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CONFIDENTIAL LEGAL PLANNING FORM

This confidential legal planning form is designed to gather the information necessary to review the personal and financial situation and provide advice regarding current legal and long-term planning needs.

Whether you are a new or an established client, we find this form essential and ask your indulgence in completing it fully. The questions that do not apply to your situation may simply be ignored. Please feel free to attach additional pages where space is insufficient, or provide other information you think is relevant. Please do not attach information such as statements in lieu of completing this form. **If documentation is requested, please check the box indicating you provided it.**

Please use proper legal names (*not nicknames*) for all people.

Not only does this completed legal form help you get the most out of your conference, but it also creates a handy resource because your essential information is all in one place. Family members also have found this completed form to be a great help in a crisis.

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(if other than husband or wife) (first) (middle) (last)

Home Address: _____

Relationship to Clients: _____

Husband Legal Name: _____
(first) (middle) (last)

Wife Legal Name: _____
(first) (middle) (last)

Home Address: _____

Husband

Wife

Telephone Numbers: _____
(home) (home)

(cell) (cell)

Date of Birth/Age: _____

Former/Maiden Names: _____

US Citizen?: [] Yes [] No [] Yes [] No
 Florida Resident?: [] Yes [] No [] Yes [] No
 Military Service?: [] Yes [] No [] Yes [] No

Military Branch: _____

During Wartime?: [] Yes [] No [] Yes [] No
 *WWII 12/1941–12/1946; Korean Conflict 06/1950–01/1955; Vietnam 08/1964–05/1975 (or 02/1961 – 05/07/1975 for a veteran who served “in country”/boots on the ground during that period); Persian Gulf–08/1990

SECTION 2. MARITAL INFORMATION

A. Date and Place of Marriage _____
 (date) (city) (state or province)

B. During your marriage, did you reside in the following states? [] Yes [] No. If yes, circle all that apply:
 Arizona California Idaho Louisiana Nevada New Mexico Texas Washington Wisconsin

C. <u>Former Spouses:</u>	<u>Husband</u>	<u>Wife</u>
Name of former spouse:	_____	_____
	_____	_____
	(date and place of marriage)	(date and place of marriage)
	_____	_____
	(termination date / death or divorce)	(termination date / death or divorce)
	_____	_____
	(any legal obligation to/from former spouse)	(any legal obligation to/from former spouse)

SECTION 3. ESTATE PLANNING DOCUMENTS

Please provide a complete copy of each signed document.



	<u>Husband</u>	<u>Wife</u>
Pre or Post Marital Agreement:	[] Yes [] No	[] Yes [] No
Revocable Living Trust:	[] Yes [] No	[] Yes [] No
Last Will and Testament:	[] Yes [] No	[] Yes [] No
Durable Power of Attorney:	[] Yes [] No	[] Yes [] No
Health Care Power of Attorney (or Surrogate):	[] Yes [] No	[] Yes [] No
Living Will:	[] Yes [] No	[] Yes [] No
<u>Other (specify):</u> _____:	[] Yes [] No	[] Yes [] No

Do you have custody of all original estate planning documents? [] Yes [] No
 If no, who has custody of them? _____

SECTION 4. CHILDREN

List all children and use *legal* names; attach more pages if needed. Total number of children: _____

1. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address) (phone number)

Adopted _____
(date of adoption) (court granting adoption)

Deceased _____ **Yes** **No**
(date of death) (child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)
May we speak with this child if needed? Yes No

2. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address) (phone number)

Adopted _____
(date of adoption) (court granting adoption)

Deceased _____ **Yes** **No**
(date of death) (child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)
May we speak with this child if needed? Yes No

3. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address) (phone number)

Adopted _____
(date of adoption) (court granting adoption)

Deceased _____ **Yes** **No**
(date of death) (child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)
May we speak with this child if needed? Yes No

4. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)

May we speak with this child if needed? Yes No

5. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)

May we speak with this child if needed? Yes No

6. _____ Child of Husband Wife Both
(legal name of child) (date of birth)

(address)

(phone number)

Adopted

(date of adoption)

(court granting adoption)

Deceased

(date of death)

Yes **No**

(child has surviving children?)

(Describe this child – do they have “special needs”? Consider health and general financial status, including needs and abilities)

May we speak with this child if needed? Yes No

SECTION 5. HEALTH-RELATED ISSUES

Please list your primary care physician's name, address, and phone number.

	<u>Husband</u>	<u>Wife</u>
Physician's Name:	_____	_____
Address:	_____	_____
Business Phone:	_____	_____

Do you have any of the following health care coverage?

	<u>Husband</u>	<u>Wife</u>
Medicare Part A & B?:	[] Yes [] No	[] Yes [] No
Medicare Part D?:	[] Yes [] No	[] Yes [] No
Medicare Supplement?:	[] Yes [] No	[] Yes [] No
Other?:	[] Yes [] No	[] Yes [] No
Long Term Care Insurance?:	[] Yes [] No	[] Yes [] No

Please provide the following information for Medicare Parts A, B, or D and private health insurance:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Premium</u>
<u>Best Insurance</u>	<u>123-45-6789</u>	<u>Medicare Part D</u>	<u>\$ 100.00</u>
(sample)			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Please provide the following information for long-term care insurance:

<u>Name of Insurer</u>	<u>Policy No.</u>	<u>Type of Policy</u>	<u>Monthly Prem.</u>	<u>Daily Benefit</u>
<u>Acme Insurance</u>	<u>238-4-67</u>	<u>Skilled Care</u>	<u>\$ 3,000</u>	<u>\$300.00 per day</u>
(sample)				
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Please describe any specific health-related problems.

Husband

Wife

Are there any known problems with memory or understanding?

Husband: [] Yes [] No

If yes, please explain: _____

Wife: [] Yes [] No

If yes, please explain: _____

	<u>Husband</u>	<u>Wife</u>
Able to physically sign name?:	[] Yes [] No	[] Yes [] No
Able to speak?:	[] Yes [] No	[] Yes [] No
Able to recognize friends and family?:	[] Yes [] No	[] Yes [] No
Cognizant of property and possessions?:	[] Yes [] No	[] Yes [] No
Able to manage money?:	[] Yes [] No	[] Yes [] No
Able to come to office and meet in person?:	[] Yes [] No	[] Yes [] No
Is long-term care placement expected?:	[] Yes [] No	[] Yes [] No

Do you need help with any of the following?

	<u>Husband</u>	<u>Wife</u>
Bathing?:	[] Yes [] No	[] Yes [] No
Dressing?:	[] Yes [] No	[] Yes [] No
Feeding yourself?:	[] Yes [] No	[] Yes [] No
Using the toilet?:	[] Yes [] No	[] Yes [] No
Taking medications?:	[] Yes [] No	[] Yes [] No
Using the telephone?:	[] Yes [] No	[] Yes [] No
Transferring from bed to chair?:	[] Yes [] No	[] Yes [] No

If you are in cardiac or respiratory arrest, do you want to be resuscitated (given CPR)?

Husband: [] Yes [] No

Wife: [] Yes [] No

If you have a terminal condition and cannot speak for yourself, do you want heroic measures taken to prolong your life artificially?

Husband: [] Yes [] No

Wife: [] Yes [] No

Do you want to be an organ donor?

Husband: Yes No

Wife: Yes No

Do you want to be buried or cremated?

Husband: Buried Cremated

Wife: Buried Cremated

Are your final arrangements made?

Husband: Yes No

Wife: Yes No

Are your final arrangements paid for?

Husband: Yes No

Wife: Yes No

Who do you want to make your medical decisions if you become unable to do so yourself? In a Designation of Health Care Surrogate with Living Will document, this person is referred to as your Surrogate. Consider the ability of the person to handle this responsibility.

It is possible to name more than one person in the role of Surrogate, but I strongly discourage that. I recommend that Surrogates be named in a specified order with only one Surrogate to serve at a time. This is to avoid confusion or hesitation by a healthcare provider about whom to take direction from and whether the consent of more than one Surrogate is required.

Husband

1st _____ (legal name) _____ (phone number)

2nd _____ (legal name) _____ (phone number)

3rd _____ (legal name) _____ (phone number)

4th _____ (legal name) _____ (phone number)

Wife

1st _____ (legal name) _____ (phone number)

2nd _____ (legal name) _____ (phone number)

3rd _____ (legal name) _____ (phone number)

4th _____ (legal name) _____ (phone number)

SECTION 6. FIDUCIARIES DURING LIFETIME

There may be a time when you are alive but unable to manage your financial affairs. This could be temporary or long-term, and your inability to effectively manage your property could be an issue related to mental capacity or physical problems. A Durable Power of Attorney allows someone else to manage your financial affairs, and the person you name to act on your behalf is referred to as your Agent. You must consider the trustworthiness and ability of the person to handle this responsibility.

It is possible to name more than one person in Agent’s role. Agents can be named individually in a specified order, as Co-Agents that must act together, or as Co-Agents that may act independently of each other.

Husband

1st _____	_____
(legal name)	(phone number)
2nd _____	_____
(legal name)	(phone number)
3rd _____	_____
(legal name)	(phone number)
4th _____	_____
(legal name)	(phone number)

Wife

1st _____	_____
(legal name)	(phone number)
2nd _____	_____
(legal name)	(phone number)
3rd _____	_____
(legal name)	(phone number)
4th _____	_____
(legal name)	(phone number)

SECTION 7. ASSETS OWNED

A. REAL ESTATE. *Please provide a copy of each deed and the most recent property tax bill.*

1. Homestead Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____

Outstanding Mortgage: \$ _____

Is this a manufactured home? [] Yes [] No
If yes:

Do you own the ground? [] Yes [] No Did you retire the Title? [] Yes [] No

Do you own a share of the park? [] Yes [] No Is the park a Co-Operative? [] Yes [] No

2. Non-Homestead Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____

Outstanding Mortgage: \$ _____

Is this a manufactured home? [] Yes [] No
If yes:

Do you own the ground? [] Yes [] No Did you retire the Title? [] Yes [] No

Do you own a share of the park? [] Yes [] No Is the park a Co-Operative? [] Yes [] No

3. Non-Homestead Address: _____

Names as they appear on Deed or Title: _____

Fair Market Value: \$ _____

Outstanding Mortgage: \$ _____

Is this a manufactured home? [] Yes [] No
If yes:

Do you own the ground? [] Yes [] No Did you retire the Title? [] Yes [] No

Do you own a share of the park? [] Yes [] No Is the park a Co-Operative? [] Yes [] No

B. BANK/CREDIT UNION ACCOUNTS. (Checking, Savings, etc.) *Please provide the most recent and complete monthly **statement** (not a print-out of transactions).* If you do not receive statements by mail, ask the bank how to print statements from their website.

<u>Name of Financial Inst</u>	<u>Account No.</u>	<u>Account Type</u>	<u>Current Value</u>	<u>Account Title</u>
Big Credit Bank	xxx-0518	Savings	\$ xx,xxx.xx	John and Jane Dough

(sample)

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

C. INVESTMENTS (Non-Retirement). (Bonds, Stocks, Annuities, etc.). **DO NOT LIST RETIREMENT ASSETS HERE.** *Please provide the most recent and complete monthly **statement** (not a print-out of transactions).* If you do not receive statements by mail, ask the financial institution how to print statements from their website.

<u>Name of Financial Inst</u>	<u>Account No.</u>	<u>Account Type</u>	<u>Current Value</u>	<u>Account Title</u>
InvestPro	xxx-1124	Brokerage	\$ xx,xxx.xx	John and Jane Dough

(sample)

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

_____ \$ _____
 Is a pay/transfer on death beneficiary designated at the financial institution? [] Yes [] No

D. BUSINESS INTERESTS. (Partnerships, Limited Liability Corporations, etc.)

Please provide a short description giving the name, location, percentage owned, names and relationship of co-owners, and the form of ownership (i.e., sole proprietorship, closely held corporation, partnership, etc.). Please bring a copy of any agreements, financial statements, etc. *Please provide business agreement documents and the most recent financial statement.*

E. LOANS MADE OR MORTGAGES HELD.

If you have made a loan to anyone or are holding a mortgage for anyone, briefly describe the situation. *Provide a copy of the document (Promissory Note, Mortgage) that evidences the debt.*

If you have made a loan to a beneficiary, briefly describe the situation and whether any outstanding amount is forgiven at your death or will count as an advancement against their inheritance.

F. RETIREMENT ACCOUNTS. (IRA, 401(k), 403(b), etc.). *Please provide the most recent and complete monthly **statement** (**not** a print-out of transactions) and proof of primary and contingent beneficiary designations. If you do not receive statements by mail, ask the financial institution how to print statements from their website.*

<u>Name of Financial Inst</u>	<u>Account No.</u>	<u>Asset Type</u>	<u>Balance/Value</u>	<u>Account Title</u>
Retirement Gurus	xxx-8150	IRA Annuity	\$ xx,xxx.xx	Jane Dough

(sample)

Husband

<u>Name of Financial Inst</u>	<u>Account No.</u>	<u>Asset Type</u>	<u>Balance/Value</u>	<u>Account Title</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

Wife

<u>Name of Financial Inst</u>	<u>Account No.</u>	<u>Asset Type</u>	<u>Balance/Value</u>	<u>Account Title</u>
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

G. LIFE INSURANCE. *Please provide the most recent annual statement or policy summary and proof of primary and contingent beneficiary designations.*

Name of Insurer: Security Insurance	Policy Number: xxx-xx-0518
Insured: John P. Dough	
Face Value: \$10,000.00	Cash Surrender Value: \$19,750.00
Primary Beneficiary: Jane V. Dough <i>(sample)</i>	Contingent Beneficiary: John P. Dough, Jr.

Policies Owned By Husband

1. Name of Insurer: _____	Policy Number: _____
Insured: _____	
Face Value: \$ _____	Cash Surrender Value: \$ _____
Primary Beneficiary: _____	Contingent Beneficiary: _____
2. Name of Insurer: _____	Policy Number: _____
Insured: _____	
Face Value: \$ _____	Cash Surrender Value: \$ _____
Primary Beneficiary: _____	Contingent Beneficiary: _____

Policies Owned By Wife

1. Name of Insurer: _____	Policy Number: _____
Insured: _____	
Face Value: \$ _____	Cash Surrender Value: \$ _____
Primary Beneficiary: _____	Contingent Beneficiary: _____
2. Name of Insurer: _____	Policy Number: _____
Insured: _____	
Face Value: \$ _____	Cash Surrender Value: \$ _____
Primary Beneficiary: _____	Contingent Beneficiary: _____

F. PERSONAL PROPERTY

<u>Description</u>	<u>Fair Market Value</u>	<u>How Titled</u>
2020 Dodge Charger <i>(sample)</i>	\$30,000.00	John or Jane Dough
_____ : \$ _____ (Vehicle)		
_____ : \$ _____ (Vehicle)		
_____ : \$ _____ (RV)		
_____ : \$ _____ (Boat)		
Home Furnishings	\$ _____	
Jewelry, Furs, etc.	\$ _____	
_____ : \$ _____ (other: collectibles, etc.)		
_____ : \$ _____ (other: collectibles, etc.)		
_____ : \$ _____ (other: collectibles, etc.)		

Do you have any pets? Yes No

Have you made arrangements for the care of your pets after your death? Yes No

If yes, please explain:

Do you own any firearms regulated by the 1968 Gun Control Act? Yes No

*Short-barrel rifles, short-barrel shotguns, machine guns, silencers, including parts, destructive devices (e.g., hand grenades and other explosive ordnance), other “exotic firearms” (pen guns, etc.).

Do you have a plan for distributing the firearms after your death? Yes No

If yes, please explain:

SECTION 8. GIFTS and TRANSFERS WITHIN 60 MONTHS

Has either of you gratuitously transferred property to someone other than your spouse within the past 60 months? This includes adding another person's name to an asset or transferring an asset to another person without receiving fair market value.

Husband: [] Yes [] No

Wife: [] Yes [] No

If yes, please provide the following information:

A. Husband

<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

B. Wife

<u>Recipient</u>	<u>Amount/Value of Gift</u>	<u>Date of Gift</u>
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____

Do you routinely make gifts for holidays or family celebrations? If yes, please explain:

Do you routinely make gifts to charitable or religious entities? If yes, please explain:

***If an application for Medicaid benefits is made, documentation of all gifts and transfers made within the prior 60 months must be provided. This is often referred to as the five-year rule. I will explain this during our conference.**

SECTION 9. INCOME

GROSS MONTHLY INCOME

	<u>Husband</u>	<u>Wife</u>
Social Security:	\$ _____	\$ _____
Railroad Retirement:	\$ _____	\$ _____
Employment from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
Pension from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
IRA Distribution from: _____	\$ _____	\$ _____
Rental Income from: _____	\$ _____	\$ _____
Interest/Dividends:	\$ _____	\$ _____
TOTAL <u>GROSS</u> MONTHLY INCOME:	\$ _____	\$ _____

SECTION 10. DEBT

Enter the outstanding balance of all of your debt (mortgages, vehicle loans, credit card debt, unpaid medical expenses).

<u>Description/Type of Debt</u>	<u>Whose debt?</u>	<u>Creditor</u>	<u>Balance</u>
Credit card	John and Jane's	US Bank	\$ 525.63
<i>(sample)</i>			
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Does your monthly income cover your monthly expenses? [] Yes [] No

SECTION 11. DISPOSITIVE PLANNING

To whom and how do you want your assets distributed upon your death? Consider to whom your assets should go if your first-choice beneficiaries predecease you.

Florida homestead property must pass to heirs to be exempt from creditor claims. If you direct that your homestead property be sold, the sale proceeds will be subject to claims by your creditors.

Tangible personal property refers to household furnishings, appliances, fixtures, works of art, pictures, collectibles, clothing, jewelry, books, sporting goods, hobby paraphernalia, motor vehicles, and pets. You can have a separate writing to devise personal property to individuals; therefore, these items don't need to be included in a Trust or Will. You may make a new list at any time; just be sure to sign and date it and keep it with your original Trust or Will.

Please be advised that certain public benefits can be jeopardized by a recipient receiving an inheritance. Does any beneficiary receive Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), Medicaid, Medicare, or other public benefits? Yes No . *A copy of the Social Security Administration award letter is required for proper planning.*

Suppose you are naming a charitable organization as a beneficiary. In that case, you need to contact them and request a copy of the Internal Revenue Service letter determining their tax-exempt status under Section 501(c)(3). *A copy of the IRS 501(c)(3) letter is required for proper planning.*

A. First-choice beneficiaries: Spouse Children Spouse and Children Other

B. Second-choice beneficiaries: Spouse Children Spouse and Children Other

C. Third-choice beneficiaries: Spouse Children Spouse and Children Other

D. Any specific gifts of money or property to a specific person?

(Money or Property)

(legal name)

(legal name)

What happens to the gift if the person predeceases you? Lapse To Children Other

(Money or Property)

(legal name)

(legal name)

What happens to the gift if the person predeceases you? Lapse To Children Other

SECTION 12. FIDUCIARIES AFTER DEATH

Who do you want to handle your financial affairs after your death? In a Trust, this person is referred to as the Trustee. In a Last Will and Testament, this person is referred to as the Personal Representative. Consider the trustworthiness and ability of the person to handle this responsibility.

Florida law requires that a Personal Representative be a blood relative or a resident of Florida. This restriction does not apply to a Trustee.

It is possible to name more than one person in the role of Trustee and Personal Representative. They can be named individually in a specified order, as Co-Trustees/Personal Representatives that must act together, or as Co-Trustees/Personal Representatives that may act independently of each other.

Husband

1st _____
(legal name) (relationship)

(address) (phone number)

2nd _____
(legal name) (relationship)

(address) (phone number)

3rd _____
(legal name) (relationship)

(address) (phone number)

Wife

1st _____
(legal name) (relationship)

(address) (phone number)

2nd _____
(legal name) (relationship)

(address) (phone number)

3rd _____
(legal name) (relationship)

(address) (phone number)

I certify that I have read and understood the information above. I acknowledge that I have answered truthfully and to my satisfaction. I will not hold Attorney Swank or any member of her staff responsible for any errors or omissions that I may have made in completing this form.

DATE: _____, 2022.

Husband Signature

DATE: _____, 2022.

Wife Signature

DOCUMENTATION REQUIRED FOR INITIAL CONFERENCE

Please provide copies of the following for both spouses:

- A valid driver's license or other government-issued photo identification (front and back)
- A complete copy of each current signed estate planning document. See **Section 3**.
- A copy of each deed and most recent property tax bill. See **Section 7A**.
- A complete copy (every page) of the most recent statement for each bank/credit union (*non-retirement*) account. If you do not receive statements by mail, ask the financial institution how to print statements from their website. See **Section 7B**. *You may cover all but the last 4 digits of the account numbers if you wish.*
- A complete copy (every page) of the most recent statement for each investment (*non-retirement*) account. If you do not receive statements by mail, ask the financial institution how to print statements from their website. See **Section 7C**. *You may cover all but the last 4 digits of the account numbers if you wish.*
- A copy of business agreement documents and the most recent account statements. See **Section 7D**. *You may cover all but the last 4 digits of the account numbers if you wish.*
- A copy of loan or mortgage documents where you are the lender. See **Section 7E**.
- A complete copy (every page) of the most recent statement for each retirement account and proof of primary and contingent beneficiary designations. See **Section 7F**. *You may cover all but the last 4 digits of the account numbers if you wish.*
- A copy of the most recent life insurance annual statement or policy summary and proof of primary and contingent beneficiary designations. See **Section 7G**.