

Joseph Prince Ministries
Personal Data Worksheet

Please use this worksheet to provide Joseph Prince Ministries' gift planning team with the necessary information to assist you with your estate plan.

I. PERSONAL and FAMILY INFORMATION:

NAME _____ BIRTHDATE _____
Full Legal Name - Please Print

SPOUSE _____ BIRTHDATE _____
Full Legal Name - Please Print

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

COUNTY OF RESIDENCE _____ HOME PHONE (____) _____

OCCUPATION - YOU _____ WORK PHONE (____) _____

OCCUPATION - SPOUSE _____ WORK PHONE (____) _____

MARITAL STATUS: ___ MARRIED ___ SINGLE ___ WIDOW(ER) ___ DIVORCED

UNITED STATES CITIZEN: YOU: ___ YES ___ NO SPOUSE: ___ YES ___ NO

II. IMMEDIATE FAMILY (CHILDREN AND OTHERS):

1. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

2. NAME _____ AGE _____
Full Legal Name - Please Print

ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN ___ YES ___ NO IF SO, AGES _____

3. NAME _____ AGE _____
Full Legal Name - Please Print
ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

4 NAME _____ AGE _____
Full Legal Name - Please Print
ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

5. NAME _____ AGE _____
Full Legal Name - Please Print
ADDRESS _____

CHILD'S SPOUSE _____ AGE _____

CHILDREN YES NO IF SO, AGES _____

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS? YES NO IF YES, DESCRIBE:

ARE THESE CHILDREN FROM THIS MARRIAGE? YES NO IF NO, PLEASE EXPLAIN:

ARE ANY CHILDREN OR GRANDCHILDREN ADOPTED? YES NO

III. GOALS and OBJECTIVES:

(Please check and comment on the following as it may be applicable to you - in as much detail as possible.)

I WANT OR NEED TO:

Avoid probate of my/our estate

Provide privacy in the transfer of my/out estate

Reduce or eliminate Federal Estate Taxes in my/our estate

Control the time and conditions for distribution of my/our estate

___ Establish a special trust for a beneficiary with special needs

___ Consider charity in my estate planning

___ Provide for the continuation/transfer of a business

___ Provide liquidity for spouse, children or business

___ Reduce or eliminate capital gains taxes

___ Provide for grandchildren's education or other needs

___ In addition to the above, I/we have the following goals and objectives

IV. FINANCIAL INFORMATION:

(*Please include Title of property using the following: **J** - Jointly Owned **H** - Husband **W** - Wife **S** - Self)

ASSETS

	Value	*Title	Basis
<u>Cash/Cash Equivalents:</u>			
Checking Accounts	_____	_____	_____
Money Market Funds	_____	_____	_____
Savings Accounts	_____	_____	_____
CDs	_____	_____	_____
 Total Cash/Equivalent	_____		

Invested Assets:

Bonds	_____	_____	_____
Common Stocks	_____	_____	_____
Mutual Funds	_____	_____	_____
IRAs	_____	_____	_____
401(k); 403(b)	_____	_____	_____
Annuities	_____	_____	_____
Deferred Comp Plan	_____	_____	_____
Rental Property(s)	_____	_____	_____
Raw Land	_____	_____	_____
Business Interest(s)	_____	_____	_____
Notes Receivable	_____	_____	_____
 Total Invested Assets	_____		

Use Assets:

Personal Residence	_____	_____	_____
Second Home	_____	_____	_____
Personal Property	_____	_____	_____
Automobiles	_____	_____	_____
Art/Antiques/Collectibles	_____	_____	_____
 Total Use Assets	_____		

TOTAL ASSETS =====

Life Insurance Death Benefit: (Complete Sec. VII. B.)

Husband _____
Wife _____

LIABILITIES AND NET WORTH

Liabilities:

Credit Card(s) _____
Margin Accounts _____
Auto Loans _____
Rental Property _____
Personal Residence _____
Notes Payable _____
Unpaid Taxes _____

#2. Total Liabilities =====

(Attach additional pages, if needed for any information regarding Invested Assets)

#3. Total

Estate Value _____
minus
Total Liabilities _____
equals
Net Estate Value =====

#1. TOTAL ESTATE VALUE =====

Expected Inheritances:

Husband _____
Wife _____

V. FINANCIAL INFORMATION - Detailed Information:

A. RETIREMENT PLANS - TYPE: IRA, KEOGH, PENSION & PROFIT SHARING, TSA, DEFERRED COMP

OWNER (YOU OR SPOUSE)	TYPE	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. LIFE INSURANCE: TYPE: T - TERM W - WHOLE UL - UNIVERSAL V - VARIABLE

OWNER	TYPE	INSURED	BENEFICIARY	DEATH VALUE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

C. BUSINESS INTERESTS - TYPE: C - C CORP S - S CORP SP - SOLE PROPRIETORSHIP
P - PARTNERSHIP PC - PROFESSIONAL CORP LLC - LTD LIAB COMP FLP - FAM LTD PART

1. NAME OF BUSINESS _____

WHAT DOES IT DO? _____

TYPE _____ PERCENTAGE OWNER _____ OWNERSHIP VALUE _____

WHO WILL CONTINUE THE BUSINESS AT DEATH OR RETIREMENT?

DO YOU HAVE A BUY-SELL AGREEMENT? ___ YES ___ NO IS IT FUNDED? ___ YES ___ NO

DO YOU HAVE KEYMAN AND/OR DISABILITY INSURANCE? ___ YES ___ NO

(IF ADDITIONAL BUSINESS INFORMATION, PLEASE ATTACH ADDITIONAL INFORMATION IN A SIMILAR FORMAT.)

VI. KEY PEOPLE IN YOUR ESTATE PLAN:

A. EXECUTORS OF WILLS:

FIRST: ___ SPOUSE ___ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

B. TRUSTEES OF REVOCABLE LIVING TRUST OR TESTAMENTARY TRUSTS:

ORIGINAL: ___ SPOUSE(S) ___ OTHER: _____
(NAME)

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

THIRD BACK-UP: _____
(NAME)

C. GUARDIANS FOR MINOR CHILDREN:

FIRST: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

D. FINANCIAL POWER OF ATTORNEY:

FIRST: ___ SPOUSE ___ OTHER: _____
(NAME)

SECOND: _____
(NAME)

THIRD: _____
(NAME)

VI. KEY PEOPLE IN YOUR ESTATE PLAN (cont.)

D. HEALTH CARE POWER OF ATTORNEY:

ORIGINAL ___ SPOUSE(S) ___ OTHER: _____
(NAME)

HUSBAND:

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

WIFE:

FIRST BACK-UP: _____
(NAME)

SECOND BACK-UP: _____
(NAME)

VII. DISTRIBUTIONS: WHERE ASSETS ARE TO GO AFTER DEATH:

A. UPON FIRST DEATH: ___ TO MY SPOUSE ___ BY-PASS/SURVIVOR'S TRUST

___ TO OTHERS: _____

___ INTO TRUST FOR CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? ___ YES ___ NO IF YES, PLEASE EXPLAIN:

B. (UPON THE DEATH OF THE SURVIVING SPOUSE), THE ASSETS ARE TO BE DISTRIBUTED AS FOLLOWS:

___ IMMEDIATE OUTRIGHT DISTRIBUTION ___ INTO TRUST FOR CHILDREN
TO CHILDREN (COMPLETE "C" BELOW)

SPECIFIC BEQUESTS? ___ YES ___ NO IF YES, PLEASE EXPLAIN:

C. TRUST DISTRIBUTION FOR CHILDREN:

1. MULTIPLIER TRUST: ___ UNITRUST

CHILDREN'S SHARE OF INCOME ___ CHARITY(S) SHARE OF INCOME ___

