

SELF-SETTLED SPECIAL NEEDS TRUSTS QUESTIONNAIRE - FINANCIAL INFORMATION

Client Name _____ File Number _____ Date _____

A. FINANCIAL SUMMARY

ASSET/LIABILITY	<u>ASSETS</u>			<u>LIABILITIES</u>
	HUSBAND (CLIENT if single)	WIFE	JOINT	
CHECKING (attach copies of statements)				
SAVINGS (attach copies of statements)				
MONEY MARKET (attach copies of statements)				
CERTIFICATE OF DEPOSIT (attach copies of statements)				
RESIDENCE (attach copy of deed)				
OTHER REAL ESTATE (attach copy of deeds)				
Street Address:				
Street Address:				

BROKERAGE ACCOUNT (attach copies of statements)				
MUTUAL FUNDS (attach copies of statements)				
STOCKS NOT HELD BY BROKER (attach copies of certificates)				
BONDS - NON MUTUAL FUNDS HELD BY BROKER (attach copies of statements)				
BONDS - NON MUTUAL FUNDS NOT HELD BY BROKER (attach copies of bonds)				
NOTES & MORTGAGES RECEIVABLE (attach copies of Notes & Mortgages)				

BUSINESS INTERESTS (attach copies of stock certificates, partnership agreements and/or other documentation)				
Name of Business:				
Name of Business:				
NON-IRA TAX QUALIFIED RETIREMENT PLAN (attach copies of statements)				
TRADITIONAL IRA PLAN (attach copies of statements)				
ROTH IRA (attach copies of statements)				
ANNUITIES (attach copies of all contracts)				
LIFE INSURANCE (attach copies of the front page of all policies)				
INHERITANCE, ETC.				
AUTOMOBILES				
JEWELRY COLLECTIONS				
OTHER ASSET (attach copies of documentation pertaining to such assets)				
Description:				
Description:				
TOTALS				

Are you a contributor to a 529 Plan? Yes No

If yes, please attach a statement of the 529 account.

Personal Residence:

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

Addresses of real property other than personal residence:

(1) Street _____ City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

(2) Street _____ City _____ State _____ Zip _____

Tax Block # _____ Lot # _____ (Can be obtained from Tax Bill)

B. CERTIFICATION

The undersigned hereby represents to Begley & Bookbinder, P.C., and each of its attorneys that the information contained in this intake form is accurate and complete, and that the undersigned understands that the law firm and its individual lawyers will rely on this information. I understand that if the information contained herein is inaccurate or incomplete, the recommendations made by the law firm may not be appropriate.

Signature