



## YOUR UNIQUE “WHY” WORKSHEET

### *Motivation and Inspiration Identification Tool*

***Congratulations!** You know its super important stuff and you want to make smart decisions. Maybe you've just procrastinated. Or maybe estate planning has always seemed like it was for other people. And, well, your family is 'different.' We're glad to be part of your team. We believe there are three phases to planning: 1) Discovery and Design, 2) Execution and Implementation, and 3) Plan Preservation.*

*Now that you've taken the first step, our goal is to help you stay in motion, finally get your planning done, and hopefully have a little fun along the way. This worksheet is the first step in that process. This will help you get focused on exactly why you're planning and will be a great reminder if you ever find yourself stalled in the process.*

**WE LOOK FORWARD TO SPEAKING WITH YOU!!!**

**ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.**

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## PERSONAL INFORMATION

Client's Full Legal Name \_\_\_\_\_  
(name most often used to title property and accounts)

Also Known As \_\_\_\_\_  
(other names used to title property and accounts)

Prefer to be called \_\_\_\_\_ Birth date \_\_\_\_\_ SS# \_\_\_\_\_ US Citizen? \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone Number \_\_\_\_\_ Business Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_  It is okay to communicate with me via my E-mail address.

Single  Life Partner  Married  Divorced  Widowed  Other \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_ Status: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Spouse is/was a Veteran \_\_\_\_\_ Status: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

## CHILDREN AND/OR OTHER FAMILY MEMBERS OR BENEFICIARIES

*Use full legal name:*

Name	Birth date	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ADVISORS

Name	Telephone
Accountant _____	_____
Financial Advisor _____	_____
Life Insurance Agent _____	_____

## YOUR MOTIVATION

Please tell us why it's important for you to get your planning done now.

What made you want to invest the time to talk about protecting yourself, your family or your assets?

What's your biggest struggle right now with getting your planning done?

We sometimes hear that when people don't have their planning done, they deal with personal and relationship stress, nervousness, anxiety and sleep problems. How is not having up to date planning affecting you or your family?

How frequently do you think about finally getting your Wills (planning) done?

- Never
- Rarely
- Sometimes
- More Than I Want
- Frequently
- It Keeps Me Awake at Night

Is there anything else that's spurring you to get this done now?

## YOUR PLANNING OBJECTIVES

Please identify the reasons you are considering planning or areas you would like to learn more about (select as many as you wish):

### Preserve and Maximize Assets

- By minimizing or eliminating estate taxes upon your death (up to 55% of your assets and life insurance benefits).
- By reducing estate administration costs through probate avoidance.
- Avoid or limit MassHealth claims on your assets should you require long-term care.
- Ensure that a special needs beneficiary has assets that are protected from government seizure while retaining eligibility for needed services.
- Ensure that your family has enough life insurance to provide a comfortable lifestyle no matter what.
- By ensuring that your assets are passed to your descendants and not given away to outsiders, such as spouses, creditors or the government.

### Protect Yourself

- From malpractice or other creditor claims.
- From conservatorship proceedings (aka “living probate”) if you or your partner become incapacitated.
- From probate delays and stress upon your death or the death of your partner.
- From hospital policies requiring life sustaining procedures when you would rather not endure them.
- From healthcare decisions made by people other than those you trust most.

### Protect Your Children or other Beneficiaries ....

- From predators who can discover inheritance amounts and target young or vulnerable beneficiaries.
- From claims of divorced spouses to take half of your child or beneficiary’s inheritance.
- From malpractice claims, for beneficiaries in the professional careers.
- From other creditors’ claims (such as car accident plaintiffs).
- From the stress and delays of the average 18-month process of probate.
- From the financial immaturity resulting in a quick loss of an inheritance.
- From sharing assets with heirs you would rather disinherit.
- From litigation claims by disinherited heirs.
- For parents only:* from relatives who would be poor, abusive or even dangerous guardians or from foster care.
- For parents only:* from acquaintances and relatives who should not be allowed to be alone with your children.
- For special needs beneficiary only:* from neglect in the government care system.

## Achieve your Dreams

- Benefit a charitable organization or activity.
- Support a common family goal through coordinated planning.
- For parents only:* By providing guidelines for how your children should be supported while their assets are in trust.
- For special needs beneficiaries only:* By providing instructions, people, and assets to support your special needs beneficiaries above a poverty lifestyle.
- For business owners only:* By providing for the orderly continuation and transfer of family business interests rather than a distress sale.

## IMPORTANT FAMILY QUESTIONS

Do you have a will, trust, or other estate planning document? <i>Please furnish copies of these documents</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you making payments pursuant to a divorce or property settlement order? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If married have you and your spouse signed a pre- or post-marriage contract? <i>Please furnish a copy</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or any of your children or other beneficiaries have disabilities, serious health problems or other special needs? <i>If yes, please describe below</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a long-term care (nursing home) insurance policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you (or your spouse) ever filed federal or state gift tax returns? <i>Please furnish copies of these returns.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you support any charitable organizations now that you wish to make provisions for at the time of your death? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you (or your spouse) currently the beneficiary of anyone else's trust? <i>If so, please explain below.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## FAMILY VALUES

Rate the following values in order of their importance to you from “Most Important” to “Least Important.”  
*Feel free to leave blank any item you do not wish to rank.*

	Most Important	Important	Neutral	Least Important
▪ Cultural values such as art, music, travel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Economic values such as financial responsibility, frugality, savings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Educational values such as study, self-improvement, academic achievements, lifelong learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emotional values such as compassion and generosity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Ethical values such as honesty, fairness, justice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Material values such as possessions, social standing, rank and title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Personal values such as modesty, loyalty, independence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Philanthropic values such as volunteer work, donations (time and money).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physical values such as health, relaxation, exercise, appearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Public values such as citizenship, community involvement, public service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Recreational values such as sports, leisure time, hobbies, vacations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Relationship values such as family, friends, colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Spiritual values such as faith, belief in God, inner peace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Work values such as effort, competence, professional recognition and success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## MEANINGFUL CHARITABLE CAUSES

Rate the following causes in order of how frequently you support them.

	Frequently	Sometimes	Rarely	Never
▪ Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Poverty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Domestic Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Veterans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Civil Rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Politics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ War and violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ World Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Cancer / Leukemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>