



BRITTON G. SWANK, P.A.

Elder Law Attorney

CONFIDENTIAL LEGAL PLANNING FORM

This confidential legal planning form is designed to gather the information necessary to review and provide advice regarding your 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.*

If documentation is requested, please check the box indicating you provided it. We will not accept copies of financial statements in lieu of this form being completed.

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

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

SECTION 1. NAME AND CONTACT INFORMATION

Person Completing Form: _____
(if other than client) _____ (first) _____ (middle) _____ (last)

Relationship to Client: _____

Home Address: _____

Email Address: _____

Telephone Numbers: _____
(home) _____ (cell) _____

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

Home Address: _____

Email Address: _____

Telephone Numbers: _____
(home) _____ (cell) _____

Date of Birth / Age: _____

Former/Maiden Names: _____

Were you referred to our firm: Yes No If So, by whom?: Name: _____

If not referred, what made you choose our firm? _____

US Citizen?: Yes No

Florida Resident?: Yes No

Military Service?: Yes No Military Branch: _____

During Wartime?: Yes No

***World War II** 12/7/1941–12/31/1946; **Korean Conflict** 6/27/1950–1/31/1955; **Vietnam War** 11/1/1964–5/7/1975 for Veterans who served “in country” as of January 5, 2021 (or **Vietnam Era** 8/5/1964–5/7/1975); **Gulf War** 8/2/1990 through a future date to be set by law or Presidential Proclamation).

SECTION 2. MARITAL INFORMATION

A. If widowed: Name of deceased spouse: _____

_____ (date of birth)

_____ (date and location of death)

Name of deceased spouse: _____

_____ (date of birth)

_____ (date and location of death)

B. If divorced: Name of former spouse: _____

_____ (date of divorce)

_____ (state of divorce)

Name of former spouse: _____

_____ (date of divorce)

_____ (state of divorce)

SECTION 3. ESTATE PLANNING DOCUMENTS

Please provide a complete copy of each signed document.

Revocable Living Trust: Yes No

Last Will and Testament: Yes No

Durable Power of Attorney: Yes No

Health Care Power of Attorney (or Surrogate): Yes No

Living Will: Yes No

Other (specify): _____: 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 **complete legal** names. **Total number of children:** _____

Attach more pages if necessary.

1. _____ Child of you and _____
(legal name of child) (date of birth)

(address) (phone number)

Adopted Date: _____ Venue of Court: _____

Deceased Date: _____ City and State: _____

(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

List the legal name and date of birth of each of this child's children (biological or adopted):

a. _____ (legal name) _____ (date of birth)

b. _____

(legal name) _____ (date of birth) _____

d. _____ (legal name) _____ (date of birth) _____

2. _____ Child of you and _____
(legal name of child) (date of birth)

(address) (phone number)

Adopted Date: _____ Venue of Court: _____

Deceased Date: _____ City and State: _____

(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

List the legal name and date of birth of each of this child's children (biological or adopted):

a. _____ (legal name) _____ (date of birth)

b. _____

(legal name) _____ (date of birth) _____

d. _____ (legal name) _____ (date of birth) _____

3. _____ Child of you and _____
 (legal name of child) (date of birth)

(address) (phone number)

Adopted Date: _____ Venue of Court: _____

Deceased Date: _____ City and State: _____

(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

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. _____ (date of birth)
 (legal name)

b. _____ (date of birth)
 (legal name)

c. _____ (date of birth)
 (legal name)

d. _____ (date of birth)
 (legal name)

4. _____ Child of you and _____
 (legal name of child) (date of birth)

(address) (phone number)

Adopted Date: _____ Venue of Court: _____

Deceased Date: _____ City and State: _____

(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

List the legal name and date of birth of each of this child’s children (biological or adopted):

a. _____ (date of birth)
 (legal name)

b. _____ (date of birth)
 (legal name)

c. _____ (date of birth)
 (legal name)

d. _____ (date of birth)
 (legal name)

Attach more pages if necessary.

SECTION 5. HEALTH-RELATED ISSUES

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

Physician's Name: _____

Address: _____

Business Phone: _____

Do you have any of the following health care coverage?

Medicare Part A & B?: Yes No

Medicare Part D?: Yes No

Medicare Supplement?: Yes No

Other?: Yes No

Long Term Care Insurance?: Yes No

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

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

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

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

Please describe any specific health-related issues. _____

Are there any known problems with memory or understanding? Yes No

If yes, please explain: _____

Are you:	Able to speak?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to physically sign name?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to recognize friends and family?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Cognizant of property and possessions?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to manage money?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Able to come to office and meet in person?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you need help with:

Bathing?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dressing?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeding yourself?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using the toilet?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Taking medications?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Using the telephone?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transferring from bed to chair?:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is long-term care placement expected? Yes No

If you are in cardiac or respiratory arrest, do you want to be resuscitated (given CPR)? Yes No

If you cannot speak for yourself, and two doctors determine you are terminally ill or in a persistent vegetative state, do you want your life artificially prolonged (i.e. feeding tube, respirator)? Yes No

Do you want to be an organ donor? Yes No

Do you want to be buried or cremated? Buried Cremated

Are your final arrangements made? Yes No Are they paid for? 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 document, this person is referred to as "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 it. 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.

If you already wrote the phone number on this form, you do not need to do so again.

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

Who do you want to handle your financial affairs during your life?

- ❖ There may be a time when you are alive but unable to manage your financial affairs. This could be temporary or long-term, and 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 that person 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 the 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.
- ❖ The authority granted to an Agent by a Durable Power of Attorney ends at your death.

If you already wrote the phone number on this form, you do not need to do so again.

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. *Attach more pages if necessary.*

- *Provide a copy of each deed (or other proof of ownership) 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

Attach more pages if necessary.

B. BANK/CREDIT UNION ACCOUNTS. (Checking, Savings, etc.) *Attach more pages if necessary.*

Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (not a screenshot or PrintScreen list of transactions) to provide proof of account ownership and beneficiaries.

If you do not receive statements by mail, ask the financial institution how to print statements from their website.

(EXAMPLE OF HOW TO COMPLETE)

Bank/Credit Union: Big Country Bank Account Type: Checking Number: xxx2751

Account Title: John P. Dough and Jane V. Dough Current Balance: \$7,392.51

Is a beneficiary designated at the financial institution? No Yes: Jon P. Dough, Jr.

1. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

2. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

3. Bank/Credit Union: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

C. NON-RETIREMENT INVESTMENTS. (Stocks, Bonds, Annuities, 529 Plans, etc.).

DO NOT LIST RETIREMENT ASSETS HERE; list retirement assets in Section F.

Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (not a screenshot or PrintScreen list of transactions) to provide proof of account ownership and beneficiaries.

If you do not receive statements by mail, ask the financial institution how to print statements from their website.

(EXAMPLE OF HOW TO COMPLETE)

Financial Institution: InvestPro Account Type: Brokerage Number: xxx7315

Account Title: John P. Dough and Jane V. Dough Current Balance: \$35,902.12

Is a beneficiary designated at the financial institution? No Yes: Jon P. Dough, Jr.

1. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

2. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

3. Financial Institution: _____ Acct Type: _____ Number: _____

Account Title: _____ Current Balance: \$ _____

Is a death beneficiary designated at the financial institution? No Yes: _____

D. BUSINESS INTERESTS. (Corporations, 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.).
- Provide the name of your business attorney if you have one.

Please provide business agreement documents and the most recent financial statement.

E. LOANS MADE OR MORTGAGES HELD. *Attach more pages if necessary.*

If you have made a loan to anyone or are holding a mortgage for anyone, complete the following:

Provide a copy of the entire document (Promissory Note, Mortgage) that evidences the debt.

1. Lender Name: _____

Borrower Name: _____

Loan Date: _____ Principal Amount: \$ _____ Interest Rate: _____ %

Begin Date: _____ End Date: _____

Monthly payment: \$ _____ Current Balance Due \$ _____
(List in Section 9)

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.).*Attach more pages if necessary.*

- *Provide ALL PAGES of the most recent monthly (or quarterly) statement for each account (not a screenshot or PrintScreen list of transactions)*
- **If you do not receive statements by mail, ask the financial institution how to print statements from their website.**
- *Please provide proof of primary and contingent beneficiary designations.*

*(EXAMPLE OF HOW TO COMPLETE)*Financial Institution: Retirement GurusAccount Number: xxxx-34-78Current Value: \$122,450.87Primary Beneficiary: Jane V. DoughContingent Beneficiary: Jon P. Dough, Jr.

1. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

4. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

5. Financial Institution: _____

Account Number: _____

Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

G. LIFE INSURANCE. (Whole Life, Term Life, Group Insurance). *Attach more pages if necessary.*

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

(EXAMPLE OF HOW TO COMPLETE)

Name of Insurer: Security Insurance Policy Number: xxxx-0518

Insured: John P. Dough Owner: John P. Dough

Face Value: \$10,000.00 Cash Surrender Value: \$19,750.00

Primary Beneficiary: Jane V. Dough Contingent Beneficiary: Jon P. Dough, Jr.

1. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

2. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

3. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

4. Name of Insurer: _____

Policy Number: _____

Insured: _____

Owner: _____

Face Value: \$ _____

Cash Surrender Value: \$ _____

Primary Beneficiary: _____

Contingent Beneficiary: _____

H. PERSONAL PROPERTY (Motor Vehicles, Boats, Jewelry, Art). *Attach more pages if necessary.*

Please provide a copy of each motor vehicle title.



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

Do you have a safe deposit box? Yes No If Yes, what is the box number?

Where is it located?

Whose names are on the card?

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

Have you gratuitously transferred property to someone other than a 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. Yes No

If yes, please provide the following information:

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

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

- Provide verification of the current gross monthly amount and deductions for each source of income

GROSS MONTHLY INCOME

Social Security: \$ _____

Railroad Retirement: \$ _____

Employment from: _____ \$ _____

Pension from: _____ \$ _____

Pension from: _____ \$ _____

IRA Distribution from: _____ \$ _____

IRA Distribution from: _____ \$ _____

Rental Income from: _____ \$ _____

Loan Income from: _____ \$ _____

Interest/Dividends: _____ \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

SECTION 10. DEBT

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

Description/Type of Debt	Creditor	Balance
<i>(SAMPLE OF HOW TO COMPLETE)</i>		
<i>Credit card</i>	<i>US Bank</i>	<i>\$525.63</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.
- ❖ At what age would you want a minor beneficiary to receive assets? Who would manage the minor beneficiary's share until they reach that age?
- ❖ Tangible personal property refers to household furnishings, appliances, fixtures, art, pictures, collectibles, clothing, jewelry, books, hobby and sporting goods, motor vehicles, and pets. You can have a separate writing to devise personal property to individuals or charities. Your list must be signed and dated, and keep it with your original Trust or Will.
- ❖ Florida homestead property must pass to heirs to be exempt from claims by your creditors. If you direct the homestead property to be sold, the sale proceeds will be subject to creditor claims.

Please be advised that certain public benefits can be jeopardized by a recipient receiving an inheritance. Do any of your beneficiaries 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.

If you are naming a charitable organization as a beneficiary, 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.

Any specific gifts of money, personal property, or real property to a specific person?

1. _____
(Money or Property) _____ (legal name) _____

What happens to the gift if the recipient dies before you? Lapse Recipient's Children Other
If the property is sold during your life by your fiduciary, will the recipient receive the cash equivalent of the property's value at the time it was sold? Yes No

2. _____
(Money or Property) _____ (legal name) _____

What happens to the gift if the recipient dies before you? Lapse Recipient's Children Other
If the property is sold during your life by your fiduciary, will the recipient receive the cash equivalent of the property's value at the time it was sold? Yes No

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

Other _____

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

Other _____

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

Other _____

SECTION 12. FIDUCIARIES AFTER DEATH

Who do you want to handle your financial affairs after your death?

- ❖ Consider the trustworthiness and ability of the person to handle this responsibility.
- ❖ In a Last Will and Testament, this person is referred to as “Personal Representative”.
*Florida law requires that a Personal Representative be a blood relative **or** a Florida resident.
- ❖ In a Trust, this person is referred to as “Trustee”. Anyone may serve as Trustee, the restriction for blood relation or Florida residency does not apply to a Trustee.
- ❖ It is possible to name more than one person in the role of Personal Representative and Trustee. They can be named individually in a specified order, as Co-Personal Representatives/Trustees that must act together, or as Co-Personal Representatives/Trustees that may act independently of each other.

If you already wrote an address and phone number on this form, you do not need to do so again.

1st _____ *(relationship)
(legal name)

_____ (phone number)
(address)

2nd _____ *(relationship)
(legal name)

_____ (phone number)
(address)

3rd _____ *(relationship)
(legal name)

_____ (phone number)
(address)

4th _____ *(relationship)
(legal name)

_____ (phone number)
(address)

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 Britton G. Swank, P.A., Attorney Swank, or any member of her staff responsible for any errors or omissions that I may have made in completing this form.

DATE: _____,

CLIENT SIGNATURE

DOCUMENTATION REQUIRED FOR INITIAL CONFERENCE

Please provide copies of the following:

- 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 (or proof of ownership) and most recent property tax bill. See **Section 7A**.
- A complete copy (every page) of the most recent statement for each bank/credit union account. **If you do not receive statements by mail, ask the financial institution how to print statements from their website.** See **Section 7B**. *Please cover all but the last 4 digits of the account number.*
- A complete copy (every page) of the most recent statement for each investment account. **If you do not receive statements by mail, ask the financial institution how to print statements from their website.** See **Section 7C**. *Please cover all but the last 4 digits of the account number.*
- A copy of business agreement documents and the most recent account statements. See **Section 7D**.
Please cover all but the last 4 digits of the account number.
- 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**. *Please cover all but the last 4 digits of the account number.*
- A copy of the most recent life insurance annual statement or policy summary and proof of primary and contingent beneficiary designations. See **Section 7G**.
- A copy of each motor vehicle title. See **Section 7H**.
- A copy of each gross monthly income amount and any deductions. See **Section 9**.