

CHRISTIAN ESTATE PLANNING FORM

HELPING FAMILIES LEAVE A LEGACY OF SIGNIFICANCE



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 <input type="checkbox"/> |
|---|-------------------------------|
| 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. <input type="checkbox"/> Living Trust <input type="checkbox"/> Marital Bypass Trust <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Are there any disabled or special needs children or beneficiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Are you or your spouse (if applicable) a veteran of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Would you like a meeting to draft new estate documents? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Would you like a meeting to review your existing Will, Trust, and Power of Attorney documents? <input type="checkbox"/> Yes <input type="checkbox"/> No | |