Samaritan's Purse

CHRISTIAN WILLS GUIDE

We hope this form is helpful as you consider your estate plan. You may wish to provide this information, along with other documents, to your attorney or financial advisor helping you prepare your estate plan, and to keep a copy for your files.

Contact the Legacy Planning team toll free at 833-345-3422 or **stewardship@samaritan.org** *and we'll be happy to help* through every step of the process.

STEP 1: OUR FAMILY

My full name______________________________

Other names by which I have been known______________________________

Citizenship______________________________

Address______________________________

Date of Birth______________ Social Security Number______________

Existing Will? ◯ Yes ◯ No If yes, what is the date of that will?______________

Marital Status: ◯ Single ◯ Married ◯ Widowed ◯ Separated ◯ Divorced ◯ Remarried

Full name of my spouse______________________________

Other names by which he/she has been known______________________________

Citizenship______________________________

Date of Birth______________ Social Security Number______________

List any prior marriages of either spouse______________________________

____

CHILDREN ◯ I do not have children ◯ I have the following children:

List all adult and minor children, including legal, adopted, predeceased, or children by other marriages whether or not you intend to include them in your will. Attach page as necessary.

Child 1) Full Name______________________ Date of Birth______________

Address______________________________

Spouse______________________ Date of Birth______________

Names of children______________________________

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Child 2) Full Name____________________ Date of Birth__________

Address______________________________

Spouse____________________ Date of Birth__________

Names of children______________________________

Child 3) Full Name____________________ Date of Birth__________

Address______________________________

Spouse____________________ Date of Birth__________

Names of children______________________________

Child 4) Full Name____________________ Date of Birth__________

Address______________________________

Spouse____________________ Date of Birth__________

Names of children______________________________

SPECIAL NEEDS RELATIONSHIPS

List any persons dependent on you for extended care.

1)	Full Name	Relationship	Provision
2)	Full Name	Relationship	Provision
3)	Full Name	Relationship	Provision

Notes:

STEP 2: THE PEOPLE WE TRUST

PERSONAL REPRESENTATIVE/EXECUTOR *Responsibilities of a personal representative/executor may vary by state and can include: notifying business relationships of your death, filing the Will with probate court, paying bills and final expenses, keeping accurate records, liquidating assets, making distributions to beneficiaries, and filing estate tax returns. As this can involve a significant amount of time and effort, your representative may be compensated for his service and hire professionals to assist him.*

First choice____ Relationship___________________________

Address____

Phone number________________________________ Email address___________________________________

Alternate____Relationship___________________________

Address____

Phone number________________________________ Email address___________________________________

GUARDIANSHIP *Whom would you want to be guardian of any minor children if you and your spouse are deceased? A guardian makes all the decisions that a parent would make, and assumes responsibility for teaching and raising the child(ren).*

First choice____ Relationship___________________________

Address____

Phone number________________________________ Email address___________________________________

Alternate____Relationship___________________________

Address____

Phone number________________________________ Email address___________________________________

POWER OF ATTORNEY *Whom do you want to handle your affairs if you're unavailable or unable to do so? Note that to be legally effective, you will need additional documents called a* **Durable Power of Attorney** *and* **Healthcare Directives** *(such as a* **Living Will***).*

1) **Financial/Business Matters**

First choice____ Relationship__________________________

Address____

Phone number______________________________ Email address__________________________________

Alternate____ Relationship__________________________

Address____

Phone number______________________________ Email address__________________________________

2) **Healthcare Decisions**

First choice____ Relationship__________________________

Address____

Phone number______________________________ Email address__________________________________

Alternate____ Relationship__________________________

Address____

Phone number______________________________ Email address__________________________________

STEP 3: OUR MONEY AND BELONGINGS

WHAT YOU OWN—ASSETS *To consider your total estate plan, you may wish to list all assets—even those with a designated beneficiary or placed into a trust. Note those exceptions in the lines below each type of asset.*

Checking Account:

Bank____________________________ Name(s) on the account: __________________________

Institution address____ Value__________

If you have additional checking accounts, list them here: ___________________________________

____

Savings / Money Market Account

1) Bank____________________________ Name(s) on the account:__________________________

Institution Address____ Value__________

2) Bank____________________________ Name(s) on the account:__________________________

Institution Address____ Value__________

If you have more than two savings accounts, list them here: _________________________________

____

Certificates of Deposit

1) Bank____________________________ Name(s) on the account:__________________________

Institution Address____ Value__________

2) Bank____________________________ Name(s) on the account:__________________________

Institution Address____ Value__________

If you have more than two savings accounts, list them here: _________________________________

____

Securities *(stocks, bonds, mortgages, notes, trust deeds, etc.)*

1) Issuing company____

Name(s) on account____ Value____________

2) Issuing company____

Name(s) on account____ Value____________

If you have more than two security accounts, list them here: ________________________________

____

Life Insurance

1) Issuing company____

Name(s) on account____ Value____________

2) Issuing company____

Name(s) on account____ Value____________

If you have more than two security accounts, list them here: ________________________________

____

Commercial Annuities

1) Issuing company____

Name(s) on account____ Value____________

2) Issuing company____

Name(s) on account____ Value____________

If you have more than two security accounts, list them here: ____________________________

____

Retirement Accounts *Note: Making charitable donations by beneficiary designation from tax-deferred retirement funds may save taxes for your heirs. For more information, please visit www.samaritanspurse.planyourlegacy.org.*

1) Issuing company____

Name(s) on account____ Value____________

2) Issuing company____

Name(s) on account____ Value____________

If you have more than two security accounts, list them here: ____________________________

____

Real Estate

1) Home/real estate description____

Address____

Name(s) on deed___________________________________ Value__________________

2) Home/real-estate description____

Address____

Name(s) on deed___________________________________ Value__________________

If you have other property, list it here: ____

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Business Assets *(business property, limited partnerships, notes receivable, etc.)*

1) Description____

Owner____ Value____________

2) Description____

Owner____ Value____________

Miscellaneous Belongings *(automobiles, jewelry, furniture, and household items)*

1) Description of item____

To be given to____ Value___________

2) Description of item____

To be given to____ Value___________

3) Description of item____

To be given to____ Value___________

Trusts, Inheritances, or other anticipated gifts *(name any other assets you expect to receive before your death, and attach documentation if possible)*

____ ____

____ ____

WHAT YOU OWE–LIABTILIES *(give details/account numbers/estimated balances)*

Mortgage ____ Amount______________

Vehicle loan____ Amount______________

Credit card ____ Amount______________

Credit card ____ Amount______________

Other ____ Amount______________

Other ____ Amount______________

Other ____ Amount______________

STEP 4: THE PEOPLE AND ORGANIZATIONS WE WANT TO BLESS ►►►►

Not only does a will protect and provide for your family, it also communicates your values to them and your heart for the Lord's work.

For many Christians, a gift from their will (called a bequest) is the largest contribution they will ever make to ministry—impacting people for Christ for generations to come. The most common approaches for ministry bequests are listed below:

- **Add a ministry to your family.** Some families treat ministry organizations like one additional child. For example, if a family has three children, they might add a fourth child named "Ministry" and divide the assets in their will into four equal parts. Each of their children would receive 25%, and the remaining 25% would be divided among their favorite ministry organizations.
- **Tithe on your estate.** Other families commit 10% of their estate to the organizations they love, dividing the remaining 90% among their heirs.
- **Leave the remainder.** Others prayerfully decide how much is wise to leave their loved ones, designating the rest of their assets to advance the Lord's work here and around the world.

SPECIFIC BEQUESTS *List specific amounts of cash, or other property such as coins, antiques, collections, etc., which you wish to specifically designate.*

1) Name of person or charitable organization____

Address____

Relationship______________________________

Percentage of estate, or description of property you wish to leave this person or organization

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2) Name of person or charitable organization____

Address____

Relationship______________________________

Percentage of estate, or description of property you wish to leave this person or organization

____

3) Name of person or charitable organization____

Address____

Relationship_________________________________

Percentage of estate, or description of property you wish to leave this person or organization

____

4) Name of person or charitable organization____

Address____

Relationship_________________________________

Percentage of estate, or description of property you wish to leave this person or organization

____

RESIDUE AND REMAINDER *List those individuals or organizations designated to receive the remainder of your estate after all expenses have been paid and all specific bequests made.*

1) Name of beneficiary_______________________________ Relationship____________________

Address_______________________________________ Amount or Percentage______________

2) Name of beneficiary_______________________________ Relationship____________________

Address_______________________________________ Amount or Percentage______________

3) Name of beneficiary_______________________________ Relationship____________________

Address_______________________________________ Amount or Percentage______________

ONE LAST THING…

- ○ **Include Christian Testimony (attach)** ○ **Do not include Christian Testimony**
- ○ **I have a will at the present time (attach)** ○ **I do not have a will at the present time**

Other Notes:

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CONTACT INFORMATION FOR BENEFICIARY FORMS

Legal name	Samaritan's Purse
Federal Tax ID	58-1437002
Date of Incorporation	October 10, 1980
Mailing Address	PO Box 3000, Boone, North Carolina 28607
Physical Address	801 Bamboo Road, Boone, North Carolina
Phone	833-345-3422 (toll-free) or 828-262-1980
E-mail	stewardship@samaritan.org
Web site	www.samaritanspurse.org

SAMPLE LANGUAGE FOR NAMING SAMARITAN'S PURSE IN A WILL OR TRUST

- **From the Residue**
  I give ___________ % of the residue of my estate to Samaritan's Purse, a North Carolina non-profit corporation located in Boone, NC, with Federal Tax ID number 58-1437002 to be *used where most needed.

- **A Specific Amount**
  I give $(amount) to Samaritan's Purse, a North Carolina non-profit corporation located in Boone, NC, with Federal Tax ID # 58-1437002 to be *used where most needed.

- **A Specific Asset (e.g., land, stocks, bonds, C.D., etc.)**
  I give (description of the property or account number) to Samaritan's Purse, a North Carolina non-profit corporation located in Boone, NC, with Federal Tax ID number 58-1437002 to be *used where most needed.

- **Tax-Deferred Retirement Funds, U.S. Government Bonds, or IRD-type Assets**
  I give ___% of my (description of asset) to Samaritan's Purse, a North Carolina non-profit corporation located in Boone, NC, with Federal Tax ID # 58-1437002 to be *used where most needed. (Note: IRA, 401(k) and other tax-deferred assets properly designated to charity can avoid substantial income taxes in the estate. The effect of such a gift on the overall estate plan and its eventual beneficiaries is important to understand and review with professional counsel.)

*TO DESIGNATE TO A SPECIFIC PROJECT, USE THIS ADDITIONAL LANGUAGE

I give … to Samaritan’s Purse a North Carolina non-profit corporation located in Boone, NC, with Federal Tax ID #58-1437002 to be designated for […name project…]. In the event the need for this project has abated or cannot fully utilize the gift, it may be used for a similar project with pressing need.

The foregoing information is for educational purposes only and is not intended as legal or tax advice. Donors are encouraged to seek such counsel.