



# CHRISTIAN ESTATE PLANNING INFORMATION FORM

*"Lay up for yourselves treasures in heaven..."*

-Matthew 6:20

## FAMILY DATA

Marital Status \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_

| Full Legal Name (First - Middle - Last) | Age | Gender               | County of Residence |
|---|-----|----------------------|---------------------|
| <i>Client</i>                           |     |                      |                     |
| Home Address: _____                     |     | City: _____          | State/Zip: _____    |
| Telephone: Home _____                   |     | Cell _____           |                     |
| Email address: _____                    |     | Date of Birth: _____ |                     |
| Occupation: _____                       |     | Employer: _____      |                     |
| <input type="checkbox"/> U.S. Citizen   |     |                      |                     |

| Full Legal Name (First - Middle - Last) | Age | Gender               | County of Residence |
|---|-----|----------------------|---------------------|
| <i>Spouse</i>                           |     |                      |                     |
| Email address: _____                    |     | Date of Birth: _____ |                     |
| Occupation: _____                       |     | Employer: _____      |                     |
| <input type="checkbox"/> U.S. Citizen   |     |                      |                     |

| Child's Legal Name | Gender | Date of Birth | Age | Single or Married? | Dependent? | Adopted? | Deceased? |
|--------------------|--------|---------------|-----|--------------------|------------|----------|-----------|
| 1.                 |        |               |     |                    |            |          |           |
| 2.                 |        |               |     |                    |            |          |           |
| 3.                 |        |               |     |                    |            |          |           |
| 4.                 |        |               |     |                    |            |          |           |
| 5.                 |        |               |     |                    |            |          |           |

### EXISTING LEGAL DOCUMENTS NEVER CREATED A WILL

Date of Last Will \_\_\_\_\_ Was it notarized? \_\_\_\_\_ State of will creation? \_\_\_\_\_

Date of Power of Attorney document \_\_\_\_\_ Living Will/Health Care Surrogate? \_\_\_\_\_

Check if you have a:  Living Trust  Marital By-pass Trust  Other Trust Document

Are there any disabled or special needs children or beneficiaries? *Please circle:* Yes or No

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## HEALTH CARE AGENT

In the event you are determined by health care providers to be incapacitated and unable to provide informed consent to medical treatment and surgical or diagnostic procedures, name a primary individual and an alternate to be designated to serve as a surrogate for health care decisions.

Name, city & state of the person you desire to be your **primary** health care agent:

*Client's Primary Choice:*

*Spouse's Primary Choice:*

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Name, city & state of the person you desire to be your **alternate** health care agent:

*Client's Alternate Choice:*

*Spouse's Alternate Choice:*

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*You may include a second alternate health care agent by including additional names above.*

## POWER OF ATTORNEY

*A Power of Attorney is a legal document that delegates authority to make financial and legal decisions on your behalf. If you name your spouse, the power will be granted immediately, otherwise it will take effect only while you are incapacitated and legally unable to make those decisions on your own (springing power). The individual you name as "attorney-in-fact" can be a family member or other adult (and need not be a lawyer.) The power terminates at death.*

Name, city & state of the person you desire to be your **primary** attorney-in-fact:

*Client's Primary Choice:*

*Spouse's Primary Choice:*

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If your first choice is unable or unwilling to serve, please name an **alternate** attorney-in-fact:

*Client's Alternate Choice:*

*Spouse's Alternate Choice:*

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*You may include a second alternate attorney-in-fact by including additional names above.*

## LIVING TRUST

*A Living Trust is a legal document that holds title to various assets providing control, management and privacy. Living Trusts are known as a Will substitute avoiding many of the normal delays and expenses related to Probate. While they are useful and potentially beneficial most individuals do not need them unless you reside in a state like California or own real estate in several states. Those with special needs or a very large estate can also benefit. They are more costly to draft and must be funded otherwise there is little to no benefit. You will still need a Will along with the Living Trust. We like them and use where appropriate. For more information speak with the attorney or your Financial Advisor.*



# LAST WILL & TESTAMENT

Do you expect or reasonably hope to receive an inheritance?  Yes  No  Uncertain

Do you have life insurance coverage? (If so, how much? \_\_\_\_\_)  Yes  No  Uncertain

What is the estimated value of your estate? (includes real estate, investments, insurance, etc.) \$\_\_\_\_\_

## EXECUTOR:

*Every Will must have an executor (in some states called a "personal representative.") An executor is a person who will carry out the intent of your Will and administer your estate after you die. The executor's duties also include the disbursement of property to the beneficiaries as designated in the will, obtaining information about any other potential heirs, and collecting and arranging for payment of debts of the estate. An executor also makes sure estate taxes are calculated, necessary forms are filed and tax payments made, and in all ways assists the attorney for the estate. It is usually helpful, although not legally required in most states, that the executor live in your home state.*

Name, city & state of the person you desire to be the primary choice as executor of your estate:

*Client's Primary Choice:*

*Spouse's Primary Choice:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If your first choice is unable or unwilling to serve, please name an alternate executor:

*Client's Alternate Choice:*

*Spouse's Alternate Choice:*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## GUARDIANSHIP OF MINOR CHILDREN:

NOT APPLICABLE

*A legal guardian is a person who has the legal authority (and the corresponding duty) to care for the personal and property interests of another person, called a ward. In your will, you may appoint a legal guardian to raise your minor children (under 18) in your absence. Much care should be taken in choosing an appropriate guardian who will reflect your values and beliefs. Include both spouses if your chosen guardian is married so that each will have authority to act on behalf of the child(ren).*

Name, city & state of primary designated guardian for dependent children:

\_\_\_\_\_  
\_\_\_\_\_

If your first choice is unable or unwilling to serve, please name an alternate guardian:

\_\_\_\_\_  
\_\_\_\_\_

## PROPERTY TRUSTEE FOR POTENTIAL MINOR BENEFICIARIES:

*If you have named a minor as a potential beneficiary or you have (or could have) minor grandchildren, you should consider designating a trustee to manage the property the minor stands to inherit. (The trustee can be the same individual or a different individual than the one you name as the guardian of your minor children—or your executor can serve in both roles.)*

Do you wish to designate a trustee to manage the property any minor beneficiaries stand to inherit?  Yes  No  Executor

Name, city & state of designated trustee for minor beneficiaries, if any:

*Primary Trustee*

*Alternate Trustee*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

At what age(s) should the property be distributed to the minor beneficiary(ies)?

21  25  Other: \_\_\_\_\_

**MINISTRY PRIORITIES**

Would you like to include an estate gift to the Lord's work through the local church where you are a member at your death?  Yes \_\_\_\_\_  No

Please list any other ministries you would like to include:

Ministry: \_\_\_\_\_ Amount/Percent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should these gifts be given immediately at your death or only on the condition that your spouse dies before you?  Immediate  Conditional

**You may want to make your gifts through your 401(k), personal IRAs and Annuities to save taxes.**

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**CURRENT CHURCH AFFILIATION**

Church Name, City/State: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

**DISTRIBUTION:**

I wish to make a specific bequest of cash, property or other items of real or sentimental value to someone other than my descendants or natural heirs. (If you have specific items you wish to leave to your descendants (children or grandchildren), do not list them here. See below for further instructions.)

| Beneficiary & Address | Amount, Percentage or Item |
|-----------------------|----------------------------|
| _____                 |                            |
| _____                 |                            |
| _____                 |                            |

Check all of the following options below in order of distribution priority:

I wish to leave all my remaining worldly possessions to my spouse. If my spouse does not survive me, then to:

My children in equal shares, or

The following beneficiaries according to the amounts and/or percentages designated below:

| Beneficiary & Address | Amount, Percentage or Item |
|-----------------------|----------------------------|
| _____                 |                            |
| _____                 |                            |
| _____                 |                            |

*If a named beneficiary dies before you, the bequest will pass to the children of the deceased beneficiary who will receive the amount that the beneficiary would have received had he lived.*

I have specific items of personal property for which I want to leave non-binding suggestions to my executor for him/her to offer to specific heirs as part of their overall inheritance. (A clause will be inserted into your Will referring to a memorandum you can later prepare and change/update listing these items and their beneficiary.)

**CHRISTIAN TESTIMONY - Include? Please circle: Yes or No**

We will incorporate into your Will a statement of your Christian testimony. If you would like for us to include a personal note describing how you came to know Christ as your Savior, please write it out on a blank page (one concise paragraph) and include it with your completed estate planning information form.

*Thank you for working with The LIFE Financial Group, Inc. The information contained on this form will be held as strictly confidential and will be used by an experienced adviser only for the purposes of assisting you in meeting your stewardship goals.*