Return before **Send draft** _____

____/ ___/20___ **PORTFOLIO** _____ **Field Rep**_____

SOUTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS
ATTN: PLANNED GIVING DEPARTMENT
1701 ROBIE AVENUE * MOUNT DORA, FL 32757 * 352-735-3142 x106

I/We are members of the _____ Church.

Please initial below where applicable. In all other areas, please PRINT clearly.

_____ **Initial(s)** I/We wish to initiate the Estate Planning process with the Southeastern Conference Association. I/We authorize the Southeastern Conference Association of Seventh-day Adventists to forward this information to an attorney.

_____ **Initial(s)** I/We desire to establish a REVOCABLE LIVING TRUST. I/We understand there is an additional cost associated with setting up a Trust that will not be covered by the SOUTHEASTERN CONFERENCE ASSOCIATION OF SEVENTH-DAY ADVENTISTS.

_____ **Initial(s)** **Safekeeping of Will** - I/We wish to have the SOUTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS store my/our original copy of Last Will & Testament in their vault.

_____ **Initial(s)** I authorize the SOUTHEASTERN CONFERENCE OF SEVENTH-DAY ADVENTISTS to store a copy of my/our Last Will & Testament in their vault.

_____ **Initial(s)** **Safekeeping of Will** - I/We wish to personally handle the storage of my/our document(s).

_____ _____ _____ _____
Signature Party I Date Signature Party II Date

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Other ☐ Single (including widowed and not remarried) Are you or your spouse a Veteran? ☐ Yes ☐ No
Do you have a prenuptial or postnuptial agreement? ☐ Yes ☐ No (If yes, we will need a copy)

	PARTY I (Male)	**PARTY II (Female)**
LAST NAME:		
FIRST NAME:		
MIDDLE NAME:		
JR., SR., II, III?		
DATE OF BIRTH:		
SOCIAL SECURITY #:		
EMAIL ADDRESS:		
CELL PHONE:		
OCCUPATION:		
WORK PHONE:		
Best time to reach you during the day?		
Best telephone number to reach you at?		

HOME ADDRESS: _____

COUNTY OF RESIDENCE: _____ **HOME PHONE:** _____
May we email you the "draft" documents and other communications? Yes ____No (I/we prefer regular mail.)_____

CHILDREN

List **ALL** children (born to or legally adopted by you) ***whether you are going to remember them in your will or not.***

	Name	Age	Gender M / F	City and State	Whose child? Party I, II, or both	Mentally or physically handicapped?
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Beneficiary(ies) of Trust: for whom is the Guardian and Trustee being named?

1. _____ 2. _____

3. _____ 4. _____

GUARDIAN. The guardian is the person responsible for the day-to-day care of the child. This is the person(s) with whom your child(ren) would actually live. ***Note:*** *Your spouse does not need to be named guardian for your child(ren) unless he/she is not the natural parent of your child(ren) (i.e. he/she is a stepparent.)*

	Name	Relationship to Party 1 or 2	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TESTAMENTARY TRUSTEE. You may need a trustee to manage assets for beneficiaries according to your wishes until they reach an age when you believe they should be capable of managing assets on their own. A trustee can keep the beneficiary's money invested wisely and use it for their education, support, etc., until they reach the age specified for outright distribution of assets to them. The trustee can be a relative, friend, trust company, or other person or institution you trust to manage and distribute assets according to your wishes. The testamentary trustee can be the same person named as the guardian, or could be a different person or institution.

	Name	Relationship to Party 1 or 2	Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

TERMS OF ANY TRUST FOR A BENEFICIARY. It is necessary for you to decide when the beneficiary(ies) will be mature enough to manage assets on their own. You may want to give each beneficiary his or her share at the time the beneficiary reaches a particular age. You may consider splitting the distribution, such as 1/2 at age 25 and the balance at age 30, or 1/3 at 21, 1/3 at 25, and 1/3 at 35. You may use any age or combination of ages that you choose.

PLAN OF DISTRIBUTION

1. **IF YOU ARE MARRIED** do you wish to leave all of your estate to your surviving spouse? ☐ **Yes** ☐ **No**

2. **SPECIFIC GIFTS**

A. Would you want to draw up a separate list from your Will to distribute your personal belongings such as furniture, etc.? ☐ **Yes** ☐ **No**

B. Would you want to draw up a separate list for specific items or bequests you would like to leave a particular person or organization? ☐ **Yes** ☐ **No** **If YES, then p**lease list below any specific items or bequests you would like to leave a particular person or organization?

Property Devised	Beneficiary
_____	_____
_____	_____
_____	_____
_____	_____

DISTRIBUTION - THE TOTAL OF ITEMS C AND D MUST EQUAL 100%.

C. Many of our church members choose to leave a percentage of their estate to the Lord's work. Please use this section to indicate what percentage of your estate you would like to leave to the Missions of the Southeastern Conference e.g. where needed most, **Church Planting, Education, Evangelism, Local Church and Youth Ministries**, etc.

Percentage	
____ %	_____

D. How would you like to divide the remainder of your estate in terms of percentages? Any amount left to a beneficiary under the age of 18 should be held in trust.

Percentage	Beneficiary	City / State
____ %	_____	_____
____ %	_____	_____
____ %	_____	_____
____ %	_____	_____
____ %	_____	_____

3. **SIMULTANEOUS DEATH** - If the above named beneficiaries were to predecease you, how would you like your estate to be distributed?

_____

_____

_____

NOMINATIONS AND APPOINTMENTS

PERSONAL REPRESENTATIVE. This is the person or organization that will gather your assets and distribute them according to your Will and the laws of the State of Florida. Name more than one choice if desired.

PARTY I

1. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

2. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

3. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

PARTY II

1. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

2. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

3. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

DURABLE POWER OF ATTORNEY. This power of attorney gives the person or persons you name the power to sign your name if you are not able to do so. For instance, it can be used to sign a deed or a tax return, or to make gifts of your property.

1. _____

Relationship: _____

_____

Address: _____

Email: _____

Phone: _____

2. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

3. _____

Relationship: _____

Address: _____

Email: _____

Phone: _____

1. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

2. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

3. _____

Relationship: _____

Address: _____

_____

Email: _____

Phone: _____

HEALTH CARE SURROGATE. This person or persons would make medical decisions on your behalf including decisions regarding medical consents, life support issues, and nursing home admissions if you are unable to make these decisions yourself.

PARTY I	**PARTY II**
1. _____	1. _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Email: _____	Email: _____
Phone: _____	Phone: _____
2. _____	2. _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_	_____
Email: _____	Email: _____
Phone: _	Phone: _____
_____	
3. _____	3. _____
_____	
Relationship: _____	Relationship: _____
Address: _____	Address: _____
_____	_____
Email: _____	Email: _____
Phone: _____	Phone: _____

A LIVING WILL document will be prepared as part of the package.

Burial Provisions: _____

_____

_____

Where do you store your legal documents?

_____

_____

_____

FINANCIAL INFORMATION (include additional sheets if necessary)

REAL ESTATE (wherever located)

Type of Property and Location	Titled in the name of …?	Fair Market Value	Mortgage Balance	Value Net of Mortgage

PERSONAL PROPERTY (example: Car, RV, motorcycle)

Type of Property	Titled in the name of …?	Fair Market Value	Remaining Debt	Value Net of Debt

BANKING

Name of Bank	Titled in the name of …?	Account Type	Fair Market Value

RETIREMENT ACCOUNTS (IRA, 401(k), 403(b)

Account Owner/Participant	Type	Where Held	Beneficiary	Fair Market Value

INVESTMENT

Investment Firm	Titled in the name of …?	Beneficiary (if any)	Fair Market Value

STOCKS OR BONDS (individually held in certificate

Name of Stock, Bond, etc.	Titled in the name of …?	How much did you pay for it? Basis?	Number of Shares	Fair Market Value

ACCIDENT

Insurance Company	Policy Owner	Beneficiary	Loans on Policy	Face Amount (net of loans)

LIFE

Insurance Company	Policy Owner	Beneficiary	Loans on Policy	Face Amount (net of loans)

BUSINESS

Type of Property and Location	Titled in the name of …?	Ownership%	Entity Type (Inc., LLC, LLP, etc.)	Fair Market Value

UNSECURED

Borrower	Type	Lender	Balance Outstanding

NET WORTH	

PLEASE RETURN THIS FORM TO: Southeastern Conference of Seventh-day Adventists *Attn: Planned Giving Department*
1701 ROBIE AVENUE * MOUNT DORA, FL 3275787 Phone: 352-735-3142 x106 • Fax : 352-735-3562 Email: stewardship@secsda.org

If you have any questions please call: 352-735-3142 x106

"Estate planning is the act of deciding who will be the next steward of the assets God has entrusted to you."