

*Confidential*  
Personal Information Form  
“PIF”



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## **Instructions**

**The purpose of the Personal Information Form is to provide us with a comprehensive picture of your assets and liabilities. Please complete each section to the best of your ability. This information will be kept confidential by us and is helpful in advising you on legal and tax issues related to your plan.**

**At the bottom of each section there is a place to total the assets and liabilities. That will be used on the next to last page to provide a quick snapshot of your current personal balance sheet.**

**In order to provide you with the best service possible, the last page is a complete list of the documents we suggest you attach to this packet.**

**If the sections do not apply to you, just leave it blank.**

**If you have any questions at all, please do not hesitate to contact our office, at (617) 716-0300 or via email: [info@squillace-law.com](mailto:info@squillace-law.com).**

**We look forward to working with you.**

# Basic Personal Information

The information you provide should be filled in carefully to ensure that your information appears correctly in your estate planning documents.

## Client 1

Full Legal Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

Work Email: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

I prefer to be contacted during regular business hours by:

Home Phone   
Work Phone

Cellular Phone   
Personal Email

Work Email   
Any Way to Contact Me is Fine

I am currently: Married  Divorced  Widowed  Single  Partnered   
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

I am a U.S. Citizen: Yes  No

I have lived in the following states: CA  WA  NV  AZ  NM  TX  ID  LA  WI

My health is: Excellent Good  Fair  Poor

I have the following health concerns: \_\_\_\_\_

I have safety deposit box: Yes  No

Do you have any pets? Yes  No

Would you like to discuss providing for them? \_\_\_\_\_

Do you have any charitable interests? Yes  No

Would you like to discuss charitable giving in your plan? \_\_\_\_\_

## Client 2 (if applicable)

Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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

Work Email: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

I prefer to be contacted during regular business hours by:

Home Phone  Cellular Phone  Work Email   
Work Phone  Personal Email  Any Way to Contact Me is Fine

I am currently: Married  Divorced  Widowed  Single  Partnered   
Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

I am a U.S. Citizen: Yes  No

I have lived in the following states: CA  WA  NV  AZ  NM  TX  ID  LA  WI

My health is: Excellent  Good  Fair  Poor

I have the following health concerns: \_\_\_\_\_

I have safety deposit box: Yes  No

Do you have any pets? Yes  No   
Would you like to discuss providing for them? \_\_\_\_\_

Do you have any charitable interests? Yes  No   
Would you like to discuss charitable giving in your plan? \_\_\_\_\_

# Children's Information

Please list any children you may have.

## Child #1

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employed: Yes  No

Parent: Client 1  Client 2  Joint  Adopted

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

### **Grandchildren's Names**

### **Parents**

### **Birth Date**

### **Special Needs**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Child #2

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employed: Yes  No

Parent: Client 1  Client 2  Joint  Adopted

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

### **Grandchildren's Names**

### **Parents**

### **Birth Date**

### **Special Needs**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Child #3

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employed: Yes  No

Parent: Client 1  Client  Joint  Adopted

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

#### **Grandchildren's Names**

#### **Parents**

#### **Birth Date**

#### **Special Needs**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Child #4

Child's Full Legal Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Employed: Yes  No

Parent: Client 1  Client 2  Joint  Adopted

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

#### **Grandchildren's Names**

#### **Parents**

#### **Birth Date**

#### **Special Needs**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# Other Dependents/Family

Please list any friends or relatives who are dependents.

## Dependent #1

Dependent's Full Legal Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

Is the dependent currently employed? Yes  No

Can the dependent work? Yes  No

## Dependent #2

Dependent's Full Legal Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home telephone: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Email: \_\_\_\_\_

Special Needs: Medical  Educational  Financial

Married  Divorced  Widowed  Single  Spouse's Name: \_\_\_\_\_

Is the dependent currently employed? Yes  No

Can the dependent work? Yes  No

# Other Professional Advisors

Please list other professional advisors that you use. We will not contact them without your prior permission and discussion of how to include them in your estate planning.

Name of CPA: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Financial Advisor: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Life Insurance Agent: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Client 1's Physician: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Client 2's Physician: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-Mail: \_\_\_\_\_



# Asset Information

Please fill out to the best of your ability. If you are a co-owner on any accounts with someone else (i.e. parent, siblings, children) please indicate the name of the co-owner. Owner: JT= Joint, C1=Client 1, C2=Client 2

Cash Accounts	Type (Checking, Savings, Certificate of Deposits)	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Investment Accounts	Type (Money Market, Investment, Other)	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Retirement Accounts	Type (IRA, 401(k), Profit Sharing, SEP)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Pension Plans	Type (Defined Benefit, Defined Contribution, Other)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Life Insurance Policies	Type (Whole, Term, Variable, Other)	Owner	Primary Beneficiary	Secondary Beneficiary	Value

TOTAL \$ \_\_\_\_\_

Annuities	Type (Immediate, Deferred)	Owner	Primary Beneficiary	Secondary Beneficiary	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Bonds	Type (US Savings, Corporate, Municipal, Treasury)	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Stocks	Number of Shares	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Business Assets	Type (LLC, Proprietorship, privately owned stock "non-publicly traded")	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Personal Effects	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

Description of anticipated inheritance, gift, or lawsuit judgement	Type	Value

TOTAL \$ \_\_\_\_\_

Monies Owed to You	Comments	Value

TOTAL \$ \_\_\_\_\_

Liabilities Owed by You	Comments	Value

TOTAL \$ \_\_\_\_\_

Other Assets	Type	Owner	Estimated Current Value

TOTAL \$ \_\_\_\_\_

# Real Estate

Please list any real property and indicate the type of property below along with type of ownership. **TYPE OF PROPERTY:** Land, Buildings, Homes, Time shares.  
**TYPE OF OWNERSHIP:** Joint Tenants with survivorship rights (JTWROS), Tenants in common (TC), Tenancy by the entireties (TBE), Community Property (CP)

Owner(s):	_____	Fair Market Value:	_____
Type of Property:	_____	Type of Ownership:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	County:	_____
Is there a mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mortgage Amount: _____
Lender:	_____		
Home Insurance Agent:	_____		
Company:	_____		
When was this property purchased?	_____	What was the purchase price?	_____

Owner(s):	_____	Fair Market Value:	_____
Type of Property:	_____	Type of Ownership:	_____
Address:	_____		
City:	_____	State:	_____
	_____	Zip:	_____
	_____	County:	_____
Is there a mortgage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mortgage Amount: _____
Lender:	_____		
Home Insurance Agent:	_____		
Company:	_____		
When was this property purchased?	_____	What was the purchase price?	_____

Owner(s): \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is there a mortgage? Yes  No  Mortgage Amount: \_\_\_\_\_

Lender: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_

Company: \_\_\_\_\_

When was this property purchased? \_\_\_\_\_ What was the purchase price? \_\_\_\_\_

Owner(s): \_\_\_\_\_ Fair Market Value: \_\_\_\_\_

Type of Property: \_\_\_\_\_ Type of Ownership: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Is there a mortgage? Yes  No  Mortgage Amount: \_\_\_\_\_

Lender: \_\_\_\_\_

Home Insurance Agent: \_\_\_\_\_

Company: \_\_\_\_\_

When was this property purchased? \_\_\_\_\_ What was the purchase price? \_\_\_\_\_

TOTAL REAL ESTATE \$ \_\_\_\_\_

# Total Assets & Liabilities

Please add up the total from each section. The value of assets owned in co-ownership with a spouse should be divided equally between the two columns. If an asset is owned in co- ownership with someone other than a spouse, the full value of that asset should be reported under that person's column.

## ASSETS

Client One

Client Two

### AMOUNT

Cash Accounts		
Investment Accounts		
Stocks		
Personal Effects		
Retirements Plans		
Pension Plans		
Life Insurance Policies		
Annuities		
Bonds		
Monies Owed to You		
Partnership & LLC's Interests		
Corporate Business Interests		
Sole Proprietorship Interests		
Anticipated Inheritance, Gift, or Judgment		
Other Assets		
Real Property		
<b>TOTAL ASSETS</b>		

## LIABILITIES

Client One

Client Two

### AMOUNT

Loans payable		
Accounts payable		
Real estate mortgages payable		
Loans against life insurance		
Unpaid taxes		
Other obligations		
<b>TOTAL LIABILITIES</b>		

<b>NET ESTATE</b>		
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# Document Status

Please indicate the status of each document listed below (if applicable)

	<u>Attached</u>	<u>To Do</u>	<u>N/A</u>
1. Existing wills and/or trusts of both clients including any other Estate Plan Documents (health care documents power of attorney, etc.)	_____	_____	_____
2. Copies of deed(s) for real estate	_____	_____	_____
3. Copies of partnership or LLC operating agreement(s)	_____	_____	_____
4. Copies of shareholder and/or buy/sell agreement(s)	_____	_____	_____
5. Copies of divorce decree(s) or pre-nuptial agreement(s)	_____	_____	_____
6. Copies of any Estate/Gift Tax Returns	_____	_____	_____
7. Copies of any promissory notes and/or loan agreements of money owed to you	_____	_____	_____