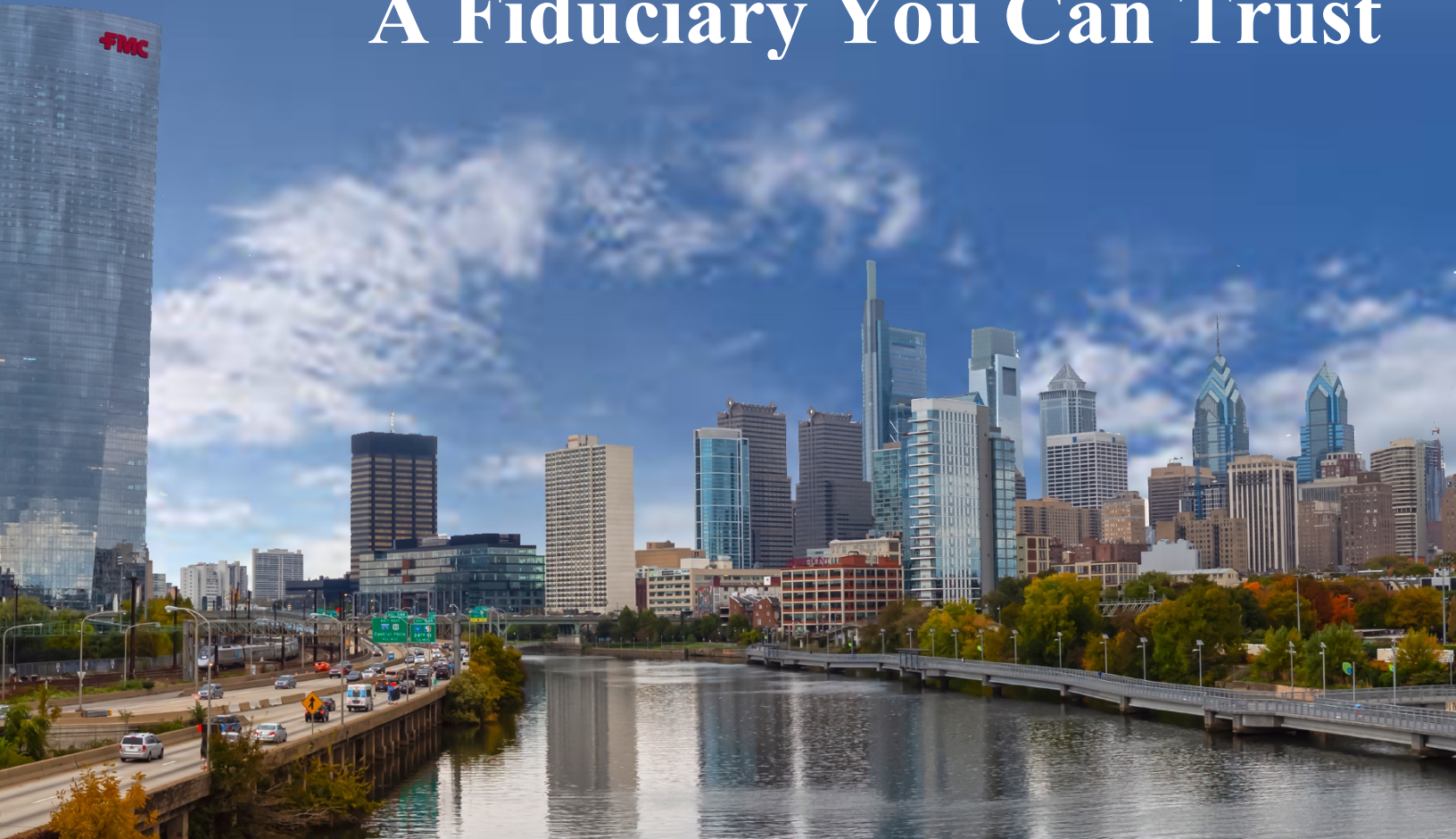


A Fiduciary You Can Trust



📈 Investing
💰 Cash Flow/Debt
🏠 Insurance
🎓 College Planning

👤 Employee Benefits
📊 Business Planning
🏡 Estate Planning
💼 Tax Planning



Estate Planning Organizer

Client Name(s): _____

Date: _____

Please note that there may be some questions that do not relate to your circumstances.
Please complete all relevant sections.

Estate Planning Organizer

Welcome to the Pegasus family! We look forward to working with you to achieve your estate planning goals. This form is the first step of the information gather process.

Information Gathering Process

Our process is based on you; your information helps us know where you are now so that we can help you to achieve your goals. Welcome to The Process!

Family
Information

Demographic
Information

Planning
Information

Balance
Sheet
Information

Distribution
Information

Phase One

Phase Two

Family Information

Name	_____	Partner's Name	_____
SSN	_____	SSN	_____
Birthdate	_____	Birthdate	_____
Address	_____	Address	_____
City	_____	City	_____
State	_____	State	_____
Zip	_____	Zip	_____
Email	_____	Email	_____
Phone #	_____	Phone #	_____

Family Information Continued...

Personal Details	Partner 1	Partner 2
Gender		
Marital Status		
Health		
Smoker		
Parents Still Living		
Parents have Estate Plan		

	Name	Date of Birth	Marital Status
Mother			
Father			
Step-parent			

	Name	Date of Birth	Marital Status	Dependent	Special Needs
Child 1					
Child 2					
Child 3					
Child 4					
Child 5					
Child 6					
Child 7					
Child 8					
Child 9					
Child 10					

	Name	Date of Birth	Marital Status
Grandchild 1			
Grandchild 2			
Grandchild 3			
Grandchild 4			
Grandchild 5			
Grandchild 6			
Grandchild 7			
Grandchild 8			
Grandchild 9			
Grandchild 10			

Demographic Information

	Partner 1	Partner 2
Driver's License #		
State		
Exp. Date		
Country of Citizen		
Birth State		
Employment Status		
Title		
Primary Duties		
Employer Name		
Address		
City, State		
Zip		
Planning on leaving job?		
Foresee any changes in the next 5 years?		
Ownership %		

Planning Information

Estate Planning Details	Partner 1	Partner 2
Do you have a current will?		
Date of Will / Last Review		
Medical Power of Attorney		
Financial Power of Attorney		
Name of Attorney		
Do you have funeral plans?		
Do you have any specific instructions regarding your estate distribution?		

Financial Concerns		
How important to you are the following: Please insert the corresponding number.		
<i>1 – Not Concerned, 2 – Slightly Concerned, 3 – Concerned, 4 – Very Concerned, 5 – Extremely Concerned</i>		
How concerned are you about...	Partner 1	Partner 2
... out living your money during retirement?		
... passing on wealth to heirs?		
... your heirs paying taxes?		
... having your portfolio keep pace with inflation?		
... building a balanced market weighted investment portfolio?		
... your preparedness for an financial or medical emergency or long term health needs?		
... your asset mix aligns with your goals, time horizons, and risk appetite?		
... your planning wishes and planning documents aligning with you goals?		
... the remarriage of your partner and how it may impact your children?		
... the impact of divorce of one of your children and any inheritance left to them?		
... your children inheriting a lump sum all at once?		
Other objectives (please list)		

Planned Major Expenses		
<i>Are you contemplating any lump sum or planned expenditures?</i>		
	Planned Amount (\$)	Within the next 1-3 years?
Wedding		
New Home		
Home Improvement		
Investment or Second Property		
College Education		
Debt Repayment		
Travel / Holiday Expenses		
Car / Boat / Motorcycle / Other		
Care of a parent or child		
Passed due taxes or lawsuits		

Retirement Details	Partner 1	Partner 2
Planned Retirement Age		
Retirement Income:		
How do you foresee spending your retirement?		
How old is your oldest living relative?		
What steps did your parents take to prepare their estate?		
What charities do you support?		
Do you want to support them after you pass?		

Notes:
<i>During your working years, what did you sacrifice that you wish to experience?</i>
<i>What new things would you like to experience during retirement?</i>

Current Income Sources:

- | | | | |
|--|---|---|------------------------------------|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Real Estate Income | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Change Career | <input type="checkbox"/> Non-retirement Investments | <input type="checkbox"/> Annuities |

Current Income Amount:

Monthly income: \$ _____

Annual income: \$ _____

Current Expenses:

Living expenses

Expense description

Monthly amount

Expense description

Monthly amount

Housing

Appliance purchases
Association dues
Cable TV/digital/PPV
Domestic help
Furnishings
Home improvements
Maintenance and repairs
Other
Telephones/fax/internet
Utilities (Garbage/water)
Utilities (Electric/gas)
Home insurance
Liability insurance

Total housing

Mortgage/Rent

Second mortgage

Line of credit payments

Property taxes

Food

Dining out

Groceries

Lunches and snacks

Other food

Total food

Entertainment

Books/papers/magazines
Club dues/health club
Other
Personal media (Music, videos)
Theatre/movies
Other

Total entertainment

Vacation

Clothing

Continuing education expenses

Transportation

Auto loan/lease payments
Auto purchase
Fares (Bus/train/taxi)
Gas and oil
Maintenance and repairs
Other
Parking
Auto insurance

Total transportation

Alimony

Child care/child support

Medical and dental expenses

Medicare/Medigap supplement

Charitable gifts

Gifts

Personal care (Hair, nails, etc.)

Other lifestyle expenses

Laundry/tailor

Summer school/camp for grandchildren

College Tuition for children & grandchildren

Sports/music/dance lesson

Other misc. expenses

Total other

Insurance

Dental insurance

Medical insurance

Other insurance

Insurance total

Other

Total monthly expenses

Total annual expenses

Professional Advisers**Accountant**

Name:			
Company:			
Address:			
Phone Number:			
Do they collaborate with your other advisors?		Do you want them to collaborate?	

Estate Attorney

Name:			
Company:			
Address:			
Phone Number:			
Do they collaborate with your other advisors?		Do you want them to collaborate?	

Insurance Agent

Name:			
Company:			
Address:			
Phone Number:			
Do they collaborate with your other advisors?		Do you want them to collaborate?	

Business Manager

Name:			
Company:			
Address:			
Phone Number:			
Do they collaborate with your other advisors?		Do you want them to collaborate?	

Banker / Lender / Other

Name:			
Company:			
Address:			
Phone Number:			
Do they collaborate with your other advisors?		Do you want them to collaborate?	

Asset Information

Entity Ownership	
Type of Business	
Ownership %	
Name of Partners:	
Family Members in the Business	
Key Employees	
Succession Plan in Place	

	Trust 1	Trust 2	Trust 3
Trust Name(s)			
Type			
Trustee Name(s)			
Beneficiaries			

Personal Balance Sheet				
Physical Assets	Purchase Price	Current Price	Ownership Titling	Retain
Principal Residence				
Motor Vehicle				
Motor Vehicle				
Caravan / Boat / Trailer				
Vacation Home				
Art / Collectables				
Other				
Other				
Other				

Cash & Fixed Assets	Current Value	Ownership Titling	Maturity Date	Retain
Checking Account			N/A	
Savings Account			N/A	
Money Markets			N/A	
CD's				
Treasury Bills/Bonds				

Investment Assets	Current Value	Cost Basis	Ownership Titling	Retain
Non-retirement Account(s)				
Individual Stocks				
Individual Bonds				
Other Investment Account(s)				
Other Investment Account(s)				
Other Investment Account(s)				

Retirement Assets	Current Value	Beneficiaries Designated
Roth IRA		
Traditional IRA		
401(k) / 403(b) / 457 Plans		
Pension Plan		
Other Retirement Account		
Other Retirement Account		
Other Retirement Account		
Other Retirement Account		

Investment Fee Structures	
Commission Based	
Percentage of Assets Under Management	
Other	

Life Insurance	Company Name	Death Benefit	Cash Value	Annual Premium	Beneficiaries Designated
Term Life			N/A		
Employer			N/A		
Permanent Life					
Key Person Policy					
Other					
Other					
Other					
Other					
Other					

Liabilities	Institution Name	Current Value	Original Loan	Interest Rate	Monthly Payment
Primary Mortgage					
Personal Loan					
Auto Loan					
Auto Loan					
Student Loan					
Student Loan					
Student Loan					
Student Loan					
Student Loan					
Student Loan					
Credit Card					
Credit Card					
Credit Card					
Credit Card					
Other					
Other					
Other					

Distribution Information

Items of Importance		
Rank the following according to importance...		
<i>1 – No Importance, 2 – Little Importance, 3 – Important, 4 – Very Important, 5 – Extremely Important</i>	Partner 1	Partner 2
... out living your assets.		
... living everything to your children and grandchildren.		
... care for a special needs loved one.		
... leave money to a high school, college, or other school.		
... support a charity, association, fraternity / sorority, or other organization.		
... providing a gift to a hospital, research organization, or other.		
... fund college for children / grandchildren.		
... support youth programs, sports, or other organization.		
... leave a gift to a museum, theatre, gallery, or other institution.		
... other area of importance.		

People of Importance*Who else are the most important individuals in your life?*

	Name	Relationship	Generation Skip	Over 18
1.				
2.				
3.				
4.				
5.				

Beneficiary Designation

Beneficiary Name	Account Name / Insurance Policy	Percentage
		%
		%
		%
		%
		%
		%

Estate Management

	Name	Date of Birth	Have you asked them and did they accept?
Executor / Executrix			
Successor Exec.			
Successor Exec.			
Financial Power of Attorney			
Successor Financial Power of Attorney			
Medical Power of Attorney			
Successor Medical Power of Attorney			
Trustee			
Trustee			
Successor Trustee			
Successor Trustee			
Guardian for Children			
Co-guardian for Children			
Successor Guardian			
Successor Guardian			

Notes

[illegible]

Advisors of Pegasus Financial Planning, LLC are registered investment advisor of Pegasus Management Services, LLC. Pegasus Management Services, LLC is a Registered Investment Advisor. Insurance offered through other fine companies. PMS202106 DOFU 2021-06

Client Document Locations

This page is for client use only. Use this form to let your family know where documents are located and who to contact should they need to speak to the right people. If passwords are needed, we recommend you discuss with your family the best way to communicate that information.

Document	Document Location	Contact Name	Contact Phone Number
Deed to primary home			
Primary Mortgage			
Life Insurance Policies			
Bank Statements			
Investment Statements			
401(k) Statements			
Birth Certificate(s)			
Home & Auto Insurance Policy			
Trust Documents			
Investment Property Deeds			
Other Mortgages			
Employer / Supervisor			
Other			
Other			
Other			
Other			
Other			