

Full Disclosure Statement

I am requesting estate planning services through the Southeastern Conference Association of Seventh-day Adventists, Inc. Department of Trust Services (hereinafter referred to as “the Conference”). I freely and voluntarily have chosen **Attorney** _____ (hereinafter referred to as “the Attorney”) to represent me, to prepare my estate planning documents, and to advise me concerning my estate plan.

I understand that if I am married or engage in estate planning services with other family members that the Attorney is representing my spouse, me, and other family members. I understand that a conflict of interest may arise in the preparation and/or administration of estate planning documents for multiple family members, and I hereby consent to the dual representation of myself and other family member(s) and to the disclosure of information received by one to the other, if applicable.

The information I provide will be the basis for my estate plan. I consent to this and fully assume my responsibility for any present or future conflict arising from this dual representation.

I understand that I have no obligation to include the Seventh-day Adventist Church or any of its entities in my estate plan, but that I may do so if I choose.

I understand that I have the right and privilege to consult or obtain independent legal counsel at my own expense pertaining to any of these matters, and/or to review the documents prepared by the Attorney, prior to signing each document. I have been fully advised of the advantages to obtaining independent legal counsel and I have been urged to seek such advice.

I understand the Conference may pay the attorney named above for estate planning documents which will include a Last Will and Testament, a Durable Power of Attorney, a Designation of Health Care Surrogate and a Living Will. I will take responsibility for any and all impact on my estate plan if any information provided by me is not correct, realizing my plan can only be based on the information I provide. Further, I am responsible to proceed with making arrangements for the proper execution of my documents.

I understand that the Conference might not be able to accommodate a signing ceremony. Therefore, I should make arrangements with the Attorney, or other proper entity to provide a signing ceremony for the proper execution of my estate plan. Therefore, if the Conference or attorney named above do not conduct a signing ceremony for me, I will not hold the Conference or the Attorney liable if I do not proceed with the execution of my documents or if my documents are not properly executed.

If my estate plan should include a Revocable Living Trust, I understand that I am responsible for the transfer of all assets according to the detailed instructions the Attorney provides with my documents. I will not hold the Conference or the Attorney liable if such transfers are not completed or executed properly.

I understand that the Attorney is not employed by the Conference, but may represent the Conference in various matters, may have represented the Conference in the past, and may receive a retainer fee from the Conference.

PLEASE INITIAL ONE OF THE FOLLOWING:

_____ I give the Southeastern Conference Association of Seventh-day Adventists, Inc. permission to keep (choose one) _____ the original documents OR _____ a copy of the documents prepared for me by the Attorney (my estate plan) in the vault in the office of their Trust Services Department.

Date: _____

Printed Name of Member

Signature of Member