would you like your children or grandchildren to be a co-trustee or sole trustee of their own trust?
_____ Never
_____ Co-trustee at age _____ and never a sole-trustee
_____ Co-trustee at age _____ and sole trustee at age _____
_____ Sole trustee at age _____ or _____ immediately upon creation of child's trust
- Do you want your assets to be distributed to your child with a
_____ **Terminal Trust**; the trust terminates during the lifetime of your child, ending
 - 1) When the child is age _____ (not past age 35 if you want trusts for a longer period of time, please select Generation Skipping below), or
 - 2) Distributions of _____% at age _____, _____% at age _____ and 100% at age _____.
_____ **Generation Skipping Descendants Trust**; the trust continues for your child's life. Your child has the trust income and can use the principal for his health, education, maintenance and support. When your child dies the remaining assets are passed, free of estate tax, to your grandchildren and the trust would then terminate
 - 1) When the grandchild is _____ age, or
 - 2) The maximum time allowed by law

REVOCABLE LIVING TRUST TO AVOID PROBATE

NOTE: Generally you and your spouse are co-trustees. The successor executors listed in the Executor section are the trustees upon your deaths. If this is not your desire, or if you would like different trustees in the event of your disability, please complete the following form.

Husband/Single Individual

Spouse

Trustee	_____	_____
Relationship	_____	_____
Contact Information	_____	_____
Successor Trustee	_____	_____
Relationship	_____	_____
Contact Information	_____	_____
3rd Trustee	_____	_____
Relationship	_____	_____
Contact Information	_____	_____

1. If co-trustees are named, are signatures required for property transfers for
 _____ **one** or _____ **all** trustees?
2. Should trustees have the right to invade trust principal for health, education, maintenance, and support (HEMS) of beneficiary?
 _____ **Yes** _____ **No**
3. Trustee standards for management
 _____ **Conservative**
 _____ **Liberal**
 _____ **Conservative, but liberal for education**
4. Should advances be made for purchase of
 _____ **Home** _____ **Business** _____ **Marriage** _____ **None**
 If advances are made, they will be allocated from the beneficiary's trust principal.
5. If there are three or more co-trustees, should decisions be made by
 _____ **Majority rule**
 _____ **Unanimous rule**
6. Should trustees receive compensation based on
 _____ **Reasonable standards**
 _____ **1% of assets annually**
 _____ **None**
7. Should trustees account to the beneficiary
 _____ **Annually**
 _____ **On request only**
 _____ **Only on termination of the trust or change of trustee**
 _____ **Never**

Schedule "A" - 1 of 3
Business Interests

Do you own a business (s)? _____ Yes _____ No

If your answer is yes, please list the information requested for each business below.

Business # 1: Name

Is your spouse a co-owner of your business? _____ Yes _____ No

Are there other co-owners other than your spouse? _____ Yes _____ No

If yes, list names of other co-owners _____

Are you an officer or director of this business? _____ Yes _____ No

Please describe the nature of this business _____

Do you have any pension or profit sharing plan for this business? _____ Yes _____ No

Please estimate the amount of any such pension and profit sharing plan that belongs to you.

\$ _____

Please estimate the current market value for this business. \$ _____

Please indicate the estimated annual income before taxes for this business. \$ _____

Please indicate any salary or other form of compensation you receive from this business.

\$ _____

Please estimate the amount of insurance premiums in the following areas:

Malpractice coverage \$ _____ Workman's Compensation coverage \$ _____

Liability Insurance coverage \$ _____ Other \$ _____ \$ _____

Your business can be owned and operated in the following title formats. Please acknowledge which format exists for the businesses listed above. They would include the possible title formats as follows:

_____ Sole Proprietor _____ Limited Liability Company

_____ General Partnership _____ Limited Partnership

_____ Professional Partnership _____ Professional Corporation

_____ "C" Corporation _____ "S" Corporation

_____ Other (if other, please describe)

Would you desire this business to be transferred to your heirs? _____ Yes _____ No

Schedule "A" - 3 of 3

Business Interests

Business #3: Name

Is your spouse a co-owner of your business? Yes No

Are there other co-owners other than your spouse? Yes No

If yes, list names of other co-owners _____

Are you an officer or director of this business? Yes No

Please describe the nature of this business _____

Do you have any pension or profit sharing plan for this business? Yes No

Please estimate the amount of any such pension and profit sharing plan that belongs to you.

\$ _____

Please estimate the current market value for this business. \$ _____

Please indicate the estimated annual income before taxes for this business. \$ _____

Please indicate any salary or other form of compensation you receive from this business.

\$ _____

Please estimate the amount of insurance premiums in the following areas:

Malpractice coverage \$ _____ Workman's Compensation coverage \$ _____

Liability Insurance coverage \$ _____ Other \$ _____ \$ _____

Your business can be owned and operated in the following title formats. Please acknowledge which format exists for the businesses listed above. They would include the possible title formats as follows:

Sole Proprietor

Limited Liability Company

General Partnership

Limited Partnership

Professional Partnership

Professional Corporation

"C" Corporation

"S" Corporation

Other (if other, please describe)

Would you desire this business to be transferred to your heirs? Yes No

Should you have more three businesses, please attach a separate sheet to this questionnaire with the information requested for each of the above businesses.

Schedule "B"

Beneficiary Stream (Please use legal names)

Single Individual/Client Name: Who do you want to receive your estate and over what period of time?

Spouse/Partner: Who do you want to receive your estate and over what period of time?

Schedule “C”

Previous Marriages

Were either (or both) of you previously married? _____ Yes _____ No

If yes, please state the full legal name of each prior spouse and the approximate date of dissolution of marriage or date of death, whichever applies, below:

Name of Husband’s Prior Wife	Date of Divorce	Date of Death
Name of Wife’s Prior Husband	Date of Divorce	Date of Death

Were any children born or legally adopted of these previous marriages? _____ Yes _____ No

If yes, please state each child's full legal name, date of birth and child's natural parents:

Name of child	Date of Birth	Name of Mother	Name of Father	Who has legal custody?

Unless you advise us otherwise, we will define “children” as meaning all children, from your current and previous marriage(s). Of all children listed, do you wish to include all as beneficiaries of your assets?

_____ Yes _____ No If no, which do you wish to limit or exclude:

Name of Child	Reason for Limit or Exclusion

Schedule "E"
International Interest

Do you have any parents, siblings, or grandparents or close friends who are not U.S. citizens and who do not live in the U.S.? _____ Yes _____ No

If yes, please give brief description: _____

Are you a signer on any international bank accounts? _____ Yes _____ No

Are you the beneficiary of, or have any interest in an international trust? _____ Yes _____ No

Are you or member of your immediate family a beneficiary of an International Variable Life Insurance Policy? _____ Yes _____ No

If yes to either, please give brief description: _____

Are you an officer or director of, or have any interest in an international corporation, limited liability partnership or limited liability company? _____ Yes _____ No

If yes, please give brief description of the type of entity and the jurisdiction of such entity:

Do you receive any income from international sources? _____ Yes _____ No

If yes, please give brief description: _____

Schedule "F"
Life Insurance Information

A. SINGLE INDIVIDUAL/CLIENT NAME

Does the husband own any life insurance policies on his life? _____ Yes _____ No

If yes, please fill in the following:

	Policy 1	Policy 2	Policy 3
Death Benefit Amount	\$	\$	\$
Cash Value (if applicable)	\$	\$	\$
Who is Policy Owner?			
Who is Beneficiary?			

B. SPOUSE/PARTNER

Does the wife own any life insurance policies on her life? _____ Yes _____ No

If yes, please fill in the following:

	Policy 1	Policy 2	Policy 3
Death Benefit Amount	\$	\$	\$
Cash Value (if applicable)	\$	\$	\$
Who is Policy Owner?	\$	\$	\$
Who is Beneficiary?			

C. CREDIT LIFE OR MORTGAGE INSURANCE

Do you or your spouse have any credit life, mortgage insurance or property insurance policies with life insurance benefits?

_____ Yes _____ No If yes, please describe:
