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**Re. Personal Financial Organizer (PFO)**

Dear Sir or Madam,

Thank you for your interest in the Estate Planning service that we provide at Legacy Ministry Services (Legacy).

Legacy is a ministry that exists to help believers achieve their financial and estate planning goals in fulfilling biblical stewardship. Through our Estate Planning service, we endeavor to help people be good stewards of the assets they have received and to support the furtherance of the Lord's work from their estate.

To help us understand the present disposition of your estate and any planning that you have undertaken to date we would ask that you complete the enclosed *Personal Financial Organizer* (PFO). This form will capture the various details that we require to construct your future estate plan.

Also enclosed with this form is a *Notice and Waiver of Conflict of Interest*. We would ask that you review this document, and if your wishes are aligned with our ministry purpose and you want to avail yourself of our attorney, sign it and return to Legacy with the PFO. If you are returning the PFO by email, please scan a signed copy of the waiver and attach to your email or mail it to the address above.

Should you have any questions on the completion of these documents or any stage of the planning process, please do not hesitate to contact us.

Kind regards,

Robert Sullivan  
President

Encl. Personal Financial Organizer  
Notice and Waiver of Conflict of Interest



# Personal Financial Organizer

This document is used by Legacy Ministry Services to collect details for the construction of your estate plan.

## Section 1 – General information

Use this section to tell us about yourself.

Your personal information			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Date of Birth	
First Name		US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Middle Name		Last 4 of SSN (optional)	
Last Name		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Previous Names			<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Your primary residential address				
Address				
City		State		ZIP
What county is your primary residence in?				

Your mailing address (if different to primary residential address)				
Address				
City		State		ZIP

Your contact details				
Email Preference	<input type="checkbox"/> Primary <input type="checkbox"/> Work <input type="checkbox"/> Alternate	Phone Preference	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Primary Email		Home Phone		
Work Email		Cell Phone		
Alternate Email		Work Phone		Ext.

Information about your work			
Employer		Are you retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title		Retirement date	

Existing Estate Plans			
Do you currently have a Will or Trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what year was this prepared?		In which state was this prepared?	

Do you expect to receive money or assets from any of the following?			
<input type="checkbox"/> Gift	<input type="checkbox"/> Lawsuit	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other:
Approx. Value: \$	Approx. Value: \$	Approx. Value: \$	Approx. Value: \$

## Section 2 – General information about your spouse

Use this section to tell us about your spouse.

Your spouse's personal information			
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Date of Birth	
First Name		US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Middle Name		Last 4 of SSN (optional)	
Last Name		Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Previous Names			<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Please complete if your spouse's primary residential address differs from the address given on Page 1.				
Address				
City		State		ZIP
In what county is your spouse's primary residence?				

Please complete if your spouse's mailing address differs from the address given on Page 1.				
Address				
City		State		ZIP

Spouse's contact details				
Email Preference	<input type="checkbox"/> Primary <input type="checkbox"/> Work <input type="checkbox"/> Alternate	Phone Preference	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Primary Email		Home Phone		
Work Email		Cell Phone		
Alternate Email		Work Phone		Ext.

Information about your spouse's work			
Employer		Is your spouse retired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Job Title		Retirement date	

Existing Estate Plans			
Does your spouse currently have a Will or Trust?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
In what year was this prepared?		In which state was this prepared?	

Does your spouse expect to receive money or assets from any of the following?			
<input type="checkbox"/> Gift	<input type="checkbox"/> Lawsuit	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other:
Approx. Value: \$	Approx. Value: \$	Approx. Value: \$	Approx. Value: \$

### Section 3 – General information about your children

Use this section to tell us about your children.

If you have more than 4 children, please provide an extra page with the information for the additional children.

Child 1's personal information				
First Name		Date of Birth		
Last Name		Last 4 of SSN (optional)		
Goes by		Related to	<input type="checkbox"/> Him only <input type="checkbox"/> Her only <input type="checkbox"/> Both	
Phone number		<input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted <input type="checkbox"/> Foster <input type="checkbox"/> Married <input type="checkbox"/> Needs special care <input type="checkbox"/> Dependent		
Address				
City		State		ZIP

Child 2's personal information				
First Name		Date of Birth		
Last Name		Last 4 of SSN (optional)		
Goes by		Related to	<input type="checkbox"/> Him only <input type="checkbox"/> Her only <input type="checkbox"/> Both	
Phone number		<input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted <input type="checkbox"/> Foster <input type="checkbox"/> Married <input type="checkbox"/> Needs special care <input type="checkbox"/> Dependent		
Address				
City		State		ZIP

Child 3's personal information				
First Name		Date of Birth		
Last Name		Last 4 of SSN (optional)		
Goes by		Related to	<input type="checkbox"/> Him only <input type="checkbox"/> Her only <input type="checkbox"/> Both	
Phone number		<input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted <input type="checkbox"/> Foster <input type="checkbox"/> Married <input type="checkbox"/> Needs special care <input type="checkbox"/> Dependent		
Address				
City		State		ZIP

Child 4's personal information				
First Name		Date of Birth		
Last Name		Last 4 of SSN (optional)		
Goes by		Related to	<input type="checkbox"/> Him only <input type="checkbox"/> Her only <input type="checkbox"/> Both	
Phone number		<input type="checkbox"/> Natural <input type="checkbox"/> Legally adopted <input type="checkbox"/> Foster <input type="checkbox"/> Married <input type="checkbox"/> Needs special care <input type="checkbox"/> Dependent		
Address				
City		State		ZIP

How many grandchildren do you have?	His only	Hers only	Both
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## Section 4 – Financial information

Use this section to detail your present financial situation.

1. Do you own a home or any other real estate?					
Description & Location	Titled in whose name	Purchase Price	Current Value	Mortgage	Equity
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>Total Equity</b>					\$

2. Do you own any other titled property such as a car, boat etc.?					
Description & Location	Titled in whose name	Purchase Price	Current Value	Mortgage	Equity
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
<b>Total Equity</b>					\$

3. Do you have any checking accounts?			
Name of institution	Account Number (optional)	Titled in whose name	Balance
			\$
			\$
			\$
			\$
			\$
<b>Total Value</b>			\$

4. Do you have any interest-bearing accounts (savings, money market) and/or Certificates of Deposit (CDs)?			
Name of institution	Account Number (optional)	Titled in whose name	Balance
			\$
			\$
			\$
			\$
			\$
<b>Total Value</b>			\$

5. Do you own any <u>investment accounts</u> or <u>mutual funds</u> ?				
Name of institution	Description	Account number (optional)	Titled in whose name	Current Value
				\$
				\$
				\$
				\$
				\$
<b>Total Value</b>				\$

6. Do you own any <u>stock</u> , or <u>bonds</u> (including company stock)?					
# of shares	Description	Acct # (optional)	Titled in whose name	Purchase Price	Current Value
				\$	\$
				\$	\$
				\$	\$
<b>Total Value</b>					\$

7. Do you have any <u>profit sharing</u> , <u>IRAs</u> or <u>pension plans</u> ?			
Description / Location	Owner	Beneficiary	Current Value
			\$
			\$
			\$
<b>Total Value</b>			\$

8. Do you (or your spouse) own a <u>business</u> or have any <u>partnership interests</u> ?			
Description	Type of ownership	Purchase price	Current Value
			\$
			\$
<b>Total Value</b>			\$

9. Do you have any <u>life insurance policies</u> and/or <u>annuities</u> ?				
Name of company	Policy owner	1 <sup>st</sup> Beneficiary	2 <sup>nd</sup> Beneficiary	Death Benefit
				\$
				\$
<b>Total Value</b>				\$

10. Does anyone owe you money?	
Description	Approx. Value
	\$
	\$
<b>Total Value</b>	\$

11. What is the approximate total value of all your <u>remaining personal property</u> – whatever you own that has not been included above?	
Description	Approx. Value
Special item of value:	\$
Special item of value:	\$
Special item of value:	\$
Furniture	\$
Other	\$
<b>Total Value</b>	\$

12. Do you have any other <u>debts</u> other than mortgage(s) and loans listed above (credit cards, personal loans, etc.)?	
Description	Amount Owed
	\$
	\$
	\$
<b>Total Debt</b>	\$

13. Total value of everything you (and your spouse) own (add totals of items 1 thru 11 above) \$

14. Total amount you (and your spouse) owe (total from item 12 above) \$

15. Subtract item 14 from item 13 **NET ESTATE = \$**

Do you have a <u>safety deposit box</u> ?	
Location	Titled in whose name

**Additional Information**  
*Use this space to provide any additional information that you were not able to include in the fields above.*

## Section 5 – Administration of your Trust/Will

Use this section to outline how your Trust or Will will be structured and administered.

For a Trust, begin at 1. For a Will, begin at 2.

### 1. Trustee(s)

If a Revocable Living Trust is appropriate, this person(s) manages your Trust now (usually you and your spouse).

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### 2. Successor Trustee(s) / Personal Representative(s)

Steps in at your incapacity or death (adult children, friend and/or a Corporate Trustee).

<b>#1 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>#2 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>#3 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	

### 3. Guardian for Minor Children

Responsible adult who will raise your minor children if something happens to you.

<b>#1 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>#2 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	

### 4. Trustees for Minor Children

Manages Inheritance (can be same person as Guardian, another adult and/or a Corporate Trustee).

<b>#1 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>#2 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	



## Section 6 - Beneficiaries

Use this section to detail how and to whom you would like your estate to be divided.

1. Special Gifts to Organizations		
<i>Do you want to make a gift (cash or a specific item) to the Lord's work or other charity?</i>		
Name of Organization	Address	Description of Gift

2. Special Gifts to Individuals		
<i>Do you want to give any specific items to a family member or other individual? (For example: wedding ring to your daughter, tool collection to your son, book collection to a nephew etc.)</i>		
Name of Person	Address	Description of Gift

3. General Beneficiaries of Remainder		
<i>Who do you want to receive the rest of your estate after these special gifts have been distributed? You can designate a dollar amount or a percentage.</i>		
Name of Person	Address	Amount / Percentage

4. Inheriting Instructions
<i>Do you want your Beneficiaries to receive their inheritances in installments, at certain ages, all at once? You can also keep the assets in a Trust that will distribute the assets in a controlled manner over time.</i>

**5. Provision for someone who requires special care**

*Do any of your dependents (aging parents, disabled child) require special care? Are they currently receiving government benefits?  
Is there someone else you want to provide for who is not related to you (significant other, special friends, pet)?*

Name	Age	Relationship	Explanation

**6. Alternate beneficiaries**

*Who do you want to receive your estate if you (and your spouse) outlive the Beneficiaries you've named above?*

Name of Person	Address	Amount / Percentage

**7. Disinheriting Instructions**

*Are there any relatives that you specifically do not want to receive anything from your estate?*

## Section 7 – Special Instructions at Incapacity

Use this section to specify what actions you wish to be taken if you (or your spouse) are unable to care for yourself.

### 1. Keeping/Selling Assets

If it becomes necessary to sell assets to pay for your or your spouse's care, are there certain ones you prefer to be sold first? Are there potential buyers you want contacted? Are there certain assets you prefer not be sold unless absolutely necessary?

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### 2. Medical Care

Do you prefer (or want to avoid) a certain hospital/nursing home? Do you have strong feelings about blood transfusions, life support, etc.?

You	Your Spouse

### 3. Do you want a Living Will?

This lets others know how you feel about life support treatment if you become terminally ill.

You	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your Spouse	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 4. Do you want a Durable Power of Attorney for Health Care?

Yes  No

**You**  Yes  No **Your Spouse**  Yes  No

If you have selected that you do want a Durable Power of Attorney for Health Care this document lets you choose the person you want to make any health care decisions (including life support) for you if you are unable to make them for yourself, keeping these personal decisions out of the courts. You can choose anyone you trust: your spouse, friend or other relative, etc. Please list your choices below:

<b>Your #1 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>Your #2 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>Your spouse's #1 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	
<b>Your spouse's #2 choice</b>	First Name		Last Name			
	Address		Phone number			
	City		State		ZIP	

**Section 8 – Questions to ask your estate planner about your estate**

*Use this section to record any questions you need or want your estate planner to answer.*

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## NOTICE AND WAIVER OF CONFLICT OF INTEREST

Legacy is a ministry that exists to serve people as they support the Lord's work. Through our Estate Planning service, we endeavor to help people be good stewards of the assets they have received and to support the furtherance of the Lord's work from their estate. If your wishes are aligned with our ministry purpose, please review, and return the below before we can continue.

**(a) An actual or potential conflict of interest may exist between Legacy and the individual.**

Legacy is a not-for-profit financial planning ministry which relies on the investment fees and gifts of its clients. If you have named Legacy in your Will, Trust, or Donor Advised Fund and Legacy or its employees prepare documents or assist you in doing so, an actual or potential conflict of interest arises. This conflict does not negate your documents – we wish only to make you aware of it and ask that you consider it carefully.

**(b) Legacy does not represent the individual in an attorney capacity.**

Legacy employees and agents are not your attorneys and cannot represent you personally. It is encouraged that you retain independent counsel who is licensed within your state to review your estate planning, trust, and/or gifting documents.

**(c) Communication is confidential.**

All communication with Legacy IS PROTECTED AND CONFIDENTIAL FROM 3<sup>rd</sup> PARTIES and therefore Legacy will not communicate your information with anyone outside the organization. without your explicit communication and written consent ahead of time.

If you have read and agree to this waiver, please sign below, and return this form to Legacy. If you are returning the Personal Financial Organizer by email, please scan a signed copy of this page to attach to your email, or mail this page to 2250 Chaney Road, Dubuque, IA, 52001.



Signature \_\_\_\_\_

Signature \_\_\_\_\_

Printed name \_\_\_\_\_

Printed name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_