

WILLPOWER CLIENT INFORMATION

PLEASE TYPE OR PRINT CLEARLY

Name _____ M/F _____ SSN _____ Employer _____

Street _____ City _____ County _____

State _____ Zip _____ Home Phone _____ Work Phone _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Other _____

Spouse _____ M/F _____ Employer _____

BENEFICIARIES (Other than spouse)

Name	M/F	Date of Birth	Relationship
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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(Enter additional beneficiaries on other side)

FIDUCIARIES

Trustee _____ Alt Trustee _____

Guardian _____ Alt Guardian _____

Executor _____ Alt Executor _____
(Usually spouse)

LIVING WILL (Yes/No) _____

DURABLE POWER OF ATTORNEY

Name _____ City _____ State _____

HEALTH CARE PROXY

Name _____ Name _____

Street _____ Street _____

City _____ City _____

State _____ Zip _____ Phone _____ State _____ Zip _____ Phone _____

WILL POWER Use Only

Cash _____ Check _____ Visa _____ M/C _____ AMEX _____ Card# _____ Exp Date _____

Attorney _____ Will _____

