FAMILY INFORMATION

Date: ____________________ Gift Planning Counselor: ____________________________________

General Information

Name: __________________________________ Name: ______________________________________
(Include Maiden name)

Marital Status: ___ Married ___ Single ___ Widowed ___ Divorced

Date of Birth: ___________________________ Date of Birth: ___________________________

SS#: ___________________________ SS#: ___________________________

Occupation: ___________________________ Occupation: ___________________________

Address: ___________________________ City/State/Zip: ___________________________

Primary Phone: ___________________________ Best time to call: ___________________________

Secondary Phone: ___________________________ Cell Phone: ___________________________

Email Address: ___________________________ Email Address: ___________________________

Anniversary: ___________________________ Spouse Work Phone: ___________________________

Congregation: __________________________________ Phone: ______________________

Do you have a Will? (Yes/No) _____________ If yes, how old? ______________________

Do you have a Living Trust? (Yes/No) _____________ If yes, how old? ______________________

Type of Referral: _________________________ Referrer Name ______________________________

Do you have a pre-nuptial agreement? ___ Yes ___ No

Were you or your spouse previously married? ___ Yes ___ No (If yes, explain)

____

Are there children from previous marriages? ___ Yes ___ No (If yes, explain)

____

Children Information

Name: ____ Date of Birth: _________________________

Name: ____ Date of Birth: _________________________

Name: ____ Date of Birth: _________________________

Name: ____ Date of Birth: _________________________

Name: ____ Date of Birth: _________________________

Grandchildren Information

Full Name: ____________________________________ Date of Birth: __________________________

Full Name: ____________________________________ Date of Birth: __________________________

Full Name: ____________________________________ Date of Birth: __________________________

Full Name: ____________________________________ Date of Birth: __________________________

Full Name: ____________________________________ Date of Birth: __________________________

Full Name: ______________________ Date of Birth: ______________

Full Name: ______________________ Date of Birth: ______________

Full Name: ______________________ Date of Birth: ______________

Full Name: ______________________ Date of Birth: ______________

FOR ADDITIONAL CHILDREN OR GRANDCHILDREN, ATTACH A SEPARATE MEMO.

Professional Advisors

ATTORNEY:		**ACCOUNTANT:**	
Name:		Name:	
Firm:		Firm:	
Address:		Address:	
Suite #:		Suite #:	
City:		City:	
State/Zip:		State/Zip:	
Phone:		Phone:	
FAX:		FAX:	
Email:		Email:	

INSURANCE AGENT:		**BROKER:**	
Name:		Name:	
Firm:		Firm:	
Address:		Address:	
Suite #:		Suite #:	
City:		City:	
State/Zip:		State/Zip:	
Phone:		Phone:	
FAX:		FAX:	
Email:		Email:	

INSURANCE AGENT:			
Name:		Name:	
Firm:		Firm:	
Address:		Address:	
Suite #:		Suite #:	
City:		City:	
State/Zip:		State/Zip:	
Phone:		Phone:	
FAX:		FAX:	
Email:		Email:	

PROVIDING FOR YOUR CHILDREN

Complete only if applicable.

MINOR'S TRUST

Trust to be established at ____ First Death ____ Second Death

Guardian: ____________________ Relationship: ____________

Address: ____________________ Phone: ____________

____

Successor: ____________________ Relationship: ____________

Address: ____________________ Phone: ____________

____

Trustee: ____________________ Relationship: ____________

Address: ____________________ Phone: ____________

____

Successor: ____________________ Relationship: ____________

Address: ____________________ Phone: ____________

____

Personal Property _____ Distribute the personal property to our children as the executor determines is in the best interest of these beneficiaries. Whatever personal property is not distributed in kind shall be added to the residuary estate, which, in turn, will fund the trust for the benefit of our children.

_____ Other/Describe in a separate memo.

Number of Trusts _____ One Trust with Sprinkling Provisions.

_____ Separate Trusts for each child.

Interest Income _____ Unused Interest Income to be reapplied to the principal.

_____ Used for health, education, and general welfare.

_____ Other/Describe in a separate memo.

Invasion of Principal _____ Yes, up to _____ % for health and education costs.

Invasion of principal is allowed at the discretion of the Minor's Trust trustee.

Final Distribution _____ Installments (Note in Counselor Comments below).

TERMINATION

_____ Upon the youngest, or only, child reaching the age of: ________________________

_____ Upon each child reaching the age of: ________________________

_____ Other (Note in Counselor Comments below). ________________________

DISTRIBUTION

To Ministries: _________ % (see Remembering the Lord's Work in Testamentary Gift Info.)

To Our Children: _________ % in equal shares

To Others: _________ %

CONTINGENT BENEFICIARIES

If a child dies before receiving inheritance, his/her share is to be gifted to:

____ The Lord's Work.

____ His/Her children, then spouse, then brothers/sisters.

____ His/Her children, then brothers/sisters.

____ Other (Note in Counselor Comments below).

COUNSELOR COMMENTS:

____

TESTAMENTARY GIFT PLANNING INFORMATION

INCLUDE CHRISTIAN PREAMBLE

First Name: ____ Yes ____ No Comments: ______________________________

Second Name: ____ Yes ____ No Comments: ______________________________

INVESTIGATE LIVING TRUST

Would like to explore a Living Trust: ____ Yes ____ No

*(If **Yes** complete the following.)*

Trustee: ______________________________

Address: ______________________________ Phone: ______________

______________________________ Relationship: ______________

Successor: ______________________________

Address: ______________________________ Phone: ______________

______________________________ Relationship: ______________

Alternate Successor: ______________________________

Address: ______________________________ Phone: ______________

______________________________ Relationship: ______________

UPON THE FIRST DEATH, DISTRIBUTE ASSETS AS FOLLOWS:

(Complete only if applicable.)

_____ All to surviving spouse.

_____ % as a gift for the Lord's work as stated in *Remembering the Lord's Work* below.

_____ % to the surviving spouse

_____ % Other: ______________________________

UPON THE SECOND DEATH, DISTRIBUTE ASSETS AS FOLLOWS:

_____ % as a gift for the Lord's work as stated in *Remembering the Lord's Work* below.

_____ % to children outright.

_____ % to Minor's Trust (see "Providing for Your Children" form)

_____ % Other ~ Explain: ______________________________

REMEMBERING THE LORD'S WORK/CHARITIES

List the ministries to be remembered: at the time of each death, at the second death, at the distribution of the Minor's Trust, and/or through the Pour-Over Unitrust:

_____ % to ______________________________

_____ % to ______________________________

_____ % to ______________________________

_____ % to ______________________________

List the charities to be remembered: at the time of each death, at the second death, at the distribution of Minor's Trust, and/or through the Pour-Over Unitrust:

_____ % to ______________________________

_____ % to ______________________________

_____ % to ______________________________

_____ % to ______________________________

DISASTER CLAUSE

If all listed beneficiaries predecease you, the estate is to be gifted to:

_____ Ministry as stated in *Remembering the Lord's Work* above,

_____ Extended family,

_____ Both of the above, or

_____ Other (please explain below)

____

TANGIBLE PERSONAL PROPERTY LIST

(Skip this section if not applicable)

First Name ____ Yes ____ No

Second Name ____ Yes ____ No

Beyond specific requests listed on my/our Tangible Personal Property List, personal property:

____ can be divided equally among our children.

____ can be sold, with children having first right of refusal, and proceeds added to estate.

____ can be sold, with children having first right of refusal, and proceeds added to estate.

____ can be divided equally among children, with any remaining being sold and added to estate.

REPRESENTATION

Personal Representative: ______________________

Address: ______________________ Phone: ______________

______________________ Relationship: ______________

Email: ______________________

Successor: ______________________

Address: ______________________ Phone: ______________

______________________ Relationship: ______________

Email: ______________________

Durable Power of Attorney: ______________________

Address: ______________________ Phone: ______________

______________________ Relationship: ______________

Email: ______________________

Successor: ______________________

Address: ______________________ Address: ______________

______________________ Relationship: ______________

Email: ______________________

Medical Power of Attorney: ______________________

Address: ______________________ Phone: ______________

______________________ Relationship: ______________

Email: ______________________

Successor: ______________________

Address: ______________________ Phone: ______________

______________________ Relationship: ______________

Email: ______________________

THE NEXT STEP…

Gift Plan will be completed by: ______________________

Your (the donor's) responsibility is to:

____ Set up an appointment with your attorney within 48 hours,

____ Contact our office with information not completed when you call with attorney information,

____ Contact insurance companies and agencies for beneficiary change forms prior to signing the final documents.

ESTATE INVENTORY				DATE:				
Name(s):								
							POD's	
ASSETS	First Name	Joint	Second Name	Community Prop. OR owned by Living Trust	Asset Produces Income		List by class: Spouse, Children, Parents, Father, Mother, etc.	
Type in First Names					Yes	No	Primary	Secondary
REAL ESTATE								
Home								
Farm								
Vacation Property								
Land								
Hunting Property								
Other								
CASH EQUIVALENT								
Checking/Savings Accts.								
Money Markets								
Savings Plans								
Others								
INVESTED ASSETS								
CDs								
Mutual Funds								
Stocks								
Government Bonds								
Bond Funds								
Treasury Bills								
Credit Union Shares								
							BENEFICIARIES	
QUALIFIED PLANS							Primary	Secondary
Keoghs (401K)								
TSAs (403B)								
IRAs								
Roth IRAs								
Vested Pension Plan								
Profit Sharing Plan								
Other								
BUSINESS OWNERSHIP								
Sole Proprietor								
Partnership								
Limited								
General								
SRVC/Professional								
Corporation								
Closely Held								
Sub-S								
SRVC/Professional								
C-Corp								
LIFE INSURANCE	Please list death benefit of total Permanent, Term and Second-to-Die.							
Permanent (Whole)								
Term								
Universal								
Second-to-Die								
Annuities								

Cost basis of Annuities

ASSETS	First Name	Joint	Second Name	Community Prop. OR owned by Living Trust
Type in First Names				
PERSONAL PROPERTY				
Car 1				
Car 2				
Car 3				
Recreation Equipment				
Household Furnishings				
Jewelry				
Collectibles				
Antiques				
Other				
DOCUMENTED LOANS RECEIVABLE				
TOTAL ASSETS	$0	$0	$0	$0

LIABILITIES				
MORTGAGES				
Home				
Second Mortgage				
Farm				
Vacation Property				
Business Property				
Other				
LOANS - Secured				
Home Improvement				
Vehicles				
Personal				
Life Insurance				
Other				
LOANS - Unsecured				
Bank				
Personal				
Education				
Credit Card				
Other				
LOANS -- Co-signer				
TOTAL LIABILITIES	$0	$0	$0	$0

DETERMINING CURRENT ESTATE VALUE:				
Total Assets	$0	$0	$0	$0
less Total Liabilities	$0	$0	$0	$0
Total Estate	$0	$0	$0	$0

GRAND TOTAL ESTATE	$0

Total Assets:	Total Liabilities:
$0	$0

CURRENT INCOME SOURCES	DATE

Name(s):

INCOME		Joint		Comm. Property OR owned by living trust	Asset Produces Income?		POD's List by class: I.e. Spouse Children, Parents, Father, Mother, etc.	
Type in First Names					Yes	No	Primary	Secondary
CURRENT INCOME								
Current Job								
Social Security								
Retirement								
Dividends								
Interest								
Child Support								
Rental Income								
Other								
Bonuses								
Prospective Inheritances								
INSURANCE								
Disability Insurance								
Long Term Care								
Charitable Beneficiary Life Insurance								
Health Insurance								
Medicare Supplement								
Others								