



Williams Legacy Group
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TRUST PLANNING INTAKE QUESTIONNAIRE

"Safeguarding Your Legacy One Trust at a Time"

Date: Intake ID:

CONFIDENTIAL: All information is strictly confidential. Complete all sections. Write "N/A" if not applicable.

SECTION A: YOUR INFORMATION (GRANTOR/SETTLOR)

A1. Personal Information

Full Legal Name:
Other Names (AKA):
Date of Birth: SSN (xxx-xx-xxxx):
Driver's License #: State:

A2. Contact Information

Street Address:
City, State, ZIP:
Mailing Address:
Phone: Email:

A3. Personal Status

Marital Status: Single Married Divorced Widowed
U.S. Citizen: Yes No - Resident Alien No - Non-Resident
State of Domicile: Occupation:

A4. Spouse/Partner Information (if applicable)

Spouse's Full Name:
Spouse's DOB: Spouse's SSN (xxx-xx-xxxx):
Date of Marriage: Spouse U.S. Citizen? Yes No
Spouse as Co-Grantor? Yes No Unsure

SECTION B: YOUR TRUST PLANNING GOALS

B1. Primary Purpose (check all that apply)

- Avoid probate
Provide for family after death
Protect assets from creditors
Minimize taxes
Plan for incapacity
Provide for special needs member
Keep estate private
Transfer business
Charitable giving
Other:

B2. Trust Structure

Ability to change trust: Yes (Revocable) No (Irrevocable) Unsure

Trust duration: Until my death Children's lifetimes Multiple generations Perpetual

B3. Special Concerns

SECTION C: BENEFICIARY INFORMATION

BENEFICIARY 1

Full Name:	_____	Address:	_____
Relationship:	_____	Phone:	_____
DOB:	_____	Share (%):	_____
SSN (XXX-XX-XXXX):	_____	Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 2

Full Name:	_____	Address:	_____
Relationship:	_____	Phone:	_____
DOB:	_____	Share (%):	_____
SSN (XXX-XX-XXXX):	_____	Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 3

Full Name:	_____	Address:	_____
Relationship:	_____	Phone:	_____
DOB:	_____	Share (%):	_____
SSN (XXX-XX-XXXX):	_____	Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY 4

Full Name:	_____	Address:	_____
Relationship:	_____	Phone:	_____
DOB:	_____	Share (%):	_____
SSN (XXX-XX-XXXX):	_____	Special Needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Shares (must = 100%): _____

Contingent Beneficiaries

Name:	_____	Relationship:	_____
Name:	_____	Relationship:	_____

Distribution Preferences

- Outright** — Full distribution immediately
- Staged:** ____% at age ____ | ____% at age ____ | Remainder at age ____
- Trustee Discretion** — Based on needs
- Income Only** — Principal stays in trust

Distribution Standard:

- HEMS
- Full Discretion

SECTION D: TRUSTEE DESIGNATION

D1. Initial Trustee

- Myself
- Myself and Spouse as Co-Trustees
- Other: _____

D2. First Successor Trustee

Full Name: _____ Phone: _____
 Relationship: _____ Email: _____
 Address: _____

D3. Second Successor Trustee

Full Name: _____ Phone: _____

D4. Third Successor Trustee

Full Name: _____ Phone: _____

D5. Trustee Compensation

- No compensation
- Reasonable compensation per state law
- Specific: \$ _____ per year

SECTION E: ASSET INFORMATION

E1. Real Estate

Property Address	Type	Est. Value	Mortgage	Current Title
		\$	\$	
		\$	\$	
		\$	\$	

E2. Bank & Investment Accounts

Institution	Account Type	Approx. Balance	Current Title
		\$	
		\$	
		\$	

E3. Retirement Accounts (beneficiary designation only - do NOT transfer to trust)

Type (401k/IRA/Roth)	Institution	Approx. Balance	Current Beneficiary
		\$	
		\$	

E4. Life Insurance

Company	Type	Death Benefit	Current Beneficiary	Owner
		\$		

		\$		
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E5. Business Interests

Business Name	Entity Type	Ownership %	Est. Value
		%	\$
		%	\$

E6. Other Assets

Asset Type	Description	Est. Value
Vehicles		\$
Jewelry/Collectibles		\$
Cryptocurrency		\$
Other		\$

TOTAL ESTATE VALUE: \$

SECTION F: SPECIAL PROVISIONS

F1. Protection Provisions

- Spendthrift Clause** — Protects from beneficiaries' creditors (Recommended)
- No-Contest Clause** — Disinherits anyone who challenges trust
- Divorce Protection** — Keeps assets separate from beneficiary's spouse
- Trust Protector** — Appoints someone to modify for tax law changes

F2. Incentive Provisions

- Education incentive (bonus for degree)
- Employment matching
- Sobriety requirement
- Other: _____

F3. Digital Assets

Own cryptocurrency? Yes No

Password location: _____

F4. Specific Gifts

Item	Recipient

F5. Charitable Gifts

Charity Name	Amount or %

SECTION G: EXISTING DOCUMENTS & ADVISORS

G1. Current Documents

Document	Have it?	Date
Will	Yes / No	
Living Trust	Yes / No	
Power of Attorney	Yes / No	
Healthcare Directive	Yes / No	
Prenuptial/Postnuptial Agreement	Yes / No	

G2. Professional Advisors

Role	Name	Phone
Attorney		
CPA		
Financial Advisor		

SECTION H: ADDITIONAL INFORMATION

H1. Family Circumstances

Any family members estranged?	Yes / No
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