



Questionnaire for Revocable Living Trust for:

MR/MRS/MS/PROF./DR/CHIEF/ALH.

THE PURPOSE OF THIS QUESTIONNAIRE

ALM TRUSTEES will use the information you provide in this questionnaire:

1. To help you plan your estate and guide the creation of your estate planning documents.
2. To help you organize, assess and evaluate your estate plan or recommendations.
3. We appreciate that this questionnaire is lengthy; however we crave your indulgence to fill in the required information.

Please be advised that the more complete the information is, the better it will equip you and **ALM TRUSTEES** throughout the planning process to come up with the best possible estate plan for YOU.

The information you provide must be as accurate as possible. If you are uncertain about the exact information, please give your best assessment. However if **ALM TRUSTEES** believes that the information given is not as accurate as required you will need to be more precise. **We recognise that this questionnaire is a fairly intrusive document and may require the divulgence of very private details and wish to reassure you that the information revealed or given in this questionnaire would be kept confidential.**

1. PERSONAL AND FAMILY INFORMATION

Where the space on the form is insufficient, please use the reverse side of the sheet.

i. Full name as it appears in your International Passport.

ii. Date of Birth: _____ iii. Nationality: _____

iv. a. National I.D. Card Number : _____ OR

b. Voter's Registration Card Number: _____

v. Marital Status: _____ (If single please proceed to Section 2B)

vi. Contact Address: _____

vii. Preferred Mailing Address (If different from above) _____

viii. Hold Mails (E-mails): _____

• Frequency of Pick-up: _____

• Frequency of Drop-off: _____

ix. Telephone Number: (Home): _____

x. Telephone Number (Office): _____

xi. Telephone Number (Mobile): _____

xii. Email(work): _____

xiii. Email(private): _____

xiv. Occupation/Profession: _____

Employer's Details:

xv. Name: _____

xvi. Address: _____

xvii. Web address: _____

xviii. Position Held: _____

2. Your Family

A SPOUSE'S DETAILS

- i. Full name of Spouse: _____
- ii. Date of Birth: _____ iii. Nationality: _____
- iv. Contact Address (If different from above): _____

- v. Telephone Number (Home): _____
- vi. Telephone Number (Office): _____
- vii. Telephone Number: Mobile: _____
- viii. Email (work): _____
- ix. Email (private): _____
- x. Occupation/Profession: _____

Employer's Details

- xi. Address: _____
- xii. Web Address: _____
- xiii. Position: _____

B NEXT-Of-KIN

- i. Full name of Next of Kin: _____
- ii. Relationship to Settlor: _____
- iii. Date of Birth: _____ iv. Nationality: _____
- v. Contact Address (If different from above): _____
- vi. Telephone Number (Home): _____

- vii. Telephone Number (Office): _____
- viii. Telephone Number: Mobile: _____
- ix. Email (work): _____
- x. Email (private): _____
- xi. Occupation/Profession: _____

Employer's Details of Next-of -Kin

- xi. Address: _____
- xii. Web Address: _____
- xiii. Position: _____

DETAILS OF YOUR CHILDREN

C. Do you have children: _____ (If yes complete details below for each child)

- 1i. Full names: _____
- ii. Date of birth: _____
- iii. Contact Details: _____
- iv. Email: _____
- v. Telephone: _____
- vi. Marital Status: _____ (If married, please fill below)
- vii. Child's Spouse: _____
- viii. Nationality: _____
- ix. Contact Details: _____
- x. Email: _____
- xi. Telephone Number: _____
- xii. Is this child's education complete? _____ xiii. Special needs _____

- 2i. Full names: _____
- ii. Date of birth: _____
- iii. Contact Details: _____
- iv. Email: _____
- v. Telephone: _____

- vi. Marital Status: _____ (If married, please fill below)
- vii. Child's Spouse: _____
- viii. Nationality: _____
- ix. Contact Details: _____
- x. Email: _____
- xi. Telephone Number: _____
- xii. Is this child's education complete? _____ xiii. Special needs _____

- 3** i. Full names: _____
- ii. Date of birth: _____
- iii. Contact Details: _____
- iv. Email: _____
- v. Telephone: _____
- vi. Marital Status: _____ (If married, please fill below):
- vii. Child's Spouse: _____
- viii. Nationality: _____
- ix. Contact Details: _____
- x. Email: _____
- xi. Telephone Number: _____
- xii. Is this child's education complete? _____ xiii. Special needs _____

- 4** i. Full names: _____
- ii. Date of birth: _____
- iii. Contact Details: _____
- iv. Email: _____
- v. Telephone: _____
- vi. Marital Status: _____ (If married, please fill below):
- vii. Child's Spouse: _____

- viii. Nationality: _____
- ix. Contact Details: _____
- x. Email: _____
- xi. Telephone Number: _____
- xii. Is this child's education complete? _____ xiii. Special needs _____

DETAILS OF YOUR GRANDCHILDREN

D. Do you have any grand children: _____ (If yes please fill below):

i. Names:

ii. Dates of Birth:

E. DETAILS OF PROPOSED DESIGNATED REPRESENTATIVE

- i. Proposed Representative's Name: _____
- ii. Relationship to Settlor: _____
- iii. Address: _____
- iv. Telephone Number (Mobile): _____
- v. Email Address: _____
- vi. Occupation/Profession: _____

Employer's Details of Designated Representative

- vii. Address: _____
- viii. Web Address: _____
- ix. Position: _____

3. PERSONAL AND FAMILY FINANCIAL ASSETS

Details of your assets should be provided in the section. Assets means cash, Artwork, Shares in Publicly Quoted Companies, Shares in Private Limited Liability Companies and Property interests such as interest in real estates. For real estate, greater detail should be provided as it is important for us to know the location (city and state) of real estate, how title is held, and the character of the property, e.g., residence, shopping center, apartment house, or similar description.

We are interested in the Actual Value of Asset on a Forced Sale Basis: **value** **Value**

A. Current Residence:

Is it owned/ rented:

If owned, Please indicate if jointly owned

Location:

Description:

Title Description {C of O, Deed of Assignment etc}:

Actual value of asset: ₹

If rented, rental value per annum:

B. Owned real estate(s) other than current residence:

Please indicate if jointly owned:

Location:

Description:

Title Description {C of O, Deed of Assignment etc}:

Actual value of asset: ₹

C. Insurance Policies:

Life Insurance: List Company, name, address and policy number:

Sum assured: ₹

D. Other Insurance Policies (Property, Medical etc.): List type, name, address and policy number:

Sum insured: ₹

E. Motor Vehicle (Actual value of assets): ₹

F. Business Interest Investments: Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organisation (e.g limited liability company, partnership etc.), whether you are active in it operations, and your estimate of its value: ₹

F1. The value of shares held as at most recent audited accounts: ₹

G. Other investments: Please describe the general nature and value of other investments (Stocks, Bonds, Mutual Funds etc.). Please indicate if jointly owned: ၃၀

H. Antiques, Artwork etc. Please state location and value : ၃၀

I. Pension and profit-sharing plans: Please list name, address of pension fund administrator and actual value: ၃၀

J. Cash, cash deposit, cash equivalents: State the name, address of each bank or institution and actual value of amount: ၃၀

Total worth of asset:

K. Debts

Please describe your debts (if any):

Nature of Debt	Creditor's Name and Address	Amount Owed
Mortgage loans		
Bank loans		
Credit cards		
Car loans		
Other:		

Please review the details above and ensure that all information filled in the above sections are accurate

We are very grateful to you for the patience shown so far, while filling this questionnaire. We are now ready to create the Trust and the following sections include the terms and conditions which will be contained in the TRUST DEED.

4. CREATING THE TRUST

I. Goals and priorities

- a. What are the priorities for your estate plan? (Examples: providing for the education of your minor children or for the care and comfort of your spouse or children.)

- b. Do you have any special concerns as you plan your estate? (Examples: providing for the future needs of a disabled child, disinherit an heir.)

- c. Type/Intention of this Trust:

II. Property and Assets to transfer into Trust

Using the list of property you created for your overall estate plan, list the property and assets you intend to transfer into your trust. (Your Personal Chattels e.g cars, jewellerys are not typically transferred into your living trust.)

[illegible]

III. Distribution of Trust assets

Please describe the specific distributions you wish to make from your trust.

Item (Describe)	Beneficiary	Alternate Beneficiary	Sharing Percentage

- Are there special circumstances when the principal (i.e the assets funding the trust) may be used or distributed? E.g.
 - ✓ All distributions should be made upon the death of the Settlor.
 - ✓ Distributions to children should be held in trust until they reach age of _____
 - ✓ Other: _____

- IV. Commencement Date of the Trust(s): _____
- V. How long do you want the Trust(s) to last? _____
- VI. Would you like to be actively involved in the management of your Trust? If yes please answer “VII” below : _____

VII. Would you like to appoint **ALM Trustees** as co-trustee? (This is highly recommended): _____

VIII. Do you have other Trust(s)? _____

IX. If you answered yes to question ‘VIII’, please list them:

- Name and Objects of Trusts:

- Name and address of Trust Company:

X. **PLANING FOR INCAPACITY:**

If you do not create a plan for your incapacity, a court may appoint somebody to oversee your personal and financial needs. By planning for incapacity, you can choose the people who will help you, provide them with guidance as to your wishes, impose limits on their powers, or grant them powers beyond what a court may allow:

- a) In the event of incapacity who would you appoint to make decisions about your affairs:

- b) Your healthcare proxy appoints the person who will assist you with decisions concerning your medical care or make those decisions for you consistent with your instructions.
- Who would you appoint to assist you with your healthcare?

5. ADDITIONAL MATTERS:

Your advisors

Please identify your personal and financial advisors.

Description	Contact's Name and Phone Number	Address
Accountant		
Lawyer		
Insurance Agent		
Physician		
Investment Adviser		
Stockbroker		
Other		

- Please describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for us to know.

NOTE: Until the designated assets for the Trust are duly transferred into the Trust, this Trust remains UNFUNDED and the creation of this Trust might be a futile exercise.

DATED _____ DAY OF _____ 20____

SIGNED: _____