



Nationwide[®]
is on your side

Land As Your Legacy[®]

Worksheet

Turn your land into a legacy

Here are the forms you need to get a plan in place



Please return completed forms to LAYL@nationwide.com or fax to 1-877-351-1143.

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Discovery

Where do you want to go?

The checklist below can help you define and prioritize your goals and objectives. Check only the ones that are most important to you and add any that are not listed. Then rank those that you have checked in order of importance with 1 being the most important and 10 being least important. (While it is possible to have more than one #1, please work at prioritizing your goals.)

This should reflect your specific individual, family and business goals. This will help define the analysis and recommendations, and ultimately what you implement.

Check three to five goals that you feel are most important and rank the ones you check. Add additional comments as necessary.

Rank	Goal	Rank	Goal
	Successful transition of farm/ranch		Provide for the health and long-term care of:
	Protect my farm/ranch from divorce, creditors or family disputes		Successfully invest and manage the taxation and use of a "windfall"
	Expand farming/ranching business		Take care of aging parents
	Train someone to take over the farm/ranch		Provide for a favorite charity or church:
	Reduce income taxes		Pay off debt
	Reduce estate and inheritance taxes		Provide for the education of a family member
	Minimize estate settlement costs, publicity and time in the handling of my estate		Accumulate money for:
	Provide for spouse/dependents in event of death, disability or long-term care		Retire at age:
	Appoint guardians or trustees for minor or special needs children		Set up an executive benefits program for myself or key persons
	Select executor/trustee for my estate		Reduce risk or increase investment returns
	Make gifts to family or others: Explain		Other:

Additional information or explanation:

Name of person doing ranking:

Date of initial ranking:

Land As Your Legacy inventory worksheet

Legal first name _____ Last name _____ Middle name _____

Nickname _____ Date of birth _____

Sex: Male Female Citizenship: U.S. citizen Resident alien Nonresident alien

Resident address: _____ Length of time at current residence _____ years

Street Address _____ City _____ State _____ ZIP _____

Email _____ Home phone _____

Mobile phone _____ Office phone _____ Fax _____

Occupation _____ Title/position _____ Employer _____

Employer's address and contact information _____

Marital status: Single Married Widowed Domestic partner

Other relevant information _____

Spouse or significant other: _____

Legal first name _____ Last name _____ Middle name _____

Nickname _____ Place of birth _____ Date of birth _____

Sex: Male Female Citizenship: U.S. citizen Resident alien Nonresident alien

Resident address: _____ Length of time at current residence _____ years

Street address _____ City _____ State _____ ZIP _____

Email _____ Home phone _____

Mobile phone _____ Office phone _____ Fax _____

Occupation _____ Title/position _____ Employer _____

Employer's address and contact information _____

Date of marriage or length of time in relationship _____ years

Advisor (to be completed by advisor): _____

Legal first name _____ Last name _____ Middle name _____

Broker/Dealer _____ State _____ ZIP _____

Email _____ Home phone _____

Mobile phone _____ Office phone _____ Fax _____

_____ Date prepared _____

Transition planning steps

The first and second steps — fact gathering and plan development — are crucial to developing the foundation for a successful farming and ranching transition plan that will accomplish your goals. The time you spend on those two steps will determine your starting point and the destination of your plan.

Once you know those two things, you can analyze your options, select those that are best and implement them so that you can accomplish your goals. No plan is perfect, however, and because things change, you will need to review and update your plan as needed.

Step 1:

Fact gathering

What is it?

Will involve one or more meetings to uncover the objectives necessary to develop a transition plan

Who's involved?

People key to the farming operation, the Land As Your Legacy Advisor

Step 2:

Plan development

What is it?

Nationwide's process to design a suggested transition plan tailored to your specific needs and objectives

Who's involved?

People key to the farming operation, the Land As Your Legacy Advisor

Step 3:

Plan implementation

What is it?

The family deciding on a course of action and taking the necessary steps to transition the farm to the next generation

Who's involved?

People key to the farming operation, the Land As Your Legacy Advisor and possibly a legal professional

Goals — Personal

Current plans aside, how do you want your farm and other parts of your estate distributed at each death?

Husband

Wife

Do you want to provide for special family needs or goals (i.e., college, travel, charity, disabled child, dependent parent, addictions, divorce, bankruptcies, etc.)? What steps have been taken to accomplish this goal or need?

In the event of death, what is your estimate of the emotional and economic maturity of your children?

Will your surviving spouse be able to manage the family finances or the business?

Husband

Wife

Other Goals:

Business

For your farm operation to run well in your absence, what would need to happen?

What do you want to happen to your business in the event of death?

What steps have been taken to accomplish this?

Ultimately, what do you want your estate plan to do for you?

Husband

Wife

Family

Children (please note whether a child is a stepchild, adopted or from a previous marriage; include spouses of children and grandchildren, if applicable)

Full Legal Name

Birthdate

Address

1.

2.

3.

4.

Surviving Parents

Full Legal Name

Birthdate

Address

1.

2.

3.

4.

Current Estate Plan

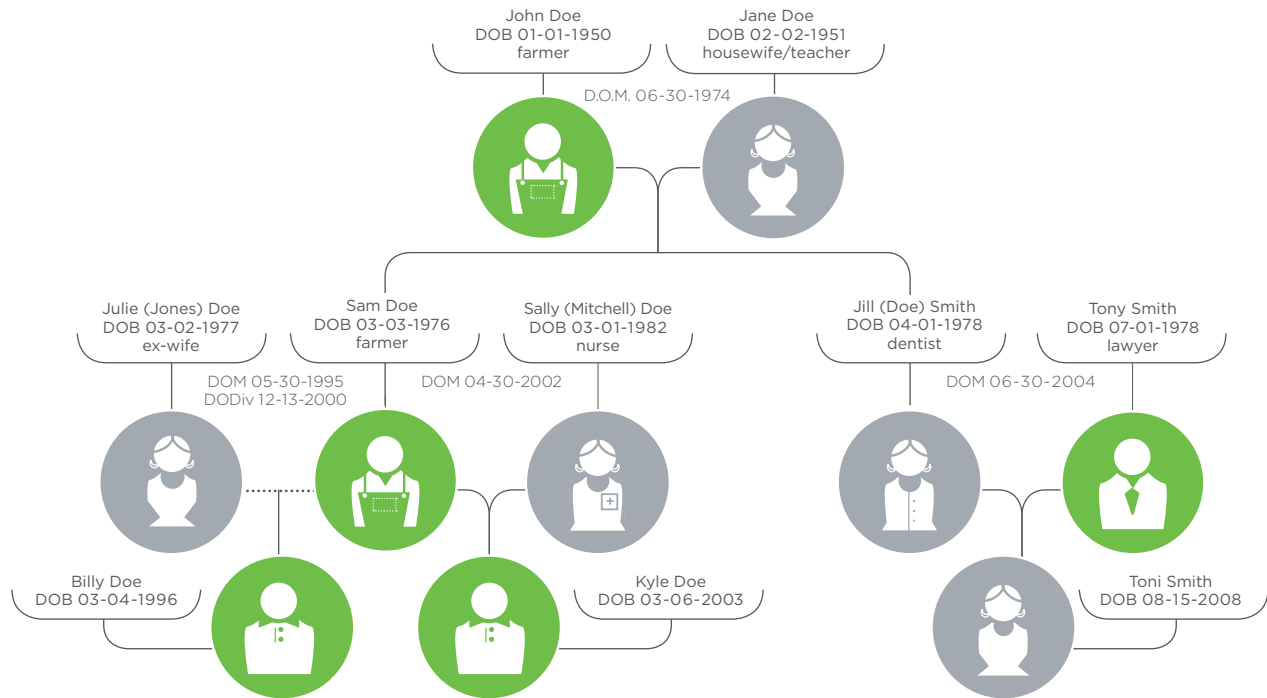
What are your basic will or trust distribution provisions?

Husband

Wife

Family

Following the example below, please diagram your family tree on the page to the right. Use legal names, birthdates, spouses, business relationships, etc., and include information on your parents if surviving and siblings if relevant. Use additional paper if necessary.



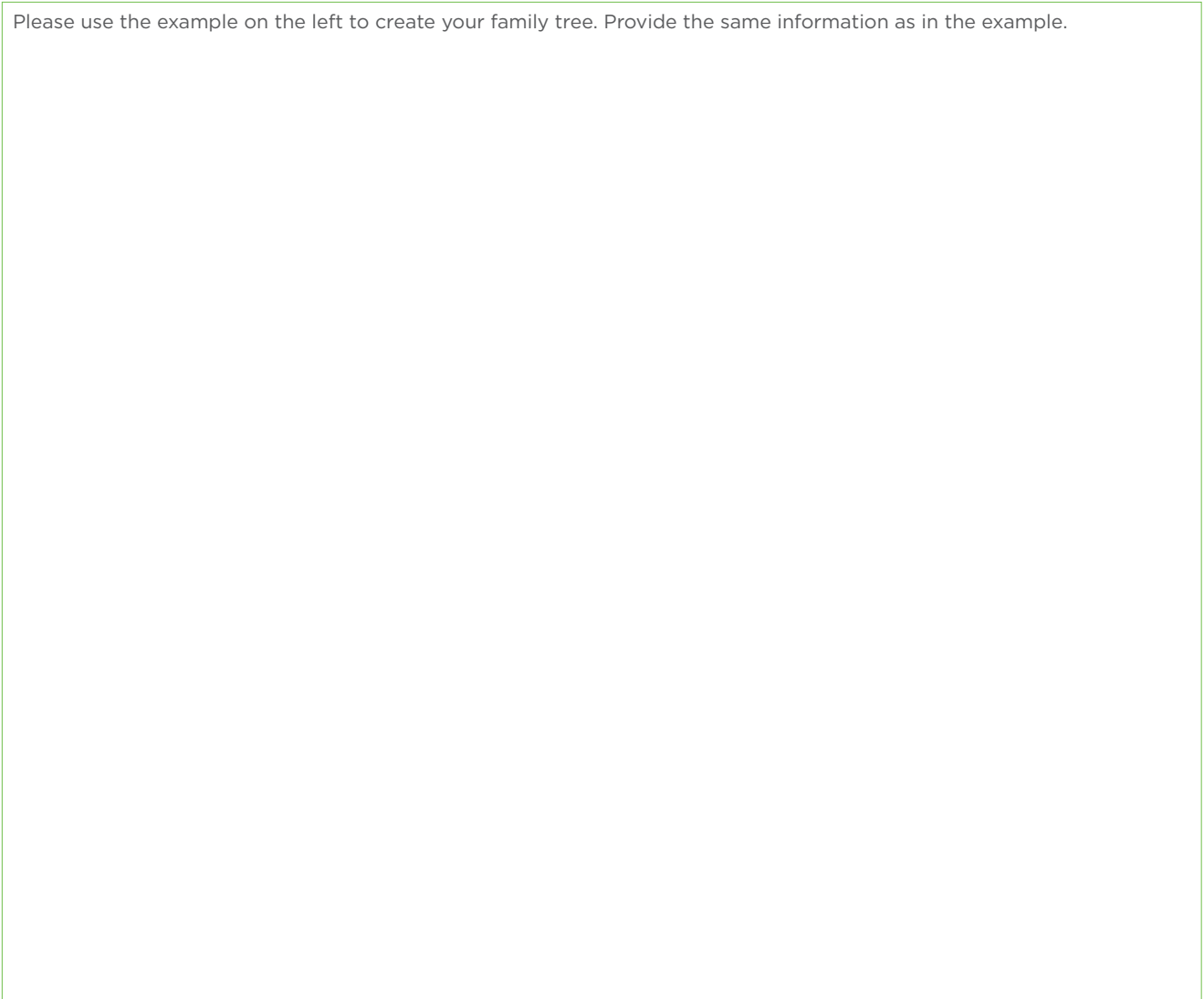
Legend

DOB	Date of birth	DOM	Date of marriage	DBA	Doing business as
DOD	Date of death	DODiv	Date of divorce	DOO	Date of operation (for business)

Notes

Diagram of Family Relationships

Please use the example on the left to create your family tree. Provide the same information as in the example.



Additional notes

Trusts/Gifts/Inheritances

Are you, or your spouse, the beneficiary of any trusts? If yes, please explain and provide copy of trust.

Have you established any living trusts other than what was mentioned above? If yes, please explain and provide copy of trust.

Have you made or received any gifts over the annual gift exclusion amount (currently \$15,000 per person)? Yes No

If yes, was a gift tax return filed? If yes, please provide a copy of the gift tax return. Yes No

Are you doing regular gifting to your family or receiving regular gifts? Yes No

If yes, please explain.

Do you, your spouse or your children expect to receive gifts or inheritances? Yes No

If yes, when?

If yes, from whom?

Value

Annuities

Type	Annuitant	Owner	Beneficiary	Yearly Contributions
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Qualified Plans/IRAs

Type	Owner	Beneficiary	Yearly Contributions
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Life Insurance (includes group term, insurance used in a buy/sell arrangement and insurance owned by a trust)

Type	Insured	Owner	Beneficiary	Death Benefit	Net Cash Value	Gross Loan
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Long-Term Care/Disability/Other Insurance

Insured	Owner	Policy Name/#	Daily Benefit	Premium	Elimination Period	Benefit Period	COLA
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Other Insurance Questions

Have you transferred ownership of a policy in the past three years?

Yes No

If yes, name the previous owner.

What is the purpose of the insurance policies that you own currently?

What other types of personal insurance, other than property or liability insurance, do you own?

When was the last time your insurance policy was reviewed?

(This includes a review of your business insurance, property and casualty, liability and other coverages.)

Income and expenses

Expenses

	Monthly	Annually
Nondiscretionary	\$	\$
Discretionary	\$	\$
Total expenses	\$	\$

Income

Husband		Wife	
Wages	\$	Wages	\$
Rents/royalties	\$	Rents/royalties	\$
Dividends and interest	\$	Dividends and interest	\$
Other	\$	Other	\$
Total annual income	\$	Total annual income	\$

Mortgages, liabilities and other debts

	Collateral/loan name	Owner	Type of loan	Current balance	Interest rate	Remaining term	Frequency of payment	Scheduled payment
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								



Total Liabilities \$

Retirement

Husband

Retirement age	
Length of retirement	Years
Anticipated annual Social Security	
\$	at age:

Wife

Retirement age	
Length of retirement	Years
Anticipated annual Social Security	
\$	at age:

Anticipated annual defined benefit or pension

Husband

Payment amount	\$
Beginning at age	

Wife

Payment amount	\$
Beginning at age	

Retirement Risk Assessment

Indicate which of the following risks are of more concern to you and your spouse (if applicable).

The possibility of losses on investments (Market Losses) or the possibility of money losing buying power in the future (Inflation)?	More concerned about Market Losses <input type="radio"/>	Equally concerned about Market Losses and Inflation <input type="radio"/>	More concerned about Inflation <input type="radio"/>
The possibility of leaving a surviving spouse or dependents with inadequate income (Early Mortality) or the possibility of needing income for a very long time (Longevity)?	More concerned about Early Mortality <input type="radio"/>	Equally concerned about Early Mortality and Longevity <input type="radio"/>	More concerned about Longevity <input type="radio"/>

Retirement Income Needs Summary

Your assumed average inflation rate in retirement (0 - 5%)

Your desired minimum probability of success	70% <input type="radio"/>	80% <input type="radio"/>	90% <input type="radio"/>
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Income required in retirement (to cover the essentials) \$

Income desired in retirement \$

Summary of assets

When possible, look at account statements, deeds, annual reports and any other documentation that can provide the correct ownerships, valuations and beneficiaries. Put only ownership that is "joint with rights of survivorship" in the joint column. If a husband and wife own property as "tenants in common" divide the value in half and put equal amounts in their individual columns. List assets owned by a separate business entity (C corporation, S corporation, LLC, limited partnership, partnership) on a separate inventory form. Indicate the type of business entity, the value of the interest owned and who owns it. Also indicate if property is owned in different states. If not recorded elsewhere, please note the beneficiaries for annuities, insurance and retirement plans, and whether bank accounts and investment accounts are payable on death or transferable on death.

Assets

Real estate (personally owned)		Husband	Wife	Joint
Residence		\$	\$	\$
Buildings		\$	\$	\$
Farmland	Acres _____	\$	\$	\$
Personally owned business property				
Machinery		\$	\$	\$
Harvesting crops		\$	\$	\$
Growing crops		\$	\$	\$
Livestock		\$	\$	\$
Other		\$	\$	\$
Other assets				
Notes receivable		\$	\$	\$
Closely held stock interest		\$	\$	\$
Other		\$	\$	\$
Banknotes				
Savings/money market		\$	\$	\$
Checking		\$	\$	\$
CDs		\$	\$	\$
Other		\$	\$	\$
Investments				
Qualified retirement plans		\$	\$	\$
IRAs/SEPs		\$	\$	\$
Roth IRAs		\$	\$	\$
Annuities		\$	\$	\$
Mutual funds		\$	\$	\$
Stocks		\$	\$	\$
Bonds		\$	\$	\$
Other		\$	\$	\$
Personal property				
Automobiles		\$	\$	\$
Home furnishings		\$	\$	\$
Antiques/jewelry/collectibles		\$	\$	\$
Other		\$	\$	\$
Total		\$	\$	\$

Total value of assets: \$	Total liabilities: \$	Net worth: \$
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I represent that the information on this inventory is true and complete to the best of my knowledge. I understand that if items are omitted or misrepresented, my goals and objectives may not be accomplished.

Client signature _____

Receipt of documents

It is important that documentation on personal and real property indicate type of ownership and also if there is a payable on death (POD) or transfer on death (TOD) arrangement. Insureds, annuitants and beneficiaries should also be named in the insurance and retirement documents.

Client name: _____ Phone : _____

 Address City State ZIP

Please provide copies instead of originals when possible. Also include the specific account or policy numbers to indicate what has been specifically taken. Attach an additional sheet if necessary.

Documents	Needed	Taken	Returned
Estate			
Wills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trust agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Powers of attorney (POA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living wills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health care directives/POA for health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tax			
Income individual (1-3 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business (1-3 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gift tax return (Form 709)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Estate tax return (Form 706)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer			
Payroll or other income statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee benefits booklets	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement savings plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pension plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditional IRA, Roth IRA, SEP statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security benefits statements or amounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bank or credit union			
Mortgage Information/documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Loan documents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savings/CDs/money market statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Credit card statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Documents	Needed	Taken	Returned
Mortgages or notes payable to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leases and oil, gas, mineral interests agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broker or mutual fund company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latest monthly statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Education funding statements (Coverdell Education Savings, UGMAs, 529s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Business			
Buy/sell agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deferred compensation agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stock/option/bonus plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documents establishing entity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operating agreements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Valuations or appraisals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deeds and land contracts – indicating ownership			
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance (owner, insured, beneficiary, type of policy, company, policy number)			
Life insurance statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life insurance policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Company	Policy number		
1.			
2.			
3.			
Annuity statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term care policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical/health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The policies and documents listed have been received for analysis and will be maintained in the strictest confidence. They will be returned upon completion of the analysis, if not sooner.

Signature: _____

Date: _____

The policies and documents taken, as noted above, have been returned to me.

Signature: _____

Date: _____



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