

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	

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 executor'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.

<i>Client's <u>Primary</u> Choice</i>	<i>Spouse's <u>Primary</u> Choice</i>
_____	_____
_____	_____

* If your first choice is unable or unwilling to serve, please name an alternate executor of your estate.

<i>Client's <u>Alternate</u> Choice</i>	<i>Spouse's <u>Alternate</u> Choice</i>
_____	_____
_____	_____

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).

<i>Primary Trustee</i>	<i>Alternate Trustee</i>
_____	_____
_____	_____

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 POWER OF ATTORNEY / LIVING WILL / ADVANCED DIRECTIVE

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

FINANCIAL 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.

QUESTIONS?

