

2020 Client Update Program™
Withdrawal Power Election Form

Name _____

I authorize Law Office of Matthew A. Ferri, PLLC to include a withdrawal power in the following beneficiaries' inherited trusts:

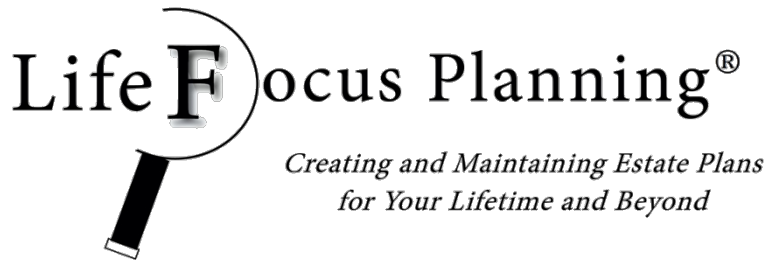
All of My Beneficiaries

All of My Beneficiaries Except:

None of My Beneficiaries

Client Signature

Date



2020 Client Update Program™
Protective Trust Planning Election Form

Name _____

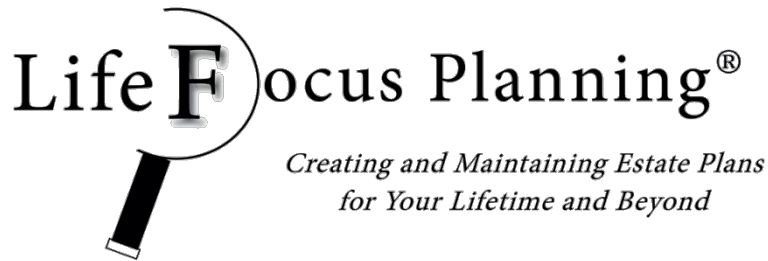
Upon my death, my beneficiaries shall inherit in the following manner:

- Inherit in Trust--Mandatory
(You've decided)
- Inherit in Trust--Recommended
(You recommend)
*
- Inherit in Trust--Beneficiaries Will Decide Their Own Design
(Let the beneficiaries decide)
*

Client Signature

Date

* If this option is chosen, a Personal Counselling Review™ will be necessary for each of your beneficiaries. By choosing this option, Client authorizes a \$500 per beneficiary distribution to be made from Client's administrative trust to the law firm if Client's successor trustees hire the law firm for settlement services.



2020 Client Update Program™
Bloodline Planning Election Form

Name _____

I authorize Law Office of Matthew A. Ferri, PLLC to include the following provision in my beneficiaries' inherited trusts:

- General Power of Appointment (GPA)
(Beneficiary decides and has full control)

- Down the Bloodline
(Inherited assets will pass down your bloodline. Beneficiary has no control)

- Limited Power of Appointment to Descendants (LPA)
(Inherited assets will pass to your descendants, but your beneficiary will be able to change the terms, conditions, and percentages under which your descendants inherit)

Client Signature

Date



2020 Requests for Participation

Please check all that apply and put in envelope

***I/We request a PERSONAL COUNSELLING
REVIEW™
(\$500 fee applies)***

***I/We request a FAMILY COUNSELLING REVIEW™
(Required for participation in the SPECIAL DELIVERY
SYSTEM™; \$500 fee applies)***

Client Name(s): _____

Client Phone: _____