

AMERIESTATE LEGAL PLAN, INC.
Irrevocable Life Insurance Trust Questionnaire
CONFIDENTIAL CLIENT DATA

1) CLIENT (& SPOUSE) PERSONAL INFORMATION

Name of Trust: _____

Client Name: _____ SS#: _____

Spouse Name: _____ SS#: _____

Phone: (_____) _____ Alt. #: (_____) _____

Address: _____

County: _____

2) PRIMARY BENEFICIARIES OF TRUST

List name, age, relationship (see code below) and percentage (or fraction) amount each is to receive from Irrevocable Life Insurance Trust upon death (at death of surviving spouse with a Marital ILIT):

The following codes should be used under the “Relationship” heading below.

NCH=Natural Child of Both
 CCH=Client's Child
 SCH=Spouse's Child
 ACH: Adopted Child

CAC=Client Adopted Child
 SAC=Spouse's Adopted Child
 CSC=Client's Step-Child
 SSC=Spouse's Step-Child

NGC=Natural Grandchild
 COC=Client's Grandchild
 SOC = Spouse's Grandchild
 OTH =Other (show relation)

Full Name & Address		Date of Birth	Relationship	Share (%)
Name				
Address				
Name				
Address				
Name				
Address				
Name				
Address				
Name				
Address				

3) MINIMUM AGE-DISTRIBUTION FOR BENEFICIARIES:

NOTE: *Unless otherwise listed below* - (I) the assumed minimum age of distribution of principal is **Thirty (30) years old**. Distributions for Health, Education, Welfare and Maintenance provided up through age of distribution. Minimum age for outright distribution will apply to both the Primary Beneficiaries & Contingent Beneficiaries (Section 4 below) unless otherwise specified.

Other:

- The age each beneficiary must attain to receive his/her respective share of principal is _____.

4) CONTINGENT DISTRIBUTIONS TO SECONDARY BENEFICIARIES:

Select the appropriate provision(s) concerning the contingent distribution(s) to take place in the event that a Primary Beneficiary (Section 2) predeceases the client:

- Equally among Surviving Beneficiaries named above
- Equally among Primary Beneficiary's surviving children: if he/she leaves no surviving children then equally among Beneficiaries named above
- Equally among Primary Beneficiary's surviving spouse and children.
- All to the Primary Beneficiary's surviving spouse only; if such spouse does not survive then equally to Primary Beneficiary's surviving children.
- Other provisions not shown above concerning Contingent Beneficiaries:

5) TRUSTEE APPOINTMENTS

List Trustee Appointees in order of priority and show relationship to the Grantor:

NAME	RELATIONSHIP	ADDRESS
1.		
2.		
3.		

Above shall serve as Trustees as indicated below:

- All Trustees shall serve in order listed
- All Trustees shall serve together
- Trustees 1 & 2 shall serve together; Trustee 3 shall serve together with either Trustee 1 or Trustee 2 if either is unable or unwilling to serve

7) OPTIONAL – SPOUSAL ACCESS TRUST:

Use space box below to indicate if the Trust is to be created as a Spousal Access Trust for the primary purpose of providing lifetime income to your spouse (if surviving) and afterward, to your designated Primary Beneficiaries: *(Additional Cost will apply for Spousal Access Option)*

The Irrevocable Trust is to be a Spousal Access Trust.

Name of Spouse to whom income is to be distributed (if living)

8) INSURANCE POLICIES TO OWNED BY THE TRUST:

Please list any existing policies to be transferred to the Trust and/or any pending or applied for policies to be issued in the name of the Trust.

Face Amount of Insurance	Annual Premium	Insurance Company	Existing or Pending ?

9) SPECIAL PROVISIONS / COMMENTS:

Use space below to identify any special provisions you wish to have in your Irrevocable Trust which was not made available for choice or comment in the previous Sections:

I, the undersigned, verify that I have read and filled out this entire Questionnaire and that I understand the full meaning of all the provisions/information entered and declare such information to be intentional and correct for the creation of an Irrevocable Trust of which I shall be a Grantor.

Client Name (print)

Date

Client Signature

Client Name (print)

Date

Client Signature

Representative Name (print)

Date

Representative Signature