AG FINANCIAL SOLUTIONS℠

Financial Solutions, Eternal Benefits.℠

INVESTMENTS • LOANS • RETIREMENT • PLANNED GIVING • WEALTH MANAGEMENT • CAPITAL CAMPAIGNS • INSURANCE

Re: Testamentary Services Program

As a no-cost service to Assemblies of God constituents, AG Financial Solutions has developed this program to provide document forms to those who desire to leave a gift of at least ten percent (10%) of their final estate to the AG ministry or AG church of their choice. It is an honor to provide will forms at no cost for those who desire to bless ministry through charitable gifts upon their death.

Please follow these three steps to have will forms mailed to you through this program:

Step 1: **Read** and **sign** the *"Application for Testamentary Services."*

Step 2: **Read** and **complete** the *"Testamentary Planning Questionnaire."*

Step 3: **Return** the *"Application for Testamentary Services"* and the *"Testamentary Planning Questionnaire"* in the enclosed postage-paid envelope.

Within twelve (12) weeks of receiving your complete information, our staff will send you a notebook containing your will forms, power of attorney forms, and advance health care directive forms.

You should understand that the documents prepared under the Testamentary Services program are not a replacement for consultation with a local attorney, and nothing provided by AG Financial Solutions should be considered legal advice. AG Financial Solutions (including all of its affiliated entities) is not a law firm, and the employees and representatives of AG Financial Solutions are not acting as your attorney. AG Financial Solutions does not practice law, and the information contained in this program is not legal advice. The Testamentary Services program is not intended to create an attorney-client relationship, and by using this program, no attorney-client relationship will be created with AG Financial Solutions.

AG Financial Solutions' Testamentary Services program only provides document forms completed with information you provide, and, by using this program, you agree that AG Financial Solutions and its affiliated entities assume no responsibility for your use of those forms. Our services include reviewing your answers for completeness, spelling & grammar, as well as internal consistency of names, addresses and similar information, and you alone are responsible for the execution and use of the documents and determination as to whether the documents are appropriate to meet your needs or desires.

If you have any questions, please contact our Testamentary Services program staff toll-free at 866.621.1784, or e-mail at wills@agfoundation.com.

Sincerely,

Bobby L. Lamb, CFP®
Senior Vice President
AG Financial Solutions
Planned Giving and Investment Solutions

AG Financial Solutions℠ — Application for Testamentary Services

As a complimentary service to Assemblies of God constituents, AG Financial Solutions has developed this program to provide document forms to constituents whose stewardship goals include testamentary gifts to ministry.

Below is a checklist of characteristics of the persons for whom this program is designed. Our Testamentary Services Program may be helpful to you if *all* of the following apply (please check all boxes that apply):

- ❑ You agree to leave at least 10% of your estate assets after your death (or if married, after the death of both spouses) to Assemblies of God churches and/or Assemblies of God ministries you select.[1]
- ❑ You and your spouse have a combined estate that does not exceed $1.0 million.
- ❑ You have no existing trusts that are designed to distribute your entire estate.
- ❑ You have no financial responsibilities to parents or other persons financially dependent upon you (other than your children) that would suggest or require a customized estate plan to provide for them.

AG Financial Solutions (including all of its affiliated entities) is not a law firm, and the employees and representatives of AG Financial Solutions are not acting as your attorney. AG Financial Solutions does not practice law, and the information contained in this program is not legal advice, is not to be acted upon as such, and is subject to change without notice. The Testamentary Services Program is not intended to create an attorney-client relationship, and by using this program, no attorney-client relationship will be created with AG Financial Solutions.

AG Financial Solutions' Testamentary Services Program only provides document forms completed with information you provide on this Application for Testamentary Services and the Testamentary Planning Questionnaire, and you agree that AG Financial Solutions and its affiliated entities assume no responsibility for your use of those forms. Our services include reviewing your answers for completeness, spelling and grammar, as well as internal consistency of names, addresses and similar information, and you alone are responsible for the execution and use of the documents and determination as to whether the documents are appropriate to meet your needs or desires.

THIS PROGRAM IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY.

We do not represent or warrant that the information provided by this program is or will be accurate, complete or up-to-date. Any representation or warranty that might be otherwise implied is expressly disclaimed. The law is different in each jurisdiction and is subject to interpretation by different courts. The law is a personal matter, and no general information or legal documents like the kind the Testamentary Services Program provides can fit every circumstance. If you need legal advice for your specific concerns, or if your circumstances are too complex to be addressed by our program, you should consult a licensed attorney in your area.

I have read and understand the Application for Testamentary Services, and agree to the terms and conditions set forth above.

Date: _____ _____

Printed Name: _____

Date: _____ _____

Printed Name: _____

[1] AG Financial Solutions may charge the ministry a processing fee of up to 5% of the net gift to ministry to cover the cost of managing, accounting for, collecting, and distributing any bequests on behalf of designated ministries.

AG Financial Solutions℠

Testamentary Planning Questionnaire

Seminar Date _____ Seminar Location _____

If you and your spouse have different desires for your estate plan, complete separate questionnaires.

I. Personal Information

Interviewer _____

Your Information

Full Legal Name _____ Date of Birth _____

Occupation _____ U.S. Citizen? ❑ Yes ❑ No SS No. _____

Address _____

City _____ State _____ Zip _____ Home Phone (_____) _____

County _____ Work Phone (_____) _____

E-mail Address _____ Fax Number (_____) _____

❑ Married **OR** ❑ Single If **single**, do any apply? ❑ Widowed ❑ Separated ❑ Divorced

Spouse's Information

Spouse Full Legal Name _____ Date of Birth _____

Occupation _____ U.S. Citizen? ❑ Yes ❑ No SS No. _____

Would you like to include a testimony of your Christian faith in your will? ❑ Yes (Default) ❑ No

If **yes**, choose from the two options below:

❑ Though I realize the uncertainty of this life, I have full confidence and trust in my Lord and Savior Jesus Christ, in His death on the cross for my sins and in His shed blood as an atonement for my soul; and I know by faith that because of His sacrifice on the cross for me I have eternal life. (Default)

❑ I am thankful to Almighty God for life and all He has graciously entrusted to me, and, therefore, knowing the uncertainties of life, I hereby make a fitting and public witness of my Christian faith.

Children

If more space is needed for additional children, attach an additional sheet.
*NOTE: **All** children, including stepchildren, will be treated **equally** under your will and each child will receive equal distribution from your estate, unless you indicate otherwise in the "Other Information" section on Page 5:*

1. Full Name _____ Date of Birth _____
   Address _____
   If you are married: ❑ Child of both husband and wife ❑ Child of husband ❑ Child of wife
2. Full Name _____ Date of Birth _____
   Address _____
   If you are married: ❑ Child of both husband and wife ❑ Child of husband ❑ Child of wife
3. Full Name _____ Date of Birth _____
   Address _____
   If you are married: ❑ Child of both husband and wife ❑ Child of husband ❑ Child of wife
4. Full Name _____ Date of Birth _____
   Address _____
   If you are married: ❑ Child of both husband and wife ❑ Child of husband ❑ Child of wife

Personal Information (Continued)

Disabled Children: Do any of your children have serious disabilities for which they receive government benefits, such as SSI or Medicaid? ❑ Yes ❑ No

If yes, please explain _____

Deceased Children: List any **deceased** children below:

Child's Name	Date of Birth	Date of Death	Did your deceased child have any children?
_____	_____	_____	❑ Yes ❑ No
_____	_____	_____	❑ Yes ❑ No

II. Existing Plans

Do you have an existing valid will?	❑ Yes	❑ No	Spouse?	❑ Yes ❑ No
Do you have an existing valid trust?	❑ Yes	❑ No	Spouse?	❑ Yes ❑ No
Have you signed any Powers of Attorney?	❑ Yes	❑ No	Spouse?	❑ Yes ❑ No
Do you have an existing Living Will?	❑ Yes	❑ No	Spouse?	❑ Yes ❑ No

By completing this questionnaire, you are asking us to assist you with the preparation of a new will. Your new will, once properly executed, revokes all previous wills. In order to better serve you, please enclose copies of your existing documents. If we do not receive copies of any of the existing documents referred to above, we will assume you have no such documents or do not wish us to rely on those documents for assistance in creating your new will.

III. Your Estate Distribution

PERSONAL PROPERTY
Personal property includes jewelry, clothing, household furniture, appliances, furnishings, books, heirlooms, and similar items. Generally, personal property does **not** include your home or other real estate, cash, bank accounts, investment accounts, life insurance, or retirement accounts.

DISTRIBUTION OF YOUR PERSONAL PROPERTY
A form called a "personal property memorandum" will be included with your final documents. You can use this form to list items of personal property that you want to be given to specific people after your death. You can change this form from time to time without the need to prepare a new will.

Mark **ONE** box below which coincides with your wishes in the distribution of **personal property:**

❑ To my spouse (if any), then by my list, items not on list to my children (if any) ***OR***

❑ By my list, then to my spouse (if any), items not on list to my children (if any) ***OR***

❑ To my children (if any), then by my list ***OR***

❑ By my list, items not in my list to my children (if any) ***OR***

❑ By my list

A blank form for you to prepare your "list" ("personal property memorandum") will be included with your completed will documents. Any item not distributed above will be distributed with the rest of your "residual assets" discussed on the next page.

Your Estate Distribution (Continued)

RESIDUAL ASSETS
The residual assets of your estate represent your money and property that is left over after payment of your last debts and expenses. Your residual assets do **not** include assets that transfer to others outside of your probate estate. Therefore, the residual assets generally do not include property held in "joint tenancy" or accounts with a "pay on death" beneficiary designation, like many bank accounts, retirement accounts, or life insurance policies.

DISTRIBUTION OF RESIDUAL ASSETS
Your residual assets will be distributed to your spouse (if any). If you are not married, or your spouse has predeceased you, your residual assets will be distributed to your designated charitable beneficiaries and children (if any), according to the terms below.

Check the boxes and complete the blanks below to confirm your desire to distribute your **residual assets** in the following **ORDER:**

1. To Spouse (if any):

First, distribute the balance of my estate to my spouse (if any), if my spouse survives me by 30 days, as follows:

❑ **Outright:** Distribute the balance of my estate outright to my spouse. (Default)

OR

❑ **Trust for spouse:** Rather than an outright distribution to my spouse, I would like a marital trust for my spouse that will go into effect at my death. This trust is designed to protect my estate for my surviving spouse. A trustee will hold my estate on behalf of my spouse and make income payments to my spouse, for his/her life. The trustee will also have the authority to pay principal to my spouse, for my spouse's health education and support. Upon the death of my surviving spouse, the trustee will distribute the remaining amount to the ministry(ies) designated below according to the percentage(s) indicated and then to children.

2. To Ministry:

Next, distribute _____*% (**minimum of 10% must be designated for Assemblies of God churches/ministries**) of my residual estate to Assemblies of God Foundation for the benefit of the organizations listed below, if my spouse does not survive me by 30 days or if I have no spouse:*

Ministry beneficiary_____ _____%

Address _____

Ministry beneficiary_____ _____%

Address _____

Ministry beneficiary_____ _____%

Address _____

TOTAL = 100% of gift

Your Estate Distribution (Continued)

3. To Children (if any):

Next, distribute the balance of my estate to my children (if any) or grandchildren (if my children predecease me), if my spouse (if any) does not survive me by 30 days, as follows:

❑ **Outright:** Distribute the balance of my estate outright to my children.
(Do not select this option if you have minor children.)

OR

❑ **Trust for children:** Rather than an outright distribution to my children, I would like a trust for the benefit of my children. The trustee will have the discretionary authority to pay income or principal to my children for their health, education and support. This trust is designed to protect my estate for my children and to distribute the remaining amount to my children when they are age 21 or at the ages specified below (check only one):

❑ Complete distribution to children at age _____ ***OR***
❑ One-half (1/2) at age _____; One-half (1/2) at age _____; ***OR***
❑ One-third (1/3) at age _____; One-third (1/3) at age _____; One-third (1/3) at age _____; ***OR***
❑ To be held indefinitely in trust for a child with a disability or other special needs

4. Final Distribution If No Living Spouse or Children:

Finally, in the event I have no living spouse, no living children, and no living grandchildren, and have not designated 100% of my estate to ministry, distribute the balance of my estate as follows:

❑ **Ministry:** To ministries named previously in the percentage(s) designated. (Default)

OR

❑ **Other Family:** To my surviving family members in accordance with my state's intestate statutes. If I have no surviving family members, then to the ministries named previously in the percentages designated.

OR

❑ **Other Persons:** To the person or persons on the attached list (you provide the list) in the percentages designated on the list. If none of the persons on the attached list survive me, then to the ministries named previously in the percentages designated.

IV. Executor/Personal Representative

Your Executor/Personal Representative carries out your wishes as expressed in your will. If you nominate Co-Representatives, and one of them is unable to serve, the surviving Co-Representative will automatically serve as the sole representative, unless otherwise indicated in the "Other Information" section on Page 5.

1) Primary Executor/Personal Representative: ❑ My Spouse ***OR*** _____
Address _____
Relationship _____

2) First Alternate Executor/Personal Representative: _____
Address _____
Relationship _____

3) Second Alternate Executor/Personal Representative: _____
Address _____
Relationship _____

V. Guardian of Minor Children

*Your guardian is responsible for the care of your minor children. Your **surviving spouse** will be nominated as the primary guardian of your marital children. You will need to nominate alternate guardians in the event your spouse does not survive you. You may nominate individuals or married couples as guardians for your minor children. In most states, the probate court makes the final appointment, but you are allowed to nominate your preferred guardian. If you have minor children or plan on having children in the near future, you must complete this section.*

1) First Alternate Guardian(s) _____

Address _____

Relationship _____

Upon the **divorce** of jointly nominated guardians, guardianship of my children should be:
- ❑ Retained by one spouse, _____(name spouse) ***OR***
- ❑ Passed to the next listed alternate

Upon the **death** of a jointly nominated guardian, guardianship of my children should be:
- ❑ Retained by the surviving spouse ***OR***
- ❑ Passed to the next listed alternate

2) Second Alternate Guardian(s) _____

Address _____

Relationship _____

Upon the **divorce** of jointly nominated guardians, guardianship of my children should be
- ❑ Retained by one spouse, _____(name spouse)

Upon the **death** of a jointly nominated guardian, the surviving spouse should retain guardianship of my children unless I have indicated otherwise in the "Other Information" section below.

VI. Trustee (Complete only if you have selected a trust for spouse or children)

Your Trustee is the person charged with the duty of protecting and managing any assets held in trust for your children and/or spouse. Accordingly, the Trustee should be a person or entity capable of providing a professional level of service. If you nominate Co-Trustees and one of them is unable to serve, the surviving Co-Trustee will automatically serve as the sole Trustee unless otherwise indicated in the "Other Information" section below.

1) Primary Trustee ❑ Assemblies of God Foundation (Default) ***OR*** _____

Address _____

Relationship _____

2) Alternate Trustee ❑ Assemblies of God Foundation (Default) ***OR*** _____

Address _____

Relationship _____

VII. Other Information

Are there any other circumstances, needs, or concerns that might impact your estate plan that should be taken into consideration in drafting your will?

_____

_____

_____

VIII. Summary of Assets & Liabilities (required)

Assets:	Applicant	Spouse	Joint/Community Property
A. Cash and Bank Accounts	$_____	$_____	$_____
B. Notes, Accounts Receivable	$_____	$_____	$_____
C. Stocks, Bonds, and Mutual Funds	$_____	$_____	$_____
D. Closely-held Business Interests (C-Corp, S-Corp, Partnerships, Sole Proprietorship, LLC Interests)	$_____	$_____	$_____
E. Real Estate (Personal residence, rental properties, etc.)	$_____	$_____	$_____
F. Cash Value of Life Insurance	$_____	$_____	$_____
G. Retirement Benefits [IRAs, 401(k), 403(b), Keogh, etc.]	$_____	$_____	$_____
H. Miscellaneous Property (e.g., tangible personal property, equipment, collections, furniture, vehicles, etc.)	$_____	$_____	$_____
TOTAL ASSETS	$_____	$_____	$_____
Liabilities:			
Real Estate Mortgages	$_____	$_____	$_____
Vehicle Loans	$_____	$_____	$_____
Credit Card Balances	$_____	$_____	$_____
Other Obligations	$_____	$_____	$_____
TOTAL LIABILITIES	$_____	$_____	$_____
Net Worth (Assets Less Liabilities)	$_____	$_____	$_____
Life Insurance Death Benefits	$_____	$_____	$_____

IX. Income Data (optional)

Please indicate your annual income and **all** sources that contribute to your income:

Applicant $_____ Spouse $_____ Joint $_____

Sources:
❑ Salaries ❑ Dividends ❑ Interest ❑ Net Rents
❑ Royalties ❑ Business Profits ❑ Trusts ❑ Other _____
❑ Disability ❑ Retirement ❑ Social Security