Unite and Grow with Catholic United Financial
Every step, every journey, we’re there for life.

Estate Planning Fact Finder
For use by Catholic United Financial sales representatives and employees only.
All information enclosed will remain strictly confidential.
This tool can be used to:

- determine retirement savings needs
- assess levels of life insurance coverage
- prepare an estate plan
- identify assets that need protection
- solidify financial goals
- evaluate charitable giving possibilities

Request a full copy of this Unite and Grow Factfinder when you meet with your local Sales Representative. Click here to find a representative near you, call 1-800-568-6670 to request a copy by phone, or email learnmore@catholicunited.org.
The Beginning: Questions About the Future

What is the desired objective of completing this process? What do you want to achieve?
_______________________________________________________
_______________________________________________________
_______________________________________________________

What factors are motivating you to complete this process? Are they internal financial (i.e., family changes), or external marketplace issues (i.e., stock market rise and fall)? Or both?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

How would you like your Catholic faith reflected in your plan? How important is that to you?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Are there any specific questions you have about the financial strength of Catholic United Financial?
______________________________________________________________________________________________
______________________________________________________________________________________________

Do you have questions about the fraternal programs Catholic United Financial offers?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

How did you first learn about Catholic United Financial? (On the radio, an event, a bulletin, etc.)
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Could any of your family members or friends use a meeting like this?
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Privacy Statement: Catholic United Financial understands the importance of protecting and securing your nonpublic personal information and using it appropriately. We have and maintain strict policies and procedures to protect the confidentiality of your information during all stages of your relationship with Catholic United Financial. In addition, we maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information. Access to nonpublic personal information about you is restricted to those employees who need to know that information to provide products and services to you. All employees are trained and required to safeguard such information.
Confidential Client Evaluation

Name ____________________________  DOB _____/_____/

Name ____________________________  DOB _____/_____/

Relationship:  □ Spouse  □ Parent/Child  □ Sibling  □ Business Partner  □ Other

Contact Information

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Phone</td>
<td>Alternate Phone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>How long have you lived at the above address?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternate Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
</tbody>
</table>

Above address is:  □ Business Address  □ 2nd Residence

Occupation

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Income</td>
<td>Other Income?</td>
</tr>
<tr>
<td>Spouse's Occupation</td>
<td>Spouse's Employer</td>
</tr>
<tr>
<td>Spouse's Annual Income</td>
<td>Spouse's Other Income?</td>
</tr>
</tbody>
</table>

If Retired, Income

<table>
<thead>
<tr>
<th>Social Security $</th>
<th>Spouse's Social Security $</th>
</tr>
</thead>
<tbody>
<tr>
<td>IRA Dist $</td>
<td>Spouse's IRA Dist $</td>
</tr>
<tr>
<td>Pension(s) $</td>
<td>Farm Rent $</td>
</tr>
<tr>
<td>Interest Income $</td>
<td>Other Income $</td>
</tr>
</tbody>
</table>

Children

<table>
<thead>
<tr>
<th>Child / Grandchild</th>
<th>Child's Name</th>
<th>Age</th>
<th>Spouse Name</th>
</tr>
</thead>
</table>

Do you have any children with special needs? __________________________ Do you have children in the family business or farm? _______________________

Will Planning

Wills?  Y ____  N ____  If yes, when was will created? __________  Any special considerations? __________________________ Charitable Bequests in will?  Y ____  N ____

Trust Agreements?  Y ____  N ____  Irrevocable?  Y ____  N ____  Revocable Y ____  N ____  Irrevocable Life Ins Trust Y ____  N ____  Trustee ____________________________

Guardianship for kids  Y ____  N ____  If yes, who? __________________________ Trust to protect kids' inheritance?  Y ____  N ____

Financial Power of Attorney?  Y ____  N ____  Name(s): ________________

Health Care Directive?  Y ____  N ____  Name(s): __________________________