

THE LEGACY
FAMILY QUESTIONNAIRE™



his questionnaire helps to involve you in your parents' planning process. Your answers will allow your parents and their advisors to take into account your views as they seek to create a more effective and meaningful connection between wealth and family life.

This information will enable your parents to achieve a greater degree of competence and confidence as they make planning decisions around Financial Independence, Family Legacy, Business Ownership, and Social Capital.

In order to achieve this goal, we ask you to answer this questionnaire and be willing to discuss your responses. The questions inquire about how you think, feel, and act in regard to wealth, both now and as you look toward the future. Nothing you say is set in stone. We just want to stimulate thought, facilitate conversation, and eventually generate decisions. Your responses will help your parents complete a wiser financial plan not only for themselves and philanthropy, but in regard to the financial and spiritual inheritance that they will leave to you and your children.

Completing this questionnaire will probably take less time than it does to watch a sitcom. Try to fill this out at a time when you will not be distracted, and please take your time. Give each question thoughtful consideration, but don't spend too much time on any one question. We encourage you to jot down additional comments whenever they occur to you.

Don't become frustrated if you are unable to answer a question or if you are not fully satisfied with your answers. Finding where confusion, uncertainty, and even conflict exist is a natural and valuable part of the process.

When you have answered the questions to the best of your ability, please sign and date the form on the last page.



GENERAL QUESTIONS...SETTING THE STAGE

1. Who are the people who most affected your life in a helpful way (other than your parents)? *RANK the top three in order of importance to you (1 = most helpful).*

- | | |
|---|--|
| ___ <input type="checkbox"/> Teachers | ___ <input type="checkbox"/> Co-workers |
| ___ <input type="checkbox"/> Spouse | ___ <input type="checkbox"/> Authors/Writers |
| ___ <input type="checkbox"/> Coaches | ___ <input type="checkbox"/> Clergy/Spiritual Advisors |
| ___ <input type="checkbox"/> Siblings | ___ <input type="checkbox"/> Grandparents |
| ___ <input type="checkbox"/> Friends | |
| ___ <input type="checkbox"/> Business Partners | |
| ___ <input type="checkbox"/> Other (please specify) | |

COMMENTS

COMMENTS

2. Who are the people who have affected your life in a hurtful way (other than your parents)? *RANK the top three in order of importance to you (1 = most hurtful).*

___ Teachers

___ Co-workers

___ Spouse

___ Authors/Writers

___ Coaches

___ Clergy/Spiritual
Advisors

___ Siblings

___ Grandparents

___ Friends

___ Business Partners

___ Other (please specify)

3. Select the most significant events that have affected your life in a helpful way.
RANK the top three in order of importance to you (1 = most helpful event).

- | | |
|--|---|
| ___ <input type="checkbox"/> Educational Experiences | ___ <input type="checkbox"/> Employment/ Work |
| ___ <input type="checkbox"/> Spiritual Activities | ___ <input type="checkbox"/> Financial Rewards |
| ___ <input type="checkbox"/> Marriage | ___ <input type="checkbox"/> Building Business(es) |
| ___ <input type="checkbox"/> Birth of Children | ___ <input type="checkbox"/> Divorce |
| ___ <input type="checkbox"/> Parenting | ___ <input type="checkbox"/> Sports |
| ___ <input type="checkbox"/> Building Friendships | ___ <input type="checkbox"/> Purchases (Home, Real Estate, Boats, etc.) |
| ___ <input type="checkbox"/> Other (please specify) | |

- ___ Other (please specify)
-
-

COMMENTS

Empty box for comments.

COMMENTS

4. Select the most significant events that have affected your life in a harmful way. RANK the top three in order of importance to you (1 = most harmful event).

- Educational Experiences
- Employment/ Work
- Spiritual Activities
- Financial Rewards
- Marriage
- Building Business(es)
- Birth of Children
- Divorce
- Parenting
- Sports
- Building Friendships
- Purchases (Home, Real Estate, Boats, etc.)
- Other (please specify)

- Other (please specify)

5. Have your parents encouraged you to follow your dreams and desires even if they did not agree with your choices?

- Always Seldom
 Sometimes Never

COMMENTS

6. Have your parents encouraged you and your siblings to stay connected to them?

- Always Seldom
 Sometimes Never

COMMENTS

7. How have your parents prepared you for Financial Inheritance?

- Fully Prepared
 Partially Prepared
 Not Prepared

COMMENTS

COMMENTS

8. What is the total amount of gifts that you have already received?

- \$0 - \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$2,000,000
- > \$2,000,000
- Don't know

COMMENTS

9. What is the total amount of gifts that are arranged but not received?

- \$0 - \$50,000
- \$50,001 - \$100,000
- \$100,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$2,000,000
- > \$2,000,000
- Don't know



10. How much do you **expect to** receive in inheritance/gifts and when?

Inheritance/Gifts Amount

\$ _____

When?

COMMENTS

11. How much would you **like to** receive in inheritance/gifts and when?

Inheritance/Gifts Amount

\$ _____

When?

COMMENTS

COMMENTS

12. Based on your definition of financial independence, how do you think you are currently doing? *Fill in the blanks where applicable.*

- I don't know if I have enough in income and/or assets to maintain financial independence for the rest of my life.
- My present income and/or assets are not sufficient to maintain my financial independence.
- I need all of my present income and/or assets to maintain financial independence; I have little or no discretionary income or assets.
- My present income and/or assets are more than sufficient to maintain my financial independence; however, I am concerned about the impact of inflation, economic downturns, health expenses or other future unknowns.
- My present income and/or assets are more than sufficient to maintain my financial independence and offset the impact of future inflation, economic downturns, health expenses or other unknowns. I have annual discretionary income of approximately \$_____ and/or have excess assets of \$_____.

13. What are the three most important areas in which there is a gap between where you are now in your happiness and where you want to be?
RANK the top three in order of importance to you (1 = most important).

- ___ Career
 - ___ Financial Independence
 - ___ Health
 - ___ Spiritual/ Religious Life
 - ___ Other (please specify)
- ___ Parents
 - ___ Grandparents
 - ___ Siblings
 - ___ Children

COMMENTS

14. To which do you contribute the bulk of your charitable giving? *Check one box only.*

- Religious or Spiritual Development
- Poverty
- Health Care or Medical Research
- Education
- Environment
- Other Purposes (please specify)

COMMENTS



COMMENTS

15. To which do you contribute the bulk of your volunteering? *Check one box only.*

- Religious or Spiritual Development
- Poverty
- Health Care or Medical Research
- Education
- Environment
- Other Purposes (please specify)

COMMENTS

16. Which changes in the world would you most like to help bring about with your philanthropy?

17. What is the most important thing that your parents will need you to do for them? *Check all that apply.*

- Gratitude for Gifts
- Visiting with Grandchildren
- Taking Care of them when they're Elderly: Housing
- Taking Care of them when they're Elderly: Health (Healthcare Proxy)
- Being Responsible
- Being Happy
- Raising Children Well
- Continuing their Philanthropic Wishes
- Continuing in the Business
- Other (please specify)

COMMENTS

18. What is the most important thing that you need your parents to do for you?

COMMENTS

COMMENTS

19. What is your definition of wealth?

ADDITIONAL THOUGHTS AND COMMENTS

COMMENTS

1. Your signature indicates that you feel comfortable with the answers you have provided in this questionnaire and that you are aware that the above information will be shared with your parent(s).

Please print and sign your name:

Print Name

Signature

Date



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