

**STAND ALONE OR POUR OVER WILL W/ACCESSORY DOCUMENTS
INFORMATION & ORDER AGREEMENT ©**

Planner/Rep Info	NAFEP Acct no.
Name: _____ PH: (____) _____ FAX: (____) _____	

Date _____ Testator/Testatrix Name _____
 Home Phone (____) _____ Birth Date _____ S.S. # _____
 Street Address _____
 City, State, Zip _____

Testator/Testatrix Is: Married [] Divorced [] Single [] Widowed []

Estimate your Equity (current fair market value less mortgages) in any of the following which you own:

Main Residence _____
 2nd Or Vacation Home _____
 Non-Income Real Estate _____
 Income Real Estate _____
 Life Insurance Cash Values _____
 Notes Receivables/Trust Deeds, Etc. _____
 Securities _____
(Marketable securities, such as stocks, bonds, mutual funds, etc.)
 Business Interests and/or Assets _____
(Partnership, corp., LLC or proprietorship interests not included in Securities, above)
 Cash Assets _____
(Checking & savings accounts, money market funds, CDs, etc.)
 Pension Plan Assets _____
(Employer/company plans, IRAs, Keoughs, non-qualified, etc.)
 Corporate Employer Stock Options _____
(Qualified or non-qualified company sponsored stock option plans)
 Collectibles _____
(Coins, bullion, stamps, art, antiques, classic automobiles, etc.)
 Personal Property _____
(Vehicles, Boats, furniture, electronics, or anything of significant value not already listed).

Totals _____

If you expect to receive a gift or inheritance that will substantially add to your estate's value, estimate the amount:

\$ _____

List the total amount of life insurance death benefits which you expect to keep in force until your death:

\$ _____

Check one only of the following will type that you want:

- [] "Pour over" will, pouring your assets into a trust after your death
 -- Or --
 [] "Stand-alone" will, providing all its own terms for the disposition of your estate after your death

If you selected a "pour over" will above, provide the following information about the trust that your residuary estate will be poured into:

Trust Name _____
 Trust Date _____
 City/State of Trust Residence _____

If you own real estate in more than one state, list the state where your estate should be administered. _____



SECTION 2 -- FILL OUT THIS SECTION ONLY WHEN YOU ARE REQUESTING A STAND ALONE WILL:

List the heirs which are to receive portions of your estate, plus the percent to each. Heirs may be your children, other individuals, organizations and charities:

1. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

2. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

3. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

4. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

5. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

6. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

7. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

8. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

Sole Heir: If you have only one child or heir listed above, and that heir does not presently have children, list a contingent heir(heirs) below, in the event your one named heir predeceases you.

Note: The NAFEP program does not accommodate naming contingent heirs to the contingent heirs. If the contingent heir(heirs) also predecease you, NAFEP's standard planning will leave the contingent share to the contingent heir's issue, per stirpes, per capita. For an explanation of this planning, and term definitions, see NAFEP's "Trust Creation Tutorial" topics entitled, Definitions and Predeceased Heirs.

1. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)

2. _____ % _____

Age _____ (Must Have) Relationship _____ (Must Have)

Address _____ (Very Important)

City/St/Zip _____ (Must Have)

Soc. Sec. No. _____ (Very Important, If Available)



If there are any heirs which you specifically wish to omit from any inheritance, list them below. Be certain to consider children from a previous marriage.

_____ (Name)	_____ (Name)
_____ City/State Of Residence (Must Have)	_____ City/State Of Residence (Must Have)
Age _____ Relationship _____ (Must Have) (Must Have)	Age _____ Relationship _____ (Must Have) (Must Have)
Soc. Sec. No. _____ (If Available)	Soc. Sec. No. _____ (If Available)

If you want any of your property to go exclusively to one heir or one group of heirs, name and fully describe the property and then fully identify the heirs, their relationship to you and their city & state:

_____ (Give good, detailed description of property. Answer on a separate sheet of paper if necessary, and attach to this form.)

_____ (Heirs)

If you wish to make cash gifts of specific amounts of money to selected individuals and/or organizations, before giving the balance of your estate to your heirs, list the gifts and recipients below. Be very specific and detailed about the identification of organizations and institutions. Give the specific branch, department, local church, etc. along with address and phone number for organizations:

_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)
_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)
_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)
_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)
_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)
_____ (Name, Dept., Address (if known), City & State of Gift Recipient)	\$ _____ (Amount of Gift)

SECTION 3 -- ACCESSORY DOCUMENTS, FILL OUT FOR EITHER A STAND ALONE OR POUR OVER WILL

Do you have a pour over will dated within the past 5 years? Yes [] No [] ---- A durable power of attorney, dated within the past 5 years? Yes [] No [] ---- A medical power of attorney dated within the last 5 years? Yes [] No [] ---- A living will dated within the last 5 years? Yes [] No [] ---- Do you have an appointment of guardian of minor children dated within the last 5 years? Yes [] No [] N/A []

A. If named, the following individual will receive your power of attorney and will be empowered to act as executor of your residuary* estate.

<u>One</u> Personal Rep. _____	<u>One</u> Alternate Pers. Rep. _____ (Optional)
Rep City/State _____	Rep City/State _____

* Residuary estate is any leftover and/or miscellaneous property remaining after your death(s), or personal effects, that has not been otherwise planned for by trusts or other estate planning devices.

B. If named, the following individual will be empowered to make medical decisions for you if you are unable to make them for yourself.

<u>One</u> Medical Rep. _____	<u>One</u> Alternate Med. Rep. _____ (Optional)
Rep City/State _____	Rep City/State _____

C. If named, the following individual(s) will act as guardian of your minor children, if both you and your spouse (if any) are unable to care for them. The best choice is a married couple.

Co-Guardian _____	Co-Guardian _____
City/State of Co-Guardians _____	
Alternate Co-Guardian _____	Alternate Co-Guardian _____
City/State of Alternate Co-Guardians _____	



Attorney to
Review Will _____ Located In
City/St. _____

AGREEMENT: I do hereby request of the planner named at the top of Page 1, and hereafter referred to as "Planner", that the attorney, named above, be retained in my behalf to review my estate needs for the will described within this application. I also request that the attorney I named above review my needs for any of the following documents: Durable Power of Attorney, Medical Power of Attorney, Guardianship of Minor Children, and Advanced Medical Directive. If in the attorney's opinion my estate planning either needs or could benefit from the will or the other documents, then I request of Planner that the same attorney be retained in my behalf to produce the needed documents for me. I state and declare that I have not received any legal advice from anyone connected with Planner, or its/his/her representatives, who were not attorneys, regarding whether or not I individually needed this will, or on my estate planning. I specifically state that the Planner listed on page 1 of this document gave me no legal, tax, or estate advice, and I am not acting upon any advice, promise, inducement or representation that said Planner gave or made. No one other than the above named attorney is authorized by me to give me legal advice in this matter.

I/we hereby specifically authorize the attorney to deliver all such documents as may be produced pursuant to this Agreement to the Planner Representative acting as our agent. Such requested delivery of documents to the Planner Representative, acting as our agent, shall not constitute a waiver of the attorney client privilege, attorney work product privilege and/or any other legal privilege related to my/our retention of the attorney.

Signature

Date



ADDENDUM TO TRUST ORDER AGREEMENT

This addendum supplements the attached "Trust Information and Order Agreement", the Order Agreement being dated _____, for a trust type _____. The undersigned "client" agrees and understands that:

1. The above listed Order Agreement is a contract between the client and NAFEP Management Co., Inc. (NAFEP), and is a separate contract between the client and the attorney who is identified in the Order Agreement.

2. Regarding investment choices, NAFEP and the Attorney:

- ◆ *Do not provide investment advisory or management services*
- ◆ *Do not endorse or recommend any specific investment strategy or product*
- ◆ *Do not control or supervise the client's financial planner, investment advisor or insurance agent*

3. Regarding tax planning and tax returns, NAFEP and the Attorney have published certain educational material regarding tax planning. All such tax informational material is intended for educational purposes only. Nothing from NAFEP or the attorney is intended to be specific tax advice, except with regard to capital gains deferral with a private annuity*. To carry out specific tax planning, the client must obtain tax planners and advisors who are unrelated to NAFEP and the Attorney. NAFEP and the Attorney:

- ◆ *Do not provide tax planning advice or consultation**
- ◆ *Do not endorse any specific tax planning strategy**
- ◆ *Do not control or supervise the client's tax planner, accountant or CPA**

4. NAFEP and the attorney can only be responsible for the delivery of a legal, accurate trust. NAFEP and the attorney cannot control, regulate or supervise any of the client's financial or tax planning, nor any advisor or planner which the client uses. Therefore NAFEP and the attorney cannot accept responsibility for those planners or activities. The client alone must ensure that the client is dealing with competent advisors and planners.

* **NOTE:** NAFEP Management Co., Inc. and the attorney do accept responsibility for the accuracy and legality under federal tax law of the written information and written opinions given in official NAFEP publications regarding capital gains deferral through the use of private annuities. Further, NAFEP and the attorney accept responsibility for the accuracy and legality of private annuity calculations provided by NAFEP. However, even in this case NAFEP and the attorney have no control over and accept no responsibility for the client's correct or incorrect usage of the private annuity, or over the competency of the client's tax planner, accountant or CPA.

I/We, the undersigned, acknowledge that I/we have read and do understand and agree to the above limitations of responsibility accepted by NAFEP and the attorney we are retaining to complete the trust we are ordering.

Signature Date

Signature Date