# CHRISTIAN ESTATE PLANNING FORM

## HELPING FAMILIES LEAVE A LEGACY OF SIGNIFICANCE

LIFE FINANCIAL GROUP

*Wealth Management from a Biblical Worldview*

**FAMILY NAME:** _____

**DATE:** _____

### OUR COMMITMENT TO PRIVACY

***The Life Financial Group, Inc. is committed to maintaining the confidentiality, integrity, and security of personal information for current and prospective clients. All information listed herein is kept in strict confidence and not shared with anyone outside our firm unless required by law. We greatly value our clients' trust and carefully safeguard all financial and legal documents.***

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SECURITIES & ADVISORY SERVICES OFFERED THROUGH
GENEOS WEALTH MANAGEMENT, INC. MEMBER FINRA & SIPC

# FAMILY DATA

*Marital Status:* ☐ *Single* ☐ *Married* ☐ *Divorced* ☐ *Widower/Widow* *Wedding Anniversary:* _____

## CLIENT INFORMATION

| | | | |
|---|---|---|---|
| *Name (First, Middle Initial, Last)* | | | *Age* |
| *Street Address* | *City* | *State* | *Zip* |
| *Home Phone #* | *Cell Phone #* | *Sex* | *Date of Birth* |
| *Email Address* | | *Citizenship* | |
| *Occupation* | *Employer* | *Business Phone #* | |

## SPOUSE INFORMATION

| | | | |
|---|---|---|---|
| *Name (First, Middle Initial, Last)* | | | *Age* |
| *Home Phone #* | *Cell Phone #* | *Sex* | *Date of Birth* |
| *Email Address* | | *Citizenship* | |
| *Occupation* | *Employer* | *Business Phone #* | |

## CHILDREN INFORMATION

| *First Name* | *Last Name* | *Sex* | *Date of Birth* | *Age* | *Marital Status* | *From Prev. Marriage?* |
|---|---|---|---|---|---|---|
| *1.* | | | | | | |
| *2.* | | | | | | |
| *3.* | | | | | | |
| *4.* | | | | | | |
| *5.* | | | | | | |

## LEGAL DOCUMENTS

NONE ☐

*Date of Last Will:* _____ *Was it notarized?* _____ *Notes:* _____

*Date of Power of Attorney Document:* _____ *Medical Power of Attorney:* _____

*Do you have any of the following? Check all that apply.* ☐ *Living Trust* ☐ *Marital Bypass Trust* ☐ *Other Trust Document*

*What is the purpose of your Trust Document?* _____

*Do you have a pre-nuptial or other marital agreement to protect children from a first marriage?* ☐ *Yes* ☐ *No* ☐ *N/A*

*Are there any disabled or special needs children or beneficiaries?* ☐ *Yes* ☐ *No*

*Are you or your spouse (if applicable) a veteran of the U.S. Armed Forces?* ☐ *Yes* ☐ *No*

*Would you like a meeting to draft new estate documents?* ☐ *Yes* ☐ *No*

*Would you like a meeting to review your existing Will, Trust, and Power of Attorney documents?* ☐ *Yes* ☐ *No*

***Christian estate planning boils down to a process of determining to whom, how, and when we will transfer the stewardship of what God has entrusted to us, when the time comes that we cannot serve as the steward ourselves.***

# LAST WILL & TESTAMENT

- *Do you expect or reasonably hope to receive an inheritance?* ☐ *Yes* ☐ *No* ☐ *Uncertain*
- *How much life insurance do you have for yourself? (include group term from your employer)* $ _____
- *How much life insurance do you have for your spouse?* $ _____
- *What is the estimated value of your net worth? (include real estate, investments, 401(k), life insurance, etc.)* $ _____

## EXECUTOR

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

** Name, city, and 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 of your estate.*

| *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. In your will, you may appoint a legal guardian to raise your minor children (under 18 years old) 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, and state of the primary designated guardian for dependent children.*

_____

_____

** If your first choice is unable or unwilling to serve, please name an alternate guardian for dependent children.*

_____

_____

## PROPERTY TRUSTEE FOR POTENTIAL MINOR OR DISABLED 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 that 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 that minor beneficiaries stand to inherit?* ☐ *Yes* ☐ *No* ☐ *Executor*

** Name, city, and state of designated trustee for minor beneficiaries (if applicable).*

| *Primary Trustee* | *Alternate Trustee* |
|---|---|
| _____ | _____ |
| _____ | _____ |

*At what age(s) should the property be distributed to the minor beneficiary(ies)?* ☐ *21* ☐ *25* ☐ *Other*_____

## MINISTRY PRIORITIES

*Do you wish to include an estate gift to the Lord's work through your local church?* ☐ *Yes* ☐ *No*

** If yes, please the name and address below, and any additional ministries you would like to include.*

| *Ministry Name* | *Amount* |
|---|---|
| | |
| | |
| | |

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

** For tax purposes, you may want to make gifts through your 401(k), IRA and Annuity.*

## CHURCH AFFILIATION

*Church Name:* _____

*Church Address:* _____

*Pastor's Name:* _____

## DISTRIBUTION

*Do you wish to include a bequest of cash, property, or other item to someone other than your descendants or heirs?* ☐ *Yes* ☐ *No*

** If you have specific items you wish to leave to your descendants (children or grandchildren), do not list them here.*

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

**Check all of the following options in order of distribution priority.*

*Do you wish to leave all remaining worldly possessions to your spouse? If your spouse does not survive you (below)* ☐ *Yes* ☐ *No*

*Do you wish to leave all remaining worldly possessions to your children in equal shares? Or (below)* ☐ *Yes* ☐ *No*

*The following beneficiaries according to the amounts and/or percentages designated below.* ☐ *Yes* ☐ *No*

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

** If a named beneficiary dies before you, the bequest will pass to the children of the deceased beneficiary.*

*Do you have specific items of personal property which you want to leave to specific heirs?* ☐ *Yes* ☐ *No*

**A clause will be inserted into your will referring to a memorandum that you can later prepare and change/update listing these items and their beneficiary.*

## CHRISTIAN TESTIMONY OF SALVATION

*Do you wish to include your personal testimony of salvation into your personal will?* ☐ *Yes* ☐ *No*

** If yes, we will incorporate into your will a statement of Christian testimony and a challenge to your heirs to be good stewards of all that God has given them.*

## HEALTH CARE AGENT

*In the event that you are determined by health care providers to be incapacitated and unable to provide informed consent to medical treatment and surgical or diagnostic procedures, please designate a primary and alternate individual to serve as a health care decision surrogate.*

** Name, address, and phone # of the person you desire to be your primary health care agent.*

| *Client's Primary Choice* | *Spouse's Primary Choice* |
|---|---|
| _____ | _____ |
| _____ | _____ |

** Name, address, and phone # of the person you desire to be your alternate health care agent.*

| *Client's Alternate Choice* | *Spouse's Alternate Choice* |
|---|---|
| _____ | _____ |
| _____ | _____ |

## POWER OF ATTORNEY

*A Power of Attorney is a legal document that delegates authority to make financial and legal decisions on your behalf. The power will be granted immediately to whomever you name as your representative. The individual you name as "attorney-in-fact" can be a family member or other adult (need not be a lawyer). The power terminates at death.*

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

| *Client's Primary Choice* | *Spouse's Primary Choice* |
|---|---|
| _____ | _____ |
| _____ | _____ |

** Name, city, and state of the person you desire to be your alternate attorney-in-fact.*

| *Client's Alternate Choice* | *Spouse's Alternate Choice* |
|---|---|
| _____ | _____ |
| _____ | _____ |

## LIVING TRUST

*A living trust is a legal document that holds title to various assets, which provides control, management and privacy. Living trusts are known as a will substitute, which avoids many of the normal delays and expenses related to probate. While living trusts are useful and potentially beneficial, most individuals do not need them unless you reside in certain states (ex: California) or own real estate in several states. Those with special needs or a very large estate can also benefit from a living trust. A living trust is more costly to draft and must be funded, otherwise there is little to no benefit of it. A will is still needed when using a living trust. For more information, please speak to your attorney or financial advisor.*

## ADVISOR NOTES

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_____

_____

_____