ESTATE PLANNING GUIDE

CONFIDENTIAL CLIENT INFORMATION

CLIENT 1

Name ______________________________

Date of Birth ______________________________

SSN ______________________________

Cell Phone ______________________________

Text ○ Yes ○ No

Email Address ______________________________

US Citizen ○ Yes ○ No

Date of Marriage ______________________________

Prior Marriage ○ Yes ○ No

Name ______________________________

How Terminated ○ Death ○ Divorce

CLIENT 2

Name ______________________________

Date of Birth ______________________________

SSN ______________________________

Cell Phone ______________________________

Text ○ Yes ○ No

Email Address ______________________________

US Citizen ○ Yes ○ No

Prior Marriage ○ Yes ○ No

Name ______________________________

How Terminated ○ Death ○ Divorce

LEGAL RESIDENCE

Address ______________________________

City/State______________________________

Zip ________________________

Home Phone ______________________________

BUSKA Retirement Solutions, Inc.
BUSKA Wealth Management, LLC

WAUSAU 1818 Grand Avenue, Wausau, WI 54403 | 715.355.4445
EAU CLAIRE 3621 E Hamilton Avenue, Eau Claire, WI 54701 | 715.318.4540
Fax: 715.355.4445 | Info@RetireWithBuska.com | www.RetireWithBuska.com

Beneficiaries

Children, Grandchildren, and Other Beneficiaries. In the notes column, identify any children by a prior marriage, any beneficiary who has special needs, and/or who are not U.S. citizens.

Name	Address	Date of Birth	Relationship	Notes

OTHER INFORMATION

Attorney-in-Fact

AGENT FOR HEALTHCARE POWER OF ATTORNEY

Who would you choose to make healthcare decisions on your behalf in the event you cannot personally make your wishes known? You can name as many as 4, but we recommend at least 2.

Name

AGENT FOR FINANCIAL POWER OF ATTORNEY

In the event you're unable to do so, who would you choose to pay your bills, write checks, and manage your assets not held in trust? You can name as many as 4, but we recommend at least 2.

Name

Assets & Investments

BANK ACCOUNTS, CREDIT UNION ACCOUNTS, CERTIFICATE OF DEPOSITS, & SAFE DEPOSIT BOXES

Name of Bank	Owner	Type of Acct.	Value

IRAS, 401Ks, DEFERRED COMPENSATION, ANNUITIES, STOCKS, MUTUAL FUNDS, & BONDS

Company	Owner	Type of Acct.	Value

REAL ESTATE ASSETS

Property Address	Type of Property	How Titled	Estimated Value

MONEY OWED TO YOU

Name of Borrower	Documentation	Value

LIFE INSURANCE POLICIES

Company Name	Covered Person	Type of Insurance	Cash Value	Death Benefit

SECTION 529 (EDUCATION SAVINGS PLAN) ACCOUNTS, UTMAs, OR UGMAs

Company	Owner	Beneficiary	Value

Legal Documents (Current)

Survivorship Deed or Transfer On Death Deed .... O Yes O No

Last Will and Testament .... O Yes O No

Living Trust .... O Yes O No

Living Will .... O Yes O No

HIPAA Release .... O Yes O No

Durable Power of Attorney - Financial .... O Yes O No

Durable Power of Attorney - Healthcare .... O Yes O No

Pre-arranged Funeral .... O Yes O No

Funeral Trust .... O Yes O No

Documents to Bring to Meeting

- O 401(k) and IRA Statements
- O Brokerage Statements
- O Mutual Fund Statements
- O Annuity Statements
- O Bank Statements
- O Life Insurance Statements
- O Real Estate Deeds

OTHER INFORMATION