

WORKSHEET 8

Your Legacy Planning Team**ACCOUNTANT**

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		

LAWYER

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		

FINANCIAL / INVESTMENT EXPERT

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		

FAMILY BUSINESS CONSULTANT

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		

CONSULTING FORESTER

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		

OTHER

NAME		APPOINTMENT DATE / SCHEDULE:
MAILING ADDRESS	PHONE	EMAIL
WHY WE WANT THEM ON THE TEAM		