

UNITED WEALTH PROTECTION CONCEPTS, LLC
CLIENT PROFILE
for the use of our associated
CPA and Law Firms

Services to be Provided

- Basic Asset Protection Plan - complete profile plus Section 1
- Simple Living Trust - single person complete profile plus Sections 2, 3 and 4
- AB Trust Package - complete profile plus Sections 2, 3 and 4
- US Asset Protection & Estate Planning Foundation - complete profile plus Sections 1 - 4
- Life Partners Trust Package - complete profile for each partner plus Sections 2, 3 and 4
- Ultra Trust - profile and Sections 2, 3 and 4

Associate please complete Representative Name _____
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CLIENT PROFILE

Client Name _____ SS# _____ DOB ____/____/____
 Spouse/Partner Name _____ SS# _____ DOB ____/____/____
 Home Address _____ City _____
 County _____ State _____ Zip Code _____
 Home Telephone (____) _____ Business Telephone 1.(____) _____
 Email _____ 1. Are we authorized to contact you at this number? Yes No
 Date of Marriage _____ Prior Marriage 2. _____

	<u>Client</u>	<u>Spouse/Partner</u>
2. If yes, please provide details:	Date of marriage _____	_____
	Date of divorce _____	_____
	Name of prior spouse _____	_____

Are both spouses/partners citizens of the United States? Yes No 3.

3. If no, of what country are they a citizen? _____

Section 1 - Asset Protection

- 1.1 Selected name for (Family) Limited Partnership

- 1.2 Should that name not be available please list options
 Option A _____ Option B _____
- 1.3 Selected name for Limited Liability Company

- 1.4 Should that name not be available please list options
 Option A _____ Option B _____
 Who will be the Managing Member of the Limited Liability Company?

Section 2 - Estate Plan

2.1 Executor of Will (normally each spouse/partner for each other) Yes No

	For Client	_____ Successor	_____
	Address	_____	_____
		_____	_____
	For Spouse/Partner	_____ Successor	_____
	Address	_____	_____
		_____	_____
	Guardians of minor children	_____	
	Address	_____	

2.2 Durable Power of Attorney (normally each spouse/partner for each other) Yes No

	Health	For Client	_____ Successor	_____
		Address	_____	_____
			_____	_____
		For Spouse/Partner	_____ Successor	_____
		Address	_____	_____
			_____	_____
	Assets	For Client	_____ Successor	_____
		Address	_____	_____
			_____	_____
		For Spouse/Partner	_____ Successor	_____
		Address	_____	_____
			_____	_____

2.3 Trust

Name of Grantor(s) _____

Name of Trustee(s) _____ Successor _____

Address _____

2.4 Beneficiaries (use additional sheets if required)

Names of Beneficiaries/DOB or SS# *	Relationship	% of Estate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note*: Where the named person does not reside with client please furnish contact information on page 4.

Section 3 - Previous Planning

3.1	C	S/P		C	S/P	
	___	___	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	___	___	Corporations(s) (Domestic)
	___	___	Foreign Security Trust	___	___	US Grantor International Trust
	___	___	Non US Grantor Trust	___	___	Other (please list on separate paper)

Section 4 - Financial Information

4.1 Include: Name of institution and Account numbers for assets,
 Legal description and parcel number for land,
 VIN numbers for vehicles, boats etc.

4.2 **Please attach a financial statement, if available, if not please complete.**

Account numbers, legal land descriptions and parcel numbers expedite the transfers into the trust.

<u>Assets</u>	<u>Client’s Separate</u>	<u>Spouse/Partner’s Separate</u>	<u>Joint or Community Property</u>
Cash or cash equivalents			
Residence			
Second residence			
Real property for investment income			
Investment securities			
Stock in closely held corporation(s)			
Insurance, cash surrender value			
Sole proprietorship(s)			
General partnership(s)			
Limited partnership investment(s)			
Limited liability company investment(s)			
Note(s) receivable			
Vested interest in Pension and/or Profit Sharing Plan(s) *			
Individual retirement account(s) *			
Automobiles			

