

CONFIDENTIAL PROFILE
(Single Person Only)

PERSONAL DATA FOR MY ESTATE PLAN

(Revocable Living Trust, Will, Financial Power of Attorney, Health Care Power of Attorney, Living Will)

1. Your name (as it appears on your driver's license, passport or other official document)?

First Name

Middle Name/Initial

Last Name

2. If you wish to re-write an **revocable** existing trust, provide the following information:

Name of current trust: _____

Date of current trust: _____

Your name (as it appears in the current trust):

ALERT: Your name will appear in the re-written trust exactly as it appears in the current trust.

3. List all children (full legal names):

List additional children on last page

Do you wish to excluded any child from your trust? If yes, list the child (one or more) to be excluded: _____

4. **Your Heirs.** List the full legal names of each person (your child or other) who will inherit your trust after you are deceased and enter the percentage each should receive; if equal, you may write "equal" instead of entering percentages:

Name (full legal name):	Relationship to you, if any:	%	Back-up Heir (see Question #5 below):				
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5
_____	_____	_____	1	2	3	4	5

[Must total 100%]

5. **Back-up Heirs.** For each person you have listed in question #4 above, circle one option **1-5** for each heir, to describe the person(s) who should inherit that heir's share if the heir doesn't survive you.

- 1 = The heir's surviving offspring (children, grandchildren, etc.) or, if the heir has no surviving offspring at that time, to the other named heirs**
- 2 = The heir's surviving spouse or, if the heir has no surviving spouse at that time, to the other named heirs**
- 3 = The heir's surviving offspring or, if the heir has no surviving offspring at that time, to the heir's surviving spouse or, if the heir has no surviving spouse at that time, to the other named heirs**
- 4 = The heir's surviving spouse or, if the heir has no surviving spouse at that time, to the heir's surviving offspring or, if the heir has no surviving offspring at that time, to the other named heirs**
- 5 = The other named heirs (and not the heir's spouse or offspring).**

6. **Last Resort Heirs:** List persons who will inherit your trust if all the persons named in question #4 above (including their successors listed under Back-up Heirs) are all deceased:

ALERT: If you have listed your child as an heir in question #4 and you have circled "3" or "4" as the child's successors (spouse and offspring) then you should not list that child's spouse or offspring here because they will automatically be included.

Name (full legal name):	Relationship to you, if any:	%	Back-up Heir (see Question #5 above):
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5
_____	_____	_____	1 2 3 4 5

[Must total 100%]

7. Postponement of possession - for young or financially unsophisticated heirs; select which of the following should apply by placing an "x" on the appropriate line:

ALERT: Before an heir receives his or her inheritance, funds will be available for education, health care, maintenance and support.

_____ An heir who is over the age 25, will get his or her inheritance

_____ I wish to change that age "25" to age _____

_____ The heir will get his or her inheritance in portions:

1/2 at age _____; 1/2 at age _____

1/3 at age _____; 1/3 at age _____; and 1/3 at age _____

ALERT: If an heir has already reached any of these ages when you are deceased, the heir will receive at that time whatever amount you have authorized.

8. **Successor Trustee(s).** If you are not able to serve as trustee (due to incapacity, illness, death or other) who should serve as your successor trustee?

First Choice: _____

Second Choice: _____

Third Choice: _____

Note: List 1, 2 or 3 persons under each choice; use full legal names.

9. **Health Care Power of Attorney.** If you become mentally incapacitated (in a coma, dementia, etc.) who should make your **health care** decisions?

First Choice: _____

Second Choice: _____

Third Choice: _____

NOTE: List only one person on a line.

10. **Legal Guardian(s).** If you are deceased and have one or more children under the age of 18 (a minor), who should act as legal Guardian:

First Choice: _____

Second Choice: _____

Third Choice: _____

NOTE: List only one person under each choice.

11. Do you want to be cremated? Circle "Y" or "N"

Y N

12. Do you wish to donate your organs for transplant? Circle "Y" or "N"

Y N

13. **Your Contact Information (required for Powers of Attorney):**

Address: _____
Street address (Apt.)

City State Zip County

Phone Numbers:

Home: _____ Other: _____
Mobile: _____ Work optional: _____

14. **Preferred Contact.** At what telephone number and at what time of day would you preferred to be called? List your preferences in order **1, 2 or 3**:

1 2 3 Number: _____ Time of Day (circle one): am pm evening
1 2 3 Number: _____ Time of Day (circle one): am pm evening
1 2 3 Number: _____ Time of Day (circle one): am pm evening

15. Your documents will be mailed in an indexed Estate Planning Portfolio to your advisor:

[Advisor's Name]

EMAIL COMPLETED FORM TO MEAGAN@GSTTRUST.COM

YOU WILL RECEIVE PHONE CALL CONFIRMATION WITHIN 24 HOURS AT YOUR PREFERRED NUMBER (Question # 14 above)

IF THERE IS NO ANSWER, MAY WE LEAVE A RECORDED MESSAGE? Y N

ALERT: YOU WILL BE ASKED TO PROVIDE CREDIT CARD INFORMATION AT THE TIME OF CONFIRMATION. YOUR DOCUMENTS WILL BE MAILED WITHIN 10 WORKING DAYS

Your signature Date