CAROLINA FAMILY ESTATE PLANNING
Protecting Your Family For Life

VISION MEETING FORM

FAX TO: (919)324-6987 or EMAIL TO: info@carolinafep.com
or MAIL TO: 51 Kilmayne Dr., Suite 203, Cary, NC 27511
or UPLOAD TO: https://upload.carolinafep.com

Please complete to the best of your ability. This information helps us prepare for your meeting. Estimates are sufficient. If you have any questions regarding an item, simply leave that section blank and we will discuss during your meeting.

All information provided is confidential.

Full Name: _____ Age: _____
Address: _____
Phone: _____ Email: _____

Spouse Name (if applicable): _____ Age: _____
Phone: _____ Email: _____

If you are completing this form on behalf of someone else, please provide your information:
Care of Name: _____ Relationship: _____
Address: _____
Phone: _____ Email: _____

How did you first hear about our firm? _____

Existing Planning:	**You**	**Spouse**	**Other Info:**
Will	☐ Yes ☐ No	☐ Yes ☐ No	Year: _____ State: _____
Trust	☐ Yes ☐ No	☐ Yes ☐ No	Year: _____ ☐ Revocable ☐ Irrevocable
Power of Attorney	☐ Yes ☐ No	☐ Yes ☐ No	Year: _____ State: _____
Health Care Power	☐ Yes ☐ No	☐ Yes ☐ No	Year: _____ State: _____
Long-Term Care Insurance	☐ Yes ☐ No	☐ Yes ☐ No	Daily benefit: $_____ Term _____(yrs) Premium: $_____

Your current health: ☐ Good ☐ Concern (Details) _____
Spouse's current health: ☐ Good ☐ Concern (Details) _____

How many children do you have? _____ Are any of your children disabled or have special needs? ☐ Yes ☐ No

Please tell us your children's names and ages: _____

Veteran? ☐ No ☐ Yes, Me ☐ Yes, My Spouse ☐ Yes, Both of Us Dates of service: _____

INCOME	**CLIENT**	**SPOUSE**	**JOINT**
Wages (Annually)	$	$	$
Social Security (Monthly)	$	$	$
Pension (Monthly)	$	$	$
Other: ☐Monthly ☐Annually	$	$	$
ASSETS	**CLIENT**	**SPOUSE**	**JOINT**
Cash, Checking, Savings, CDs, Money Market, etc.	$	$	$
Retirement Accounts (IRAs, 401k, 403b, SEP, etc.)	$	$	$
Brokerage Accounts, Stocks, Bonds	$	$	$
Life Insurance (Total Death Benefit):	$	$	$
Annuities:	$	$	$

Home	Est. Fair Market Value:	$	$	$
	Est. Mortgage Balance:	$	$	$
Other Real Estate: # of properties: _____	Est. Fair Market Value:	$	$	$
	Est. Mortgage Balance:	$	$	$
Other Assets:		$	$	$
Other Assets:		$	$	$
LIABILITIES/DEBTS		**CLIENT**	**SPOUSE**	**JOINT**
Other Debt(s):		$	$	$
Other Debt(s):		$	$	$

ADDITIONAL INFORMATION: Please list any notes regarding planning goals and concerns or any additional information regarding other assets or information you may help us help you, such as further information regarding real estate (including any co-owners or if located out of state), business interests, college savings plans, pending inheritance, or similar.

To return this form to our office, please use whichever of the following methods that is most convenient for you:

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MAIL TO: Carolina Family Estate Planning, 51 Kilmayne Dr., Suite 203, Cary, NC 27511