

NextPhase Navigators Intake / Data Form

Please complete this form to the best of your ability. If you are unsure about any information, you may leave it blank and we can review it together during your next consultation. If you need more room for any section, please attach additional pages.

Client Name:
Date of Birth:
State of Residency:
Veteran: Y / N
Current Health Issues (briefly):

Spouse Name:
Date of Birth:
State of Residency:
Veteran: Y / N
Current Health Issues (briefly):

Primary Contact Person (if different from client)
Name:
Relationship:
Phone:
Email:

Living Situation:
Current living situation: (home / assisted living / nursing facility / other)
Facility Name (if applicable):
Facility Address:
Date Admitted:

Children's Names, Ages, States of Residence:
1.
2.
3.
4.
5.
6.

Are any children considered partially or fully disabled? (List names, or "none"):

Are any children living at home? If so, please list: _____

Are any children currently providing care to mom & dad?

If so, please list: _____

Estate Planning Documents

Do you have a will? (Y / N)

If yes, year last updated: _____

Do you have a Power of Attorney? (Y / N)

If yes, year last updated: _____

Do you have a Health Care Directive? (Y / N)

If yes, year last updated: _____

Do you have any trusts? (Y / N)

Please list type of trust(s) and year last updated for each:

Gifts / Transfers

Have you transferred any money, property, or assets in the last 5 years?

If yes, please list each: description of gift or transfer, year of transfer, approx. value

Vehicles

Vehicle #1 Make / Model / Year:

Approximate Value:

Loan Balance:

Whose name is on the title?

Vehicle #2 Make / Model / Year:

Approximate Value:

Loan Balance:

Whose name is on the title?

Vehicle #3 Make / Model / Year:

Approximate Value:

Loan Balance:

Whose name is on the title?

Real Estate / Property:

Primary Residence

Address:

Approx. Value:

Mortgage Amount Left:

Whose name is on the deed?

Whose name is on the mortgage?

Secondary Residence

Address:

Approx. Value:

Mortgage Amount Left:

Whose name is on the deed?

Whose name is on the mortgage?

Income-producing? Y / N

If yes, list income amount and frequency _____

Additional Property #1

Address:

Approx. Value:

Mortgage Amount Left:

Whose name is on the deed?

Whose name is on the mortgage?

If yes, list income amount and frequency _____

Additional Property #2

Address:

Approx. Value:

Mortgage Amount Left:

Whose name is on the deed?

Whose name is on the mortgage?

If yes, list income amount and frequency _____

Burial Arrangements

Do you have a prepaid funeral or burial plan? (Y / N)

Funeral Home:

Amount Prepaid:

Assets & Debts:

Joint Assets & Debts — please list the type of account, where it is held, and the approximate value:

E.g., Savings Account, Wells Fargo Bank, \$45,000

Spouse #1 (name) _____

Please list the type of account, where it is held, and approximate value:

E.g.: IRA, Vanguard, \$125,000 — or — Credit Card, Capital One: \$6,000

Spouse #2 (name) _____

Please list the type of account, where it is held, and approximate value:

E.g.: IRA, Vanguard, \$125,000 — or — Credit Card, Capital One: \$6,000

Income:

Spouse #1 (name) _____

Income — Please list the income source, frequency, and amount:

E.g.: Social Security, monthly, \$1,450 — or — MetLife Annuity, quarterly, \$1,750

Spouse #2 (name) _____

Income — Please list the income source, frequency, and amount:

Business Interests:

If either spouse owns a business or interest in a business, please list the details here.

Name, type of business, corporation type, approx. value of business & assets.

Insurance:

Health Insurance (includes Medicare & any supplements)

Please list the insured and the company

E.g., John Doe — Medicare Supplement, AARP, Plan D

Life Insurance — please list the insured, the company, amount of insurance, and beneficiary. For cash value policies, please list any cash value in, and/or loans against the policy.

E.g., John Doe, Transamerica, \$100,000 insurance, \$22,000 cash value, beneficiary is Jane Doe.

Disability Insurance — please list the insured, the company, amount of benefit, and elimination period

E.g., John Doe, Northwest Mutual, \$2700/month, 90 day elimination period

Long Term Care Insurance — please list the insured, the company, total value of contract, and daily benefit.

E.g., John Doe, Mutual of Omaha, \$50,000 policy, \$260/day benefit

Goals and objectives:

We will go over these in more detail at our next meeting. This is just for you to write a brief overview of your wishes in certain scenarios.

If one spouse requires nursing home care, what financial outcome would you hope for the healthy spouse?

If both spouses require care, what outcome would you want for your children and grandchildren? Is there anyone else in or outside of the family you would like to include in your plan?

Other goals or concerns regarding long-term care planning: