





**CHILD #1**

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Biological Parents: \_\_\_\_\_  
(MM/DD/YYYY) ("N/A" if answer is you and your current spouse)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status?  Single  Engaged  Married  Widowed  Divorced

Street Address (if not living in your home): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Children?  Yes  No If "Yes", All Children of Child #1 Biological?  Yes  No

Names of Biological Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Adopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Unadopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

**CHILD #2**

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Biological Parents: \_\_\_\_\_  
(MM/DD/YYYY) ("N/A" if answer is you and your current spouse)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status?  Single  Engaged  Married  Widowed  Divorced

Street Address (if not living in your home): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Children?  Yes  No      If "Yes", All Children of Child #2 Biological?  Yes  No

Names of Biological Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Adopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Unadopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

### **CHILD #3**

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Biological Parents: \_\_\_\_\_  
(MM/DD/YYYY) ("N/A" if answer is you and your current spouse)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status?  Single  Engaged  Married  Widowed  Divorced

Street Address (if not living in your home): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Children?  Yes  No      If "Yes", All Children of Child #3 Biological?  Yes  No

Names of Biological Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Adopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Unadopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

**CHILD #4**

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Biological Parents: \_\_\_\_\_  
(MM/DD/YYYY) ("N/A" if answer is you and your current spouse)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status?  Single  Engaged  Married  Widowed  Divorced

Street Address (if not living in your home): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Children?  Yes  No If "Yes", All Children of Child #4 Biological?  Yes  No

Names of Biological Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Adopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Unadopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

**CHILD #5**

Full Legal Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Biological Parents: \_\_\_\_\_  
(MM/DD/YYYY) ("N/A" if answer is you and your current spouse)

Place of Birth: \_\_\_\_\_ Hospital: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Marital Status?  Single  Engaged  Married  Widowed  Divorced

Street Address (if not living in your home): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Spouse (if applicable): \_\_\_\_\_

Children?  Yes  No If "Yes", All Children of Child #5 Biological?  Yes  No

Names of Biological Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Adopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

Names of Unadopted Children and Ages (if applicable): \_\_\_\_\_

\_\_\_\_\_

**GUARDIAN INFORMATION (if applicable)**

If your children are under the age of 19 (minors) when you die, and if their other parent is also not alive when you decease, the Court will appoint someone to be the legal guardian of your minor children. The guardian(s) will have legal and physical custody of the children until they reach the age of 19. You can appoint someone to serve as the guardian for your minor children.

**FIRST Choice for Guardian (may be married couple or an individual)**

Full Name(s): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

If married and one spouse deceases, should child remain with surviving spouse?  Yes  No

Note: If "No", guardianship will then transfer to second choice for guardian.

**SECOND Choice for Guardian (may be married couple or an individual)**

Full Name(s): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

If married and one spouse deceases, should child remain with surviving spouse?  Yes  No

Note: If "No", guardianship will then transfer to third choice for guardian.

**THIRD Choice for Guardian (optional, but strongly recommended)**

Full Name(s): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**PERSONAL REPRESENTATIVE INFORMATION**

Your personal representative (also known as an “executor” or “executrix”) is the person that will administer your estate, wind up your financial affairs, pay your debts and taxes, and distribute the balance of your estate to the intended beneficiaries. A personal representative must be at least 19 years old. You can nominate someone to serve as your Personal Representative.

Name a Personal Representative and Successor Personal Representatives (in case the primary personal representative is unable or unwilling to serve).

Note: It is strongly discouraged that two parties be named as co-personal representatives.

**FIRST Choice for Personal Representative (should be one individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**SECOND Choice for Personal Representative (should be one individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**THIRD Choice for Personal Representative (should be one individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### **TRUSTEE INFORMATION**

If a trust is included in your estate plan, a “trustee” is the person or entity responsible for managing the assets placed in the trust for the benefit of the trust’s beneficiaries (e.g., your children). The trustee manages the assets according to the terms of the trust and distributes the assets according to the terms of the trust. Note that if you do not establish a trust, your children may inherit significant assets upon your death. The trustee can be an individual, bank, trust company, or a combination of these.

Name a Trustee and Successor Trustees (in case the primary trustee is unable or unwilling to serve).

#### **FIRST Choice for Trustee (can be individual, bank, or trust company)**

Full Name/Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you (if applicable): \_\_\_\_\_

#### **SECOND Choice for Trustee (can be individual, bank, or trust company)**

Full Name/Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you (if applicable): \_\_\_\_\_

**THIRD Choice for Trustee (optional, but strongly recommended)**

Full Name/Entity: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to you (if applicable): \_\_\_\_\_

**SPECIFIC ADDITIONAL INFORMATION**

**Family Questions:**

Are your parents still living?  Yes  No

If "Yes", list full names and residence: \_\_\_\_\_

\_\_\_\_\_

Do you have any siblings (living or deceased)?  Yes  No

If "Yes", list full names, residence and spouse's name (or death date if deceased): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Key Advisors:**

Accountant Name: \_\_\_\_\_

Accounting Firm: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Investment/Financial Advisor Name: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Banks/Financial Institutions:**

Checking/Saving Accounts Bank Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Branch Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Bank Name: \_\_\_\_\_

Type of Account(s): \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Branch Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Financial Institution Name: \_\_\_\_\_

Type of Account(s): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Security Questions:**

Location of safe deposit box and key: \_\_\_\_\_

Who else has access? \_\_\_\_\_

Location of personal safe and key/code: \_\_\_\_\_

Who else has access? \_\_\_\_\_

Location of storage unit and key/code: \_\_\_\_\_

Who else has access? \_\_\_\_\_

**Inheritance Question:**

Do you or your spouse expect to receive any inheritance in the near future?  Yes  No

If "Yes", name source(s) and expected inheritance: \_\_\_\_\_

\_\_\_\_\_

**Disinheritance Questions:**

Do you wish to fully disinherit your spouse, child, or someone else?  Yes  No

If "Yes", list full name and relationship to you: \_\_\_\_\_

\_\_\_\_\_

Do you wish to partially disinherit your spouse, child, or someone else?  Yes  No

If "Yes", list full name, relationship to you, and specific terms of dis/inheritance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Burial Plans:**

Have you purchased a burial plot or plan?  Yes  No

If "Yes", please describe: \_\_\_\_\_

If "No", do you wish to be buried or cremated?  Buried  Cremated

Where do you wish to be interred? \_\_\_\_\_

**ASSET INFORMATION**

Fill information in appropriate boxes. If single/widowed/divorced, use gender specific column.

<b>ASSET NAME</b>	<b>HUSBANDS (\$)</b>	<b>WIFES (\$)</b>	<b>JOINT (\$)</b>
<b>Home Value (FMV)</b>			
<b>Home Equity</b>			
<b>Other Real Estate</b>			
<b>Checking Account(s)</b>			
<b>Savings Account(s)</b>			
<b>Money Mkt. Acct.</b>			
<b>Other Invest. Accts.</b>			
<b>Primary Vehicle(s)</b>			
<b>Other Vehicles</b>			
<b>Personal Property</b>			
<b>Stocks &amp; Bonds</b>			
<b>Closely Held Bus.</b>			
<b>Whole Life Ins. on Husband's life (face value)</b>			
<b>Whole Life Ins. on Wife's life (face value)</b>			
<b>Whole Life Ins. (cash value)</b>			
<b>Term Life Ins. on Husband's life</b>			
<b>Term Life Ins. on Wife's life</b>			
<b>Retirement (total)</b>			
<b>IRA</b>			
<b>Pension</b>			
<b>401(k)</b>			
<b>Other Retirement</b>			
<b>\$\$\$ Owed to You</b>			
<b>Other Assets:</b>			
<b>Total Assets (\$)</b>			

**LIABILITY INFORMATION**

Fill information in appropriate boxes. If single/widowed/divorced, use gender specific column.

<b>LIABILITY NAME</b>	<b>HUSBANDS (\$)</b>	<b>WIFES (\$)</b>	<b>JOINT (\$)</b>
<b>Home Mortgage</b>			
<b>Educational Debt</b>			
<b>Vehicle Loan(s)</b>			
<b>Rec. Vehicle Loan(s)</b>			
<b>Other Mortgages</b>			
<b>Credit Card Debt</b>			
<b>Debt to Family</b>			
<b>Other Debts:</b>			
<b>Total Liabilities (\$)</b>			

**BENEFICIARY DESIGNATION INFORMATION**

Fill in the information for your assets that have a beneficiary designation (e.g., life insurance, retirement plans, joint bank accounts, etc). Due to the fact that these assets have beneficiary designations, they will pass outside your Will. This is important to know when building an estate plan.

<b>POLICY/ASSET</b>	<b>VALUE</b>	<b>OWNER</b>	<b>INSURED (if applicable)</b>	<b>BENEFICIARY</b>

Do you have a retirement account or plan with a death benefit?  Yes  No

If "Yes", who is the named beneficiary? \_\_\_\_\_

**ESTATE DISTRIBUTION INFORMATION**

**Specific Bequests:**

If no spouse survives you, do you wish to make a specific gift of real property?  Yes  No

If "Yes," list the physical address of the real property and the intended recipient: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If no spouse survives you, do you wish to make specific gifts of person property?  Yes  No

Note: personal property is china, crystal, silver, jewels, cars, collections, art, furs, guns, etc.

If "Yes," identify the intended recipient(s) and specific items: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want to make a specific gift to a charity, church, school, individual, or for the support of a surviving domestic pet?  Yes  No

If "Yes", please describe the entity, individual, or pet, and your specific intentions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If a child predeceases you, would you prefer that their share pass to their children (your grandchildren) or their surviving siblings (your children)?  Children  Surviving Siblings

**General Bequest:**

How do you wish for the remainder of your estate to be distributed – meaning anything not specifically gifted in your will, as you outlined above (typical options include divide equally among surviving children, or a percentage-divide among surviving heirs, charities, non-profits, etc)? \_\_\_\_\_

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**Contingent Disposition:**

In the event that some or all of your designated heirs are not available to inherit from your estate, who do you want to receive their portion of your estate (and in what percentages, if applicable)?

Note: Typically, ½ of your non-devisable estate goes to your nearest surviving relative, and ½ of your non-devisable estate goes to your spouse’s nearest surviving relative.

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**LIVING WILL / ADVANCE DIRECTIVE INFORMATION (Witnessed, signed by Proxys, and not notarized)**

A health care directive is a useful tool in planning for incapacity and is a recommended part of any estate plan. A health care directive is a written document that makes known your health care wishes to family, friends, and doctors. It allows you to name a health care proxy who will have the legal authority to make health care decisions for you – based on your wishes – if you become unable to communicate your health care wishes. It also allows you to specify your wishes in certain medical situations and your wishes for things such as organ donation.

Do you have a previous living will/advance health care directive?  Yes  No



**FIRST Choice for Health Care Proxy (typically your spouse, or most trusted individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**SECOND Choice for Health Care Proxy (typically a parent, sibling, or trusted individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

How much authority do you want to give your Health Care Proxy?

- You want your Health Care Proxy to follow only the directions as listed on the form.
- You want your Health Care Proxy to follow your directions as listed on the form and to make any decisions about things you have not covered in the form. (most common selection)
- You want your Health Care Proxy to make the final decision, even though it could mean doing something different from what you have listed on the form.

Can your Health Care Proxy make decisions about whether to give you food and water through an IV or tube?  Yes  No (“Yes” is most common selection)

Do you wish to be an organ donor?  Yes  No

If you become **terminally ill or injured**, meaning your doctor and another doctor decide that you have a condition that cannot be cured and that you will likely die in the near future from this condition. Although, it is possible that you may recover, and you may still have brain activity.

In this scenario, do you prefer to continue to:

Receive life-sustaining treatment (drugs, machines, or medical procedures that would keep you alive but would not cure you)?  Yes  No

Note: If you select “No”, you will still receive treatment for pain and comfort.

Receive food and water through an IV or tube?  Yes  No

If you become **permanently unconscious**, meaning your doctor and another doctor agree that within a reasonable degree of medical certainty you can no longer think, feel anything, knowingly move, or be aware of being alive. They believe this condition will last indefinitely without hope for improvement and have watched me long enough to make this decision. You understand that at least one of these doctors must be qualified to make such a diagnosis.

In this scenario, do you prefer to continue to:

Receive life-sustaining treatment (drugs, machines, or medical procedures that would keep you alive but would not cure you)?  Yes  No

Note: If you select “No”, you will still receive treatment for pain and comfort.

Receive food and water through an IV or tube?  Yes  No

Do you have any specific directions for your doctors or Health Care Proxy?  Yes  No

If “Yes”, please describe: \_\_\_\_\_  
\_\_\_\_\_

Who do you want to attend the meeting with your doctor and Health Care Proxy regarding end-of-life decisions? (typically, “immediately family then present” or list names and state “if available”) \_\_\_\_\_  
\_\_\_\_\_

**POWER OF ATTORNEY INFORMATION (Notarized, not witnessed)**

A power of attorney is a signed document giving another person (your “Agent”) the legal authority to act on your behalf with respect to your assets. Powers of attorney can be narrowly tailored to specific powers or as broad as giving your agent the power to take all action related to your finances/assets that you would be able to do yourself. A power of attorney is recommended to be included in every estate plan as it is especially useful in planning for incapacity.

Have you previously executed a power of attorney?  Yes  No

**FIRST Choice for Agent (typically your spouse, or most trusted individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

**SECOND Choice for Agent (typically a parent, sibling, or trusted individual)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

**THIRD Choice for Agent (optional, but strongly recommended)**

Full Name: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

When do you want the Power of Attorney to become effective:

- Immediately, upon execution.
- Only when you become legally incapacitated.
- Immediately for your first choice for agent, and only when you become legally incapacitated for your second choice for agent.

Do you wish to give your Agent the General Authorities granted under Alabama law? (typically, “Yes”, unless there is a compelling contrary consideration)  Yes  No

Note: General Authority includes granting authority relating to the following: real property, tangible personal property, stocks and bonds, commodities and options, banks and other financial institutions, operation of entity or business, insurance and annuities, estates, trusts, and other beneficiary interests, claims and litigation, personal and family maintenance, government program benefits or civil or military service, retirement plans, taxes, and gifts. There are super powers available that may also be specially granted under a power of attorney, but we discourage this.

Do you have any additional, specific instructions for your Agent?  Yes  No

If “Yes”, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Final page to follow]

