

# Western Mass Estate Planning

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## NOMINATIONS FORM

### Joint/Credit Shelter Trust(s) with Separate Supplemental Needs Trust Wills

**How our complete, legal names should appear in the documents (how each of us will be signing our name, as well as any “aka”):**

The information below will be used to prepare your estate planning documents. If, after you have returned this document to our office, you wish to make changes to any of the names or order of names, or any of the named individuals change addresses or telephone numbers, you must notify us no later than five (5) days prior to the date of the scheduled signing. It is extremely difficult to make changes at the signing. We will be sending you a summary of the documents in advance, reflecting the information below, which will give you another chance to review your decisions and make changes.

**I. WILLS/TRUST(S): These are the documents which will direct distribution of your assets. Please list, in order, the individuals you would like to settle your estate.** Your Trust(s) will name your spouse first, then your list of successor trustees. Your Wills will only be used if we have intentionally moved assets from your Trust(s) into one spouse's name, in order to preserve assets from one spouse's actual or anticipated long-term-care expenses; if neither spouse is sick, we will likely not need either spouse's Will. Note that, if we are using this Will strategy, **your spouse will not be named as Personal Representative**, since the strategy assumes that the spouse is not well.

**Please name at least 4 individuals (besides your spouse) to serve:**

**• Personal Representatives/Alternate Trustees for husband's Will/Trust:**

1.

2.

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

Relationship: \_\_\_\_\_

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

3.

4.

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

Relationship: \_\_\_\_\_

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

- **Personal Representatives/Alternate Trustees for wife's Will/Trust:**

1

2.

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

**Relationship:** \_\_\_\_\_

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

3.

4.

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

Relationship: \_\_\_\_\_

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

## 2. DISTRIBUTION: How would you like your assets distributed after the death

**of the second spouse?** For example, if you have children, would you want your estate distributed equally among

them? If you do not have children, who would you want to inherit your estate? Other family members or charities? What

happens to a share of a deceased beneficiary – does it pass to the deceased beneficiary's children, otherwise to your surviving children? See 3.15(a) above.

**surviving children/beneficiaries? If not, to whom? You may use percentages or a dollar amount (which we will convert to a named person(s)). For each beneficiary listed, please provide their complete name.**

to a capped percentage). For each beneficiary listed, please provide the their relationship to you, and the town and state where they live:

(You may attach a separate piece of paper if you need more space)

## **Sub-Trust for Younger Beneficiaries.**

2(a) **Age.** If there is a chance that a grandchild or other beneficiary might inherit before or during early adulthood, either because you have named them as a primary beneficiary of your estate or because they would inherit if another beneficiary predeceased you (for example, if a beneficiary predeceased you, and

that person's children are entitled to their share), We recommend that the beneficiary be given control over those funds only after they reach a certain age (which you must designate). We further recommend that this age be no younger than age 25 (but older may be appropriate), so that the beneficiary will be of sufficient maturity to handle the funds when they receive them outright, and the funds are protected from creditors and financial aid considerations. Whatever age you select, the Trustee may make distributions to the beneficiary prior to that age, but in the Trustee's discretion (in other words, the beneficiary may not demand funds).

**At what age would you want beneficiaries to be eligible to inherit? \_\_\_\_\_**

2(b) Trustees of Sub-Trust. The Trustee of this sub-trust will be responsible for holding the funds and disbursing them as appropriate, keeping in mind the child's maturity level and need for funds for college or living expenses. Note that, in general, it is not advisable to name a beneficiary's surviving parent, since some distributions they make could be viewed by the IRS as income to the parent. This is not the case if someone other than the parent serves as Trustee. **List four (4) individuals you would trust in this capacity, in order of preference:**

1.

2.

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

Relationship: \_\_\_\_\_

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

3.

4.

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

Relationship: \_\_\_\_\_

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

**3. POWERS OF ATTORNEY:** These documents name the individuals (called your Attorneys-in-Fact or Agents) who you would trust to handle business transactions for you, whether you are incapacitated, on vacation, or just wanting/need assistance with banking or other financial issues. Note that these individuals will each have equal authority to act (there is no hierarchy) which means we can call on each, as needed and appropriate. None may act, however, without access to the document, which gives you control over who can exercise the power. **Name two (2) individuals, in addition to your spouse, who you would like to serve as your Attorneys-in-Fact to handle business matters for you:**

**For husband:**

1. Wife

2. Name: \_\_\_\_\_

3. \_\_\_\_\_

Relationship: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**For wife:**

1. Husband
2. Name: \_\_\_\_\_
3. \_\_\_\_\_

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**4. HEALTH CARE PROXIES:** These documents designate the individuals (called your Health Care Agents) who may make medical decisions for you if your physician has declared that you are unable to make or communicate a medical decision. **Name two individuals, in addition to your spouse and in order of preference, who you would like to serve as your Health Care Agents:**

**For husband:**

1. Primary: Wife
2. First Alternate
3. Second Alternate:

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For wife:**

1. Primary: Husband
2. First Alternate
3. Second Alternate:

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

Relationship: \_\_\_\_\_

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

\_\_\_\_\_

Phone (H): \_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

\_\_\_\_\_

**5. LIVING WILLS:** These documents say that you would not want to remain on life support indefinitely and gives your medical professionals and family members permission/encouragement to terminate life support if appropriate. **Would you both like a Living Will?**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**6. HIPAA AUTHORIZATION FOR RELEASE forms:** These forms list the individuals who you authorize to access your medical information and talk with your doctors. We will list the same individuals who you listed as Health Care Agents above. **In addition, would you like anyone else listed?**

<u>Full Name</u>	<u>Relationship to You</u>
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**Husband:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wife:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. PRIMARY CARE PHYSICIAN(S):** Please provide us with the name(s), practice(s), and address(es) of your Primary Care Physician(s), so that we may send copies of your signed Health Care Proxies, Living Wills, and HIPAA Authorization for Release forms for your records:

Husband's PCP

Wife's PCP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. TRUST** Complete only if you are executing a joint trust to avoid probate **and** your lists of Personal Representatives on page 1 are not identical to each other – if both spouses listed the same names in the same order, **or** you are each executing two trusts in order to reduce estate taxes, *you may leave this section blank. Please tell us who you would like to manage assets in your joint trust after the death of both spouses, in order of preference:*

1.

2.

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

\_\_\_\_\_

3.

4.

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

\_\_\_\_\_

**9. Sub-trust for any beneficiary not inheriting directly. (IF RELEVANT)**

If there is any actual or potential beneficiary of your estate, regardless of age, who should not receive his or her share outright, due to disability, divorce, medical issues, poor money management, or other reasons, you may want to have someone else manage these funds. Note that, if funds will be held for the term of a beneficiary's life, you should name some Trustees who are the same age or younger than the beneficiary. **ONLY IF THIS IS RELEVANT TO YOUR SITUATION, please tell us which beneficiary should not inherit directly:**

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**Please tell us who should manage the funds and make decisions about distributions (be sure to list at least four (4) individuals, in order of preference):**

1.

2.

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

Relationship: \_\_\_\_\_

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

3.

4.

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

Relationship: \_\_\_\_\_

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

When trust terminates: \_\_\_\_\_ death or when trust assets depleted \_\_\_\_\_