

Planning for your beneficiaries

Organizing specific information, including, but not limited to finances, in one place provides peace of mind for your loved ones. Take time to complete this organizer and put it in a secure location (and share the location with someone you trust). Remember to review your information annually to keep it current. Please **DO NOT SEND THIS** to the Sponsoring organizations. —*Thank you from The Endowment Board, Retired Clergy Association and The Board of Pensions. Romans 14:8. If we live, we live for the Lord; and if we die, we die for the Lord. So, whether we live or die, we belong to the Lord.*

The purpose of this document is to serve as a courtesy to your family, loved ones, or caregivers, and help them manage your estate after you pass or become incapacitated. It is not a legally binding document.

Personal information for my survivors upon my death or my becoming incapacitated.

My full name

My birth date

Date form was last updated

In case of emergency, notify these people *(attach additional sheets as needed)*

1) Name

Relationship

Address/City/State/Zip

Home/cell phone

Work phone

2) Name

Relationship

Address/City/State/Zip

Home/cell phone

Work phone

3) Name

Relationship

Address/City/State/Zip

Home/cell phone

Work phone

Business and personal contacts

My employer (if applicable)

Address/City/State/Zip

Phone

Spouse's employer (if applicable)

Address/City/State/Zip

Phone

Pension board

Phone

Department of retirement

Phone

Union Local

Phone

Physician

Phone

Dentist

Phone

Clergy

Phone

Insurance company

Phone

Insurance agent

Phone

Attorney

Phone

Accountant

Phone

Bank name (branch)

Phone

Bank contact

Phone

Retirement planner

Phone

Broker

Phone

Personal documents and information

My birth date _____ My birth certificate is located at _____

I was born in (City/State) _____ Social Security # _____

Mother's full name _____

Address/City/ State/Zip _____ Phone _____

Deceased? _____ Date of death _____

Father's full name _____

Address/City/ State/Zip _____ Phone _____

Deceased? _____ Date of death _____

I was married in (City/State) _____ Marriage date _____

Married to _____ Number of children from this marriage _____

I was widowed on _____ I was divorced on _____ State of _____

Repeat as necessary on additional sheets

Marriage documents

Marriage certificate(s) are located at _____

Divorce decree(s) are located at _____

Children's birth certificate(s) are located at _____

Children's adoption papers are located at _____

Children's names/Date of birth/Residence _____

Do you have naturalization, citizenship or residency paperwork? Yes No

Location of paperwork or digital records _____

Personal documents and information *(continued)*

Spouse's relatives and addresses: *(if deceased, indicate after their name)*

1. Mother

2. Father

3.

4.

Add additional page if needed

Grandchildren: Names/dates of birth/parents

Pension benefits

Yes

No

The following benefits are provided by my pension

1.

3.

2.

4.

Contacts regarding my pension

Pension board

Phone

Union Local

Phone

I served in the armed forces

Yes

No

Branch

Service number

Date enlisted or drafted

Location

Discharge date

Discharge papers located at

Bank accounts, credit cards, investments and tax returns

Banking

Checking account # Bank

Checking account # Bank

Savings account # Bank

Savings account # Bank

Certificate of deposit # Bank

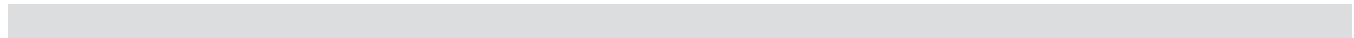
Certificate of deposit # Bank

Safe deposit box # Bank

Safe deposit box is accessible to

Key is kept at

Financial PINS and passwords, location or contact



Credit cards

Name	Account #	Phone
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Name	Account #	Phone
------	-----------	-------

Name	Account #	Phone
------	-----------	-------

Name	Account #	Phone
------	-----------	-------

Location of statements



Retirement

1) Investment/stock/bond portfolio is located at

2) Investment/stock/bond portfolio is located at

Investment IRA certificates and files are located at

Pension file located at

Copies of my income tax returns are located at

Estate planning documents

Living revocable trust

I have executed a living will or trust Yes No

An "Original" signed copy is located at _____

Additional copies are on file with:

Physician _____

Attorney _____

Children _____

Other _____

Will

I have a will Yes No

My will is located at _____

The attorney who handled my will is _____

Law firm _____ Phone _____

My last will is dated _____

The executor is _____ Phone _____

I have have not completed an advance directive

My advanced directive is located _____

After death wishes

Church of preference _____ Religious affiliation _____

Clergy _____ Phone _____

I prefer Internment Entombment Cremation

Internment

Funeral home Phone

Address/City/ State/Zip

Pre-paid burial plan? Yes No Contact

My choice of cemetery is

I've purchased a plot Yes No

If yes, the lot is in the name of Section Lot Block

Location of deed for lot

Pallbearers



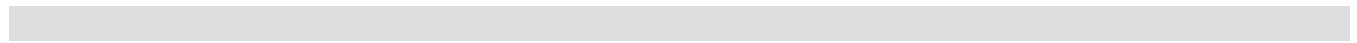
Cremation

Crematorium to be used Phone

What do you wish to be done with your ashes?

Obituary Yes No

Details for my obituary



Organ Donation

I do not want any of my organs donated

I would like to have organs donated for transplant

I would like to donate the following organs for transplant/research

Preferred location

Service Details

If possible, I'd like the following to be included in my funeral or memorial service. *(If any of the materials listed below are obscure, please attach a copy or indicate where a copy may be found).*

Passages of scripture

Hymns

Poems

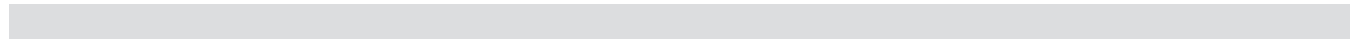
Special music

Eulogy or tribute by

Additional suggestions

Flowers Yes No Disposal of flowers

Donation in lieu of flowers



Additional service options

I am entitled to veterans benefits Yes No

I am entitled to military honors Yes No

I would like a "Lodge" (or other memorial) Service Yes No

Managed by

Special requests for service

Other Considerations

- Information regarding your personal business ventures.
- Information regarding your real estate, such as mortgage holder, homeowners insurance, taxes, titles, payment records.
- Information regarding vehicles, boats, RV's etc., such as insurance, titles, registration and payments.
- Information regarding any life insurance policies, such as the location of the policies, your insurance agent, address and phone number.
- List PINS and passwords that you use regularly, that contain important information in addition to the financial credentials noted on page 5.
- List of companies that you "auto-pay" monthly, with a credit card or your checking account. List the accounts associated with each.
- Take this opportunity to tell those you love how important they are and have been in your life.
- We suggest reviewing your existing estate planning documents to ensure they are up-to-date and consistent with this document, as well as revisiting all documents periodically with your advisors.

Signed _____

Date _____

A note on the spirit in which I have offered the above suggestions: I recognize that funeral and memorial services are for the living as well as for the deceased. I expressly grant my survivors the right to use their own judgment and to honor their own personal preferences in completing final arrangements. However, I hope you will make reasonable efforts to fulfill my wishes. Thank you.



Contact information

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Website: Ca-nv-rca.org



Contact information

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Website: Bopumc.org



Contact information

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Stockton, CA 95207
P: (209) 472-7288
Website: EndowmentBoard.org