

CONFIDENTIAL PROFILE
(Married Couples Only)

PERSONAL DATA FOR OUR ESTATE PLAN

(Revocable Living Trust, Wills, Financial Powers of Attorney, Health Care Powers of Attorney, Living Wills)

1. Your names (as they appear on your driver's license, passport or other official document)?

Husband: _____
 First Name Middle Name/Initial Last Name

Wife: _____
 First Name Middle Name/Initial Last Name

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

Name of current trust: _____

Date of current trust: _____

Your names (as they appear in the current trust):

Husband: _____

Wife: _____

ALERT: Your names will appear in the re-written trust exactly as they appear in the current trust.

3. List all children (full legal names) and circle the appropriate letter:

J = child of husband and wife (joint)

H = husband's child (but not wife's child)

W = wife's child (but not husband's child)

_____	J	H	W
_____	J	H	W
_____	J	H	W
_____	J	H	W
_____	J	H	W

List additional children on last page, adding "J" "H" or "W" after each

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 both of 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 as 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
_____	_____	_____	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
- _____ We 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 both deceased, the heir will receive at that time whatever amount you have authorized.

8. **Successor Trustee(s).** If neither of you is 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.) and if the other one of you is also incapacitated or deceased, who should make your **health care** decisions?

Husband:

Wife:

First Choice: _____

Second Choice: _____

Third Choice: _____

NOTE: List only one person on a line.

10. **Legal Guardian(s).** If you are both 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"

Husband: **Y** **N**

Wife: **Y** **N**

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

Husband: **Y** **N**

Wife: **Y** **N**

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

Address: _____
Street address (Apt.)

City State Zip County

Phone Numbers:

Home: _____ Other: _____
Mobile (Husband): _____ (Wife): _____
Work **optional** (Husband): _____ (Wife): _____

14. **Preferred Contact.** At what telephone number and at what time of day would you preferred to be called? Circle 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

Husband's signature Date

Wife's signature Date