



MetLife®



General Information Form

MetLife's Division of Estate Planning
for Special Kids



Special Needs Planning General Information Form

Mother: _____ D.O.B. _____ Age: _____ Soc.Sec.# _____

Address: _____

Home Phone (____) _____ Work Phone(____) _____ Fax: (____) _____

Occupation: _____

Earned Income: _____ (Source) _____

Other Income: _____ (Source) _____

Father: _____ D.O.B. _____ Age: _____ Soc.Sec.# _____

Address: _____

Home Phone (____) _____ Work Phone(____) _____ Fax: (____) _____

Occupation: _____

Earned Income: _____ (Source) _____

Other Income: _____ (Source) _____

Information about child or children with special needs:

Name: _____ D.O.B. _____ Age: _____ On IEP(education) Plan? Yes _____ No _____

Name: _____ D.O.B. _____ Age: _____ On IEP(education) Plan? Yes _____ No _____

Name: _____ D.O.B. _____ Age: _____ On IEP(education) Plan? Yes _____ No _____

Does your special needs child live at home with you?(Y/N) _____ If no, where do they live? Describe below.

Describe the nature of your child's special needs situation. Include diagnosis, physical, emotional, mental, developmental levels of ability, ADL skill level (bathing, toileting, dressing, transferring, etc.), money management skills, etc.

List your child's monthly income (SSI [Supplemental Security Income], SSDI [Social Security Disability Income] court settlements, child support, etc.) and any other government benefits.

List services that your child receives (OT, PT, speech, nursing, medicine, vitamins, durable medical equipment, personal care attendants, counseling, social services, advocacy services, recreational services, rehabilitation services, etc.) List frequency and cost of these and other monthly expenses.

Special Needs Fact Finding Form

Information about child or children without special needs:

Name: _____ D.O.B. _____ Age: _____ Occupation _____

Address: _____ State: _____ Zip Code: _____ Phone # _____

Name of Spouse: _____ Name and Ages of Children: _____

Name: _____ D.O.B. _____ Age: _____ Occupation _____

Address: _____ State: _____ Zip Code: _____ Phone # _____

Name of Spouse: _____ Name and Ages of Children: _____

Name: _____ D.O.B. _____ Age: _____ Occupation _____

Address: _____ State: _____ Zip Code: _____ Phone # _____

Name of Spouse: _____ Name and Ages of Children: _____

List any concerns that you have about your children that do not have special needs. These concerns are important and are an important part of any plan drawn up. Are any children invested in the future care of the disabled person?

Legal Questions

Do you have a will? _____ Last update? _____ Do you have a living trust? _____ Last update? _____

Do you have a special needs trust? _____ Written after Jan., 2000? _____

Do you have a life insurance trust? _____ Revocable/Irrevocable? _____ Last update? _____

Do you have any other trusts? _____ Type of trust? _____ Last update? _____

Do you have a written Power of Attorney? _____ Do you have a health care proxy? _____

Do you have a Letter of Intent? _____ Last update? _____

Have you filed or do you have any future plans to file for guardianship, conservatorship, or guardian ad litem for your child? _____

Describe your child with special needs' decision making capabilities. Capable of making medical decisions?

Special Needs Fact Finding Form

Asset Inventory

Real Estate

Primary residence(mkt.value) _____ Mortgage balance owed _____
How owned? I/J/T Rental Income? (Y/N) _____ Monthly income amount _____

Other real estate (location) _____ Market Value _____
Mortgage balance owed _____ Rental Income? (Y/N) _____ How owned? (I/J/T) _____

Other real estate (location) _____ Market Value _____
Mortgage balance owed _____ Rental Income? (Y/N) _____ How owned? (I/J/T) _____

Bank Accounts

Type _____ Value _____
Name of Bank _____
Account Number _____ How held? (I/J/T) _____
Owner name _____

Type _____ Value _____
Name of Bank _____
Account Number _____ How held? (I/J/T) _____
Owner name _____

CD's

Term of Account _____ Expiration Date _____ Value _____
Name of Bank _____ Account Number _____
How owned I/J/T _____ Owner name _____

Term of Account _____ Expiration Date _____ Value _____
Name of Bank _____ Account Number _____
How owned I/J/T _____ Owner name _____

Term of Account _____ Expiration Date _____ Value _____
Name of Bank _____ Account Number _____
How owned I/J/T _____ Owner name _____

Stocks, Bonds, Mutual Funds

Type _____ Value _____ Company _____ Title (I/J/T) _____
Investment name _____ Rate of return (1 -5-10 yr.) _____

Type _____ Value _____ Company _____ Title (I/J/T) _____
Investment name _____ Rate of return (1 -5-10 yr.) _____

Type _____ Value _____ Company _____ Title (I/J/T) _____
Investment name _____ Rate of return (1 -5-10 yr.) _____

Special Needs Fact Finding Form

Parent Retirement Accounts (IRA'S, Pensions, 401(K), SEP, Profit Sharing, Roth, TSA's etc.)

Type _____ Value _____ Company _____ Owner _____ Bene. _____
Type _____ Value _____ Company _____ Owner _____ Bene. _____
Type _____ Value _____ Company _____ Owner _____ Bene. _____
Type _____ Value _____ Company _____ Owner _____ Bene. _____

Annuities (Non-Qualified)

Annuitant _____ Value _____ Company _____ Policy # _____ Benef. _____
Annuitant _____ Value _____ Company _____ Policy # _____ Benef. _____

Business Interests

Type _____ Value _____ Location _____ Owner name _____
Type _____ Value _____ Location _____ Owner name _____

U.S. Savings Bonds

Face amount _____ Type _____ Maturity date _____ Owner name _____
Face amount _____ Type _____ Maturity date _____ Owner name _____
Face amount _____ Type _____ Maturity date _____ Owner name _____

Other Assets

Type _____ Value _____ Owner name _____
Type _____ Value _____ Owner name _____

Life Insurance Policies

Company _____ Name of insured _____ Owner _____ Death ben. _____
Type _____ Policy# _____ Premium/freq _____ Benef. _____ Cash value _____

Company _____ Name of insured _____ Owner _____ Death ben. _____
Type _____ Policy# _____ Premium/freq _____ Benef. _____ Cash value _____

Company _____ Name of insured _____ Owner _____ Death ben. _____
Type _____ Policy# _____ Premium/freq _____ Benef. _____ Cash value _____

Outstanding Debt

Type _____ Amount owed _____ How held (L/J/T) _____ Payoff date _____
Type _____ Amount owed _____ How held (L/J/T) _____ Payoff date _____
Type _____ Amount owed _____ How held (L/J/T) _____ Payoff date _____

Special Needs Fact Finding Form

Potential Inheritances

Type _____ Value _____ From whom _____ For whom _____ Expected date _____
 Type _____ Value _____ From whom _____ For whom _____ Expected date _____
 Type _____ Value _____ From whom _____ For whom _____ Expected date _____

Assets of Child With Special Needs

Type _____ Value _____ How Held? _____ Title/UGMA/UTMA? _____
 Type _____ Value _____ How Held? _____ Title/UGMA/UTMA? _____
 Type _____ Value _____ How Held? _____ Title/UGMA/UTMA? _____

Professional Advisors

Attorney _____ Address _____ Phone# _____
 Accountant _____ Address _____ Phone# _____
 Financial Advisor _____ Address _____ Phone# _____
 Life Ins. Agent _____ Address _____ Phone# _____
 Stock Broker _____ Address _____ Phone# _____
 Other Advisor _____ Address _____ Phone# _____

Do any of your advisors have special needs expertise? _____

Please describe in the event of mom or dad's death, where the special needs and non-special needs children will live?

Who will handle the financial affairs of both special needs and non-special needs children? _____

What provisions have you made to replace current and future income lost to the surviving spouse in the event of death or disability? _____

How much money will be needed to provide a quality life for the child with special needs? _____

How much money will be needed to provide for children without special needs? _____

What assets do you plan on using to fund your special needs trust? _____

Special Needs Fact Finding Form

Do you plan to make the funds in the special needs trust available to your child during your lifetime or only after your death?

Will these assets be enough to provide for current and future lifetime care? _____

Do you currently belong to a parent support group or other special needs organization? _____

Any other important planning factors related to your child with special needs? If so, please specify! _____

Supplemental Worksheets

INCOME WORKSHEET (Be sure and include all income sources.)

NOTES

	Monthly	Annual	Start Year	# of Years	Inf. Rate	
1. Earned Income:	_____	_____	_____	_____	_____	_____
2. Child Support:	_____	_____	_____	_____	_____	_____
3. Court Settlements:	_____	_____	_____	_____	_____	_____
4. Supp. Security Income (SSI):	_____	_____	_____	_____	_____	_____
5. Social Security Dis. Income (SSDI):	_____	_____	_____	_____	_____	_____
6. Other Gvt. Benefits:	_____	_____	_____	_____	_____	_____
7. Other Income:	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

HOUSING WORKSHEET

	Monthly	Annual	Start Year	# of Years	Inf. Rate	
1. Rent/Mortgage:	_____	_____	_____	_____	_____	_____
2. Utilities (Phone, Elec., Etc.):	_____	_____	_____	_____	_____	_____
3. Maintenance (Landscape Mngt Fees, etc.):	_____	_____	_____	_____	_____	_____
4. Real Estate Taxes:	_____	_____	_____	_____	_____	_____
5. Furnishings (include special and adaptive equipment):	_____	_____	_____	_____	_____	_____
6. TV/VCR:	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

TRANSPORTATION WORKSHEET

	Monthly	Annual	Start Year	# of Years	Inf. Rate	
1. Loan / Lease Payments:	_____	_____	_____	_____	_____	_____
2. Maintenance:	_____	_____	_____	_____	_____	_____
3. Gas:	_____	_____	_____	_____	_____	_____
4. Insurance:	_____	_____	_____	_____	_____	_____
5. Adaptive Equipment:	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

Supplemental Worksheet

NOTES

FOOD, CLOTHES, MEDICAL, PERSONAL CARE, & LIFESTYLE WORKSHEET

	Monthly	Annual	Start Year	# of Year	Inf Rate	
1. Basic Food/ Grocery:	_____	_____	_____	_____	_____	_____
2. Specialized Diet/Foods:	_____	_____	_____	_____	_____	_____
3. Vitamins/ Supplements:	_____	_____	_____	_____	_____	_____
4. Clothing (include Special):	_____	_____	_____	_____	_____	_____
5. Cleaning/Laundry Services:	_____	_____	_____	_____	_____	_____
6. Personal Hygiene (Hair, Beauty etc.):	_____	_____	_____	_____	_____	_____
7. Live-in and/or ADL Assistance & Respite, Custodial, and/or Nursing Care:	_____	_____	_____	_____	_____	_____
8. Medical/Dental/ Prescription	_____	_____	_____	_____	_____	_____
9. Advocacy/Social Services	_____	_____	_____	_____	_____	_____
10. OT, PT, Speech Therapy, Rehabilitation training:	_____	_____	_____	_____	_____	_____
11. Medical Equipment Wheelchair / Ramp/ Assistive Devices, etc:	_____	_____	_____	_____	_____	_____
12. Guide Dog:	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

EDUCATION, LEISURE, & OTHERS WORKSHEET

	Monthly	Annual	Start Year	#of Year	Inf.Rate	
1. Coach / Tutor:	_____	_____	_____	_____	_____	_____
2. Books & Supplies or CDd software (learning & leisure):	_____	_____	_____	_____	_____	_____
3. Computer/ Assistive Devices:	_____	_____	_____	_____	_____	_____
4. Camps, Sports, Vacations, & Recreation Activity:	_____	_____	_____	_____	_____	_____
5. Pocket Cash:	_____	_____	_____	_____	_____	_____
6. Other:	_____	_____	_____	_____	_____	_____
7. Other:	_____	_____	_____	_____	_____	_____
8. Other:	_____	_____	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____	_____	_____

Neither MetLife nor any of its affiliates, employees, or representatives provide specific tax or legal advice. Please consult your attorney regarding your own personal situation.

Metropolitan Life Insurance Company

A MetLife Company
200 Park Avenue, New York, NY 10166

MetLife Securities, Inc. (Member FINRA/SIPC)

A MetLife Company
200 Park Avenue, New York, NY 10166

New England Securities Corp. (Member FINRA/SIPC),

A MetLife Company
501 Boylston Street, Boston, MA 02116

Tower Square Securities, Inc. (member FINRA/SIPC)

A MetLife Company
One City Place, Hartford, CT 06103

Walnut Street Securities, Inc. (member FINRA/SIPC)

A MetLife Company
13045 Tesson Ferry Road, St. Louis, MO 63128

MetLife[®]

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166
www.metlife.com