Syndicate Subscription Legal Plans

ASSET PROTECTION TRUST
CLIENT INTAKE QUESTIONNAIRE:

CONFIDENTIAL. An asset protection trust is a planning tool designed to protect assets from FUTURE, unknown creditors. It cannot be used to avoid existing debts, pending or threatened claims, taxes, or support obligations. Transfers made to hinder, delay, or defraud creditors can be reversed by a court and may carry civil or criminal penalties. For that reason, complete and honest answers — especially in Part 4 — are required before any planning can begin. If a question does not apply, write "N/A." If unknown, write "Unknown." Attach additional pages if needed.

NAME OF THE CLIENT(s) / SETTLOR(s):

[__] Primary Party (Settlor 1): ______________________________

[__] Additional Party (Settlor 2 / Spouse): ______________________________

Syndicate Plan Member ID: ____________________ Plan Start Date: ____________________

Preferred method of contact:

[__] Phone **[__]** Text **[__]** Email

PART 1 — YOUR GOALS

1.1 Type of trust you are considering:

[__] Domestic Asset Protection Trust (U.S. state such as Nevada, South Dakota, Delaware, Alaska, Wyoming)

[__] Offshore Asset Protection Trust (e.g., Cook Islands, Nevis, Belize)

[__] Hybrid — domestic trust with ability to move offshore if needed

[__] Not sure — please recommend

Preferred jurisdiction (if any) and why: ______________________________

1.2 Objectives (check all that apply):

[__] Protection from future lawsuits / creditors **[__]** Professional liability (malpractice, etc.)

[__] Business or investment risk **[__]** Estate planning / passing wealth to family

[__] Privacy **[__]** Protection for beneficiaries (divorce, creditors)

[__] Estate or gift tax planning **[__]** Other

1.3 In your own words, what are you trying to protect against, and why now? ____________________

____

____

1.4 Approximate value of assets you want to place in the trust: $ ______________________________

1.5 Desired timeline: ____________________ Budget for setup / annual fees: $ __________

If you live in a state that does not recognize self-settled asset protection trusts (California is one), a domestic trust formed in another state may offer limited protection in your home state's courts. We will discuss jurisdiction options.

PART 2 — PERSONAL & FAMILY INFORMATION

2A Settlor 1 (You):

Last Name: ____________________ First: ______________________ Middle: ____________________

Other names used: ___________________________________ Date of Birth: ________________________

Address: ____

City: _________________________________ County: ________________ State: _____ Zip: _______

Phone: ____________________________________ Email: ______________________________________

Citizenship(s): ______________________________________ Country of tax residence: _______________

Occupation / Employer: ____

2B Settlor 2 / Spouse / Partner:

Last Name: ____________________ First: ______________________ Middle: ____________________

Other names used: ___________________________________ Date of Birth: ________________________

Address: ____

City: _________________________________ County: ________________ State: _____ Zip: _______

Phone: ____________________________________ Email: ______________________________________

Citizenship(s): ______________________________________ Country of tax residence: _______________

Occupation / Employer: ____

2.1 Marital status:

[__] Single [__] Married [__] Registered Domestic Partner

[__] Separated [__] Divorced [__] Widowed

Date of marriage / registration: _________________________ State where married: __________________

2.2 Have you lived in a community property state while married? [__] Yes [__] No

2.3 Is there a prenuptial or postnuptial agreement? [__] Yes [__] No

2.4 Will your spouse / partner participate in the trust?

[__] Yes — spouse will be a co-settlor [__] Yes — spouse will consent only

[__] No [__] Not sure

2.5 Children and Other Family Members:

Name	Relationship	Date of Birth	City / State	Special Needs / Concerns?

PART 3 — OCCUPATION & RISK PROFILE

3.1 Occupation / profession: ____

Professional licenses held (type and state): ______________________________________

3.2 What activities create potential liability for you (profession, business, rental property, vehicles, employees, etc.)? ____

____

3.3 Do you own or control any business entities? [__] Yes [__] No

Entity Name & Type	State / Country	Ownership %	Your Role	Est. Value $

3.4 Have you personally guaranteed any business or third-party debt? [__] Yes [__] No

If yes, explain: ____

____

3.5 Insurance Coverage:

Type (liability, umbrella, malpractice, D&O, etc.)	Carrier	Coverage Limit $	Expires

PART 4 — EXISTING CLAIMS & SOLVENCY (REQUIRED)

Answer every question for yourself AND your spouse / partner. A "yes" answer does not automatically prevent planning, but it must be disclosed and evaluated first. Existing creditors generally can reach assets transferred after their claim arose.

4.1 Are you a party to any pending lawsuit, arbitration, or administrative action? [__] Yes [__] No

4.2 Has anyone threatened to sue you or made a demand for payment? [__] Yes [__] No

4.3 Are you aware of any event that could lead to a claim against you? [__] Yes [__] No

4.4 Are there any unpaid judgments, liens, or levies against you? [__] Yes [__] No

4.5 Do you owe any past-due taxes, or are you under audit or investigation? [__] Yes [__] No

4.6 Are you in default on any loan, lease, or personal guarantee? [__] Yes [__] No

4.7 Is a divorce or separation pending, planned, or being considered? [__] Yes [__] No

4.8 Do you pay child or spousal support? Are any payments past due? [__] Yes [__] No

4.9 Have you filed bankruptcy, or are you considering it? [__] Yes [__] No

4.10 Are you the subject of any government, regulatory, or licensing investigation? [__] Yes [__] No

4.11 Have you transferred or gifted significant assets in the past 4 years? [__] Yes [__] No

If you answered YES to any question in Part 4, explain (parties, amounts, dates, case numbers, status): ______

____

____

____

4.12 Solvency Summary (estimates):

Total assets (everything you own): $ ______________________ Total liabilities: $ ___________________

Assets you will KEEP outside the trust: $ ___________________ Monthly income: $ ___________________

After funding the trust, will you still be able to pay all debts as they come due? [__] Yes [__] No

PART 5 — ASSETS PROPOSED FOR THE TRUST

List each asset you are considering transferring. For real estate, include the property location. Account numbers: last 4 digits only.

Asset / Description	Location / Institution	Titled To	Est. Value $	Loans / Liens $	Source (earned, gift, inherited)

5.1 Asset categories involved:

[__] Real estate
[__] Cash / bank accounts
[__] Brokerage / securities
[__] Business interests / LLC units
[__] Cryptocurrency / digital assets
[__] Life insurance / annuities
[__] Intellectual property / royalties
[__] Collectibles / art / precious metals

5.2 Do you hold any assets, accounts, or entities outside the U.S.? [__] Yes [__] No

If yes, explain: ____

____

5.3 Do you have retirement accounts (401(k), IRA, pension)? [__] Yes [__] No

Retirement accounts generally are not transferred into an asset protection trust and often have their own protections. We will review them separately.

5.4 Do you want to keep living in / using any residence placed in the trust? [__] Yes [__] No

PART 6 — TRUST STRUCTURE & PEOPLE

6.1 Proposed Trustee(s):

A domestic trust generally requires at least one trustee located in the trust's state. An offshore trust generally uses a licensed trust company in that jurisdiction. The settlor usually cannot be the sole trustee.

[__] Professional / corporate trustee
[__] Individual trustee (family or friend)
[__] Co-trustees
[__] Please recommend

Name(s) of proposed individual trustee(s) and relationship: ______________________________

____

6.2 Trust Protector (independent person who can oversee / replace trustee): ____________________

Relationship to you: ____________________ Phone / Email: ____________________

6.3 Investment or Distribution Advisor (if any): ____________________

6.4 Beneficiaries:

Name	Relationship	Share / Priority	Conditions or Limits (age, education, etc.)

6.5 Who should be able to receive distributions during your lifetime?

[__] Myself (self-settled) [__] My spouse / partner [__] My children / descendants

[__] Other individuals [__] Charity

6.6 Distribution standard:

[__] Only for health, education, maintenance, and support

[__] At the trustee’s full discretion

[__] Please recommend

6.7 After your death, who should receive the trust assets, and how (outright, continuing trust, at certain ages)?

____

____

6.8 Would you like assets held through an LLC owned by the trust? [__] Yes [__] No

PART 7 — TAX & REPORTING

7.1 Are you a U.S. citizen or U.S. tax resident? [__] Yes [__] No

7.2 Have you timely filed all federal and state income tax returns? [__] Yes [__] No

If yes, explain: ____________________

____

7.3 Have you ever filed gift tax returns (Form 709)? [__] Yes [__] No

7.4 Have you ever had foreign accounts or foreign trusts? [__] Yes [__] No

If yes, were all required reports filed (FBAR, Forms 3520, 8938)? [__] Yes [__] No

Offshore trusts carry annual U.S. reporting obligations with significant penalties for non-filing. Your CPA should be involved.

7.5 Tax goals:

[__] Minimize estate / gift tax
[__] Tax-neutral (income taxed to me as grantor)
[__] Not a priority
[__] Discuss with my CPA

PART 8 — SOURCE OF FUNDS & BACKGROUND

Trust companies and banks are legally required to verify identity and the source of funds before accepting assets.

8.1 Describe the source of your wealth (employment, business sale, investments, inheritance, etc.): __________

____

____

8.2 Are you (or a close relative) a senior public official? [__] Yes [__] No

8.3 Ever charged with or convicted of a financial or fraud offense? [__] Yes [__] No

8.4 Ever subject to regulatory enforcement or license discipline? [__] Yes [__] No

If yes to any, explain: ____

____

PART 9 — EXISTING ESTATE PLAN & ADVISORS

9.1 Existing documents (check all that apply):

[__] Will
[__] Revocable living trust
[__] Irrevocable trust(s)
[__] Durable power of attorney
[__] Advance health care directive
[__] None

Date of most recent estate plan and who prepared it: ____

Advisor Type	Name / Firm	Phone	Email	May we contact?

Advisor types: CPA / tax preparer, financial advisor, insurance agent, business lawyer, banker.

PART 10 — DOCUMENT CHECKLIST

Please provide copies of the following, if available. Check each item you are including.

[__] Government-issued photo ID / passport
[__] Proof of address (utility bill)
[__] Personal financial statement
[__] Tax returns (last 3 years)

[__] Deeds & mortgage statements
[__] Entity documents (LLC / corp.)
[__] Existing wills & trusts
[__] Pending lawsuit / claim documents

[__] Bank & brokerage statements
[__] Insurance policies & declarations
[__] Prenuptial / postnuptial agreements
[__] Gift tax returns (Form 709)

Certification & Solvency Declaration:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I have disclosed all pending, threatened, and known potential claims against me. I am not seeking to transfer assets with the intent to hinder, delay, or defraud any creditor, and after the proposed transfers I expect to remain able to pay my debts as they come due. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my asset protection planning.

Signed and dated this ____ day of ________________________, 20___

Signature (Settlor 1): ____

Print Name: ______________________________

Signature (Settlor 2): ____

Print Name: ______________________________

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.