

GRAT Team Planning Questionnaire

Personal Information

Name: _____
DOB: _____
SSN: _____
Retirement Year/Age: _____

Name: _____
DOB: _____
SSN: _____
Retirement Year/Age: _____

Family (kids (name, DOB)):

CPA (contact information):

Estate Attorney (contact information):

Income

Salary: _____

Salary: _____

Social Security: please download most recent statement from www.ssa.gov & email securely to grat@ml.com or fax to 847-919-4622

Pension (monthly): _____

Pension (monthly): _____

Other Income (real estate, etc.): _____

Other Income (real estate, etc.): _____

Savings (monthly or yearly, please indicate)

Brokerage Accounts: _____

Checking/Savings Accounts: _____

529 Plans: _____

Other: _____

One-Time Events (buying a second home, downsizing, inheritance)

Type, Year, & Amount: _____

Type, Year, & Amount: _____

Type, Year, & Amount: _____

Type, Year, & Amount: _____

Insurance (annuities, life insurance, long term care) ---> Please email statements securely to grat@ml.com or fax to 847-919-4622

Assets (please email statements securely to grat@ml.com or fax to 847-919-4622)

Type of Account (checking/savings, IRA, 401(k), brokerage)
& **Firm** (ex: Merrill, Vanguard, Fidelity)

Value & Allocation

Restricted Stock (RSUs), Stock Grants, & Deferred Compensation Plans

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401(k)s

Recordkeeper & Value: _____
 Current Contributions: _____
 Company Match: _____

Recordkeeper & Value: _____
 Current Contributions: _____
 Company Match: _____

Real Estate

Type (primary, rental, vacation): _____
 Address: _____
 Value: _____

Type: _____
 Address: _____
 Value: _____

Liabilities

Type (mortgage, student loan, credit card): _____
 Loan Amount: _____
 Rate/Terms: _____

Type: _____
 Loan Amount: _____
 Rate/Terms: _____

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MAP 6318331 | 10/2024

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