

YOUR PERSONAL PLANNING TOOLKIT

a planning guide for organizing your personal business arrangements

These planning tools are provided by:



THE MISSISSIPPI BAPTIST FOUNDATION

THE BAPTIST BUILDING • 515 MISSISSIPPI STREET, SUITE 203
P.O. BOX 530 • JACKSON, MS 39205-0530
(601) 292-3210 • FAX (601) 968-0904 • www.mbcf.org

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RECORD OF

AND

To provide guidance to our family, friends and loved ones, we have organized our personal business information and completed this planning guide. We have also reviewed this information on a regular basis to keep our arrangements in order and up-to-date.

Dates we have reviewed this Planning Guide

Date_____ Date_____ Date_____

Date_____ Date_____ Date_____

Date_____ Date_____ Date_____

Date_____ Date_____ Date_____

Date_____ Date_____ Date_____

“COMMIT TO THE LORD WHATEVER YOU DO,
AND YOUR PLANS WILL SUCCEED.”
PROVERBS 16:3 (NIV)

PERSONAL INFORMATION

My Name

Title: (Mr., Mrs., Miss, Dr., Rev.) _____

Address _____

City _____ ST ____ Zip _____

Telephone: Residence () _____ Business () _____

SSN _____

E-Mail Address _____

Date of Birth _____ Birthplace _____ Blood Type _____

Father's Name _____ DOB _____ DOD _____

Mother's maiden _____ DOB _____ DOD _____

◇ Single ◇ Married-Date _____ ◇ Widow(er)-Date _____

◇ Divorced-Date _____ ◇ Separated-Date _____

Former Spouse: Name _____ DOB _____

Children by that marriage _____

Spouse's Name

Title: (Mr., Mrs., Miss, Dr., Rev.) _____

Address _____

City _____ ST ____ Zip _____

Telephone: Residence () _____ Business () _____

SSN _____

E-Mail Address _____

Date of Birth _____ Birthplace _____ Blood Type _____

Father's Name _____ DOB _____ DOD _____

Mother's maiden _____ DOB _____ DOD _____

◇ Single ◇ Married-Date _____ ◇ Widow(er)-Date _____

◇ Divorced-Date _____ ◇ Separated-Date _____

Former Spouse: Name _____ DOB _____

Children by that marriage _____

PERSONAL AND FAMILY INFORMATION

a planning guide for organizing your personal business arrangements

This section of your planning guide is designed to help you and your loved ones as you organize information about your family. By recording necessary specifics now, you will have essential details about you and your children, grandchildren and great grandchildren whenever the need arises.

INFORMATION ON CHILDREN, GRANDCHILDREN, AND GREAT GRANDCHILDREN

Number of Children: _____ Deceased Children: _____

Number of Grandchildren: _____ Number of Great Grandchildren: _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

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Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

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Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____

• **Child** _____ **DOB** _____ **SSN** _____

Address _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

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Grandchild _____ DOB _____ SSN _____

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Address _____

Grandchild _____ DOB _____ SSN _____

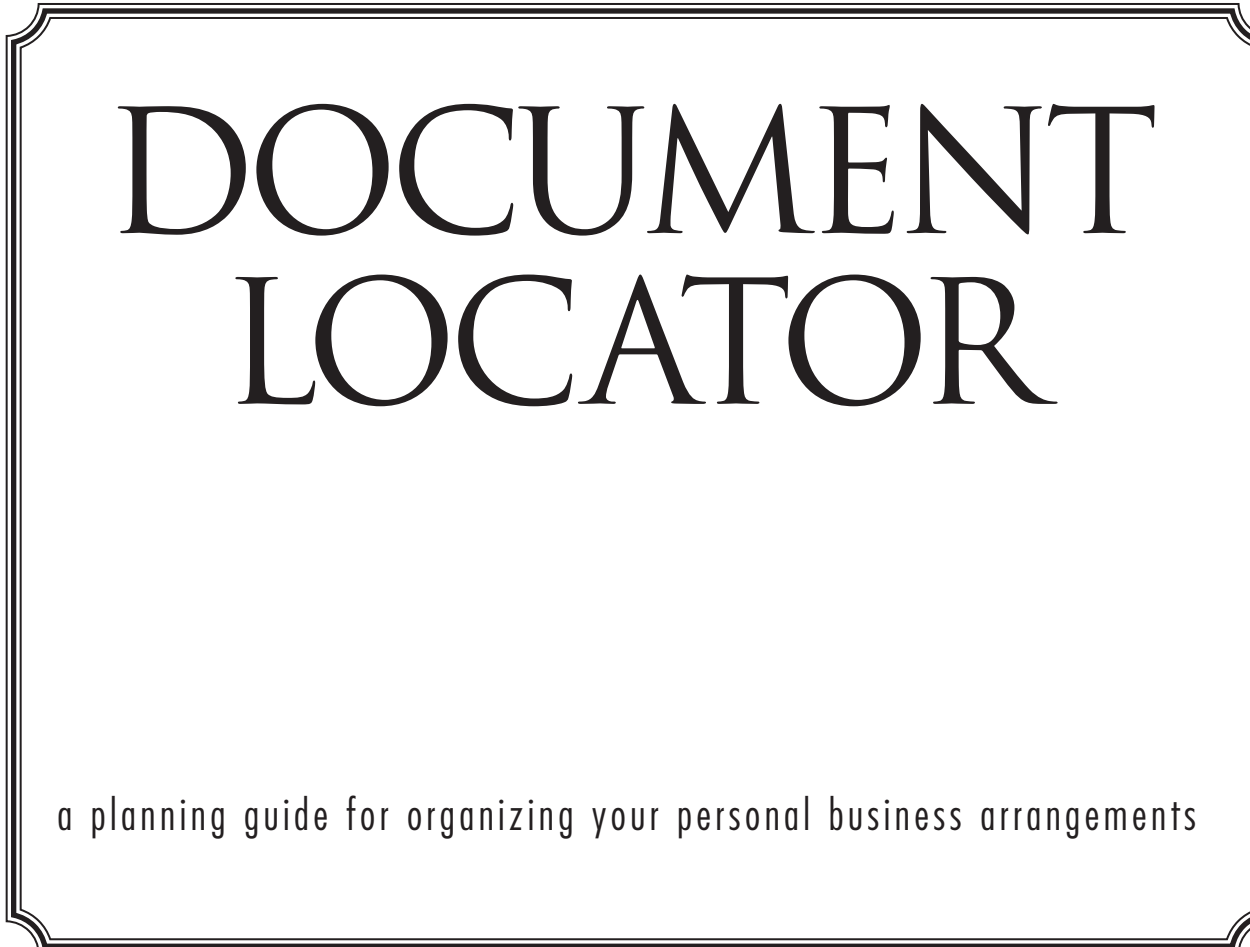
Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Great Grandchildren _____

Grandchild _____ DOB _____ SSN _____

Grandchild _____ DOB _____ SSN _____



We often take the basics of household business as being common knowledge. However, it is usually common knowledge only to those who live in your home. You will assist your loved ones immeasurably if your personal documents are in order and the location of this information is readily available.

LOCATION OF IMPORTANT DOCUMENTS

Current Will		
Living Will		
Powers of Attorney		
Trust Documents		
Insurance Policies:		
Life		
Health		
Home		
Other		
Birth Certificate		
Marriage License		
Military Records/VA Info.		
Social Security Card		
Tax Returns (3 Prior Years)		
Lease Agreements		
Deeds to Property		
Car Titles & Extra Keys*		
List of All Assets / Liabilities		
Valuables - Jewelry		
Valuables - Coins		
Stock Certificates		
Bond Information		
IRA & Retirement Info.		
Unpaid Bills		
Loan Documents		
Bank Account Numbers		
Credit Card Numbers		
Credit Card Statements		
Warranty Information		
Burial Instructions		
Funeral Home Information		
Organ Donor Information		
Cemetery Plot Deed		
Safe Deposit Box (Bank)		
Safe Deposit Box Key*		
Lock (Fire Proof) Box Key(s)*		

PERSONAL FINANCIAL AFFAIRS RECORD

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Your business arrangements can remain confidential until you no longer wish to manage your own affairs, but recording your property, assets, investments, etc., will provide your family with essential information when the need presents itself. Those who care for your estate will be grateful for your commendable organization. We have provided additional space for you to update this information periodically.

PERSONAL PROPERTY/VALUABLES INVENTORY
Furniture, Jewelry, Artwork, Collections, Appliances, etc.

Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

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Item Description _____

Serial # or Anti-theft # _____

Location _____

Original Cost \$ _____ Current Value \$ _____

I have named _____ in my will to receive this item.
(Name of person or institution)

REAL ESTATE INVENTORY

Address and/or Property Description

City _____ State _____ County _____

Original Cost \$ _____ Date Purchased _____

The property was assessed at this value \$ _____ on this date _____

Capital Improvements costing \$ _____ were made on this date _____

Description of Capital Improvements _____

Names on Deed/Title _____

Location of Deed/Title _____

Location of Insurance Information _____

Location of Tax Information (Due Dates & Amounts) _____

Mortgage Holder _____

Address _____

Phone _____ Mortgage Account # _____

Mortgage balance \$ _____ as of this date _____

Rate _____ Other Liens/Loans on this property _____

Association Dues \$ _____ Maintenance Fees _____

This property generates this much income \$ _____ weekly/monthly/yearly.

Other comments _____

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Address and/or Property Description

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Mortgage balance \$ _____ as of this date _____

Rate _____ Other Liens/Loans on this property _____

Association Dues \$ _____ Maintenance Fees _____

This property generates this much income \$ _____ weekly/monthly/yearly.

Other comments _____

VEHICLE INVENTORY

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owners Manual _____

Comments _____

MAKE _____ Model _____ Year _____ Color _____

Vehicle ID# _____ License # _____

Registration # _____

Insurance Carrier _____

Agent _____ Phone _____

Address _____

Account Number _____ Deductible _____

Warranties/Recalls _____

Location of of Extra Keys _____

Location of Title _____

Location of Owners Manual _____

Comments _____

VEHICLE INVENTORY

MAKE _____ Model _____ Year _____ Color _____
 Vehicle ID# _____ License # _____
 Registration # _____
 Insurance Carrier _____
 Agent _____ Phone _____
 Address _____
 Account Number _____ Deductible _____
 Warranties/Recalls _____
 Location of of Extra Keys _____
 Location of Title _____
 Location of Owners Manual _____
 Comments _____

MAKE _____ Model _____ Year _____ Color _____
 Vehicle ID# _____ License # _____
 Registration # _____
 Insurance Carrier _____
 Agent _____ Phone _____
 Address _____
 Account Number _____ Deductible _____
 Warranties/Recalls _____
 Location of of Extra Keys _____
 Location of Title _____
 Location of Owners Manual _____
 Comments _____

PROFESSIONAL ADVISORS

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This directory will provide needed names and contact information for you and your family as you organize your business affairs and keep the data up to date.

PROFESSIONAL ADVISORS DIRECTORY

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Physician _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Attorney _____ Phone _____

Address _____

Attorney _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

Accountant _____ Phone _____

Address _____

PROFESSIONAL ADVISORS DIRECTORY

Investment Counselor _____ Phone _____

Address _____

Financial Planner _____ Phone _____

Address _____

Insurance Agent _____ Phone _____

Address _____

Insurance Agent _____ Phone _____

Address _____

Insurance Agent _____ Phone _____

Address _____

Real Estate Agent _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

Other _____ Phone _____

Address _____

EMPLOYMENT RECORD

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a planning guide for organizing your personal business arrangements

If a question should arise regarding your employment or the status of your retirement, this record will supply the necessary dates and status of your work history.

My Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Information regarding my military service is located in _____

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Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
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Contact for Benefits: _____

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 Stock Options

Contact for Benefits: _____

Location of Proof of Benefits _____

Employer _____ Phone _____

Address _____

Employment Dates: From _____ To _____

Insurance: Major Medical Accident & Health Life Disability
 Pension or Deferred Compensation Plan Profit Sharing
 Stock Options

Contact for Benefits: _____

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Information regarding my military service is located in _____

FINAL ARRANGEMENTS

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By completing this section of your planning guide, you are alleviating a great deal of stress for your loved ones during a sad time in the life of your family. You are also making your specific wishes known so they may be carried out in a timely fashion.

There are pages for your wishes and the wishes of your spouse. We have also included "Helpful Reminders at the Time of Loss." You will find that many of these decisions may be made before a time of crisis occurs.

FINAL ARRANGEMENTS OF

Name _____

Pre-Funeral arrangements: ____ Yes ____ No

List Funeral Home and/or Church and Cemetery (name and address)

If person desires cremation:

◇ No Ashes to remain

◇ Instructions for ashes as follows _____

Grave Site Location _____

Organ Donor ____ Yes ____ No

If yes, list any special wishes or instructions _____

Type of Service ____ Christian ____ Military ____ Memorial service with no casket present

Funeral instructions ____ Closed casket ____ Open casket _____

Ministers _____

Soloists _____

Testimonials/Eulogies by _____

Favorite scripture passages/verses/quotes/poems:

Favorite hymns/songs _____

Favorite flowers _____

Contributions (instead of flowers being sent, I prefer to have donations made to the following)
Name _____ Address _____

Pallbearers (Names and Phone Numbers)

Honorary Pallbearers (Names and Phone Numbers)

Please contact these people for my funeral:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

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Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

HELPFUL REMINDERS AT THE TIME OF LOSS

The Lord Himself goes before you and will be with you; He will never leave you nor forsake you. Do not be afraid; do not be discouraged. Deuteronomy 31:8

Information you will need at the Funeral Home

***Vital Statistics of the Deceased**

His/her name, home address, and telephone number

How long they have lived at their current address

His/her occupation, workplace address and telephone number

Social Security Number and Armed Services Number (if applicable)

Date and Place of Birth

Father's name and birthplace and Mother's maiden name and birthplace

***Important Documents of the Deceased**

Current Will

Birth Certificate

Marriage License

Military Discharge Papers

Insurance Policies

Burial Policy and/or Burial Property Certificate

Prearranged Funeral Documentation

Sample obituary (or vital statistics for obituary) for the Newspaper (if desired)

Photograph for Newspaper (if desired)

Who to Notify upon Death

Funeral Home and Cemetery

Clergy/Church

Family Members and Close Friends

Employer(s)

Pallbearers

Insurance Agents

Attorney, Accountant and Executor of Estate

Social Security Office

Organizations/Clubs (religious, fraternal, civic, etc.)

Decisions to be Made Immediately upon Death

*Meeting with Funeral Director and Clergy

*Burial site location and space to use

*Location of funeral/memorial service

*Tombstone type and inscription

*Type of casket/vault or crypt

*Clothing for the deceased

*Type of religious, fraternal or military service

*Clergy selection/Eulogy

*Scripture to be read/Music to be sung and/or played

*Charitable organization to receive donations

*Funeral Home Visitation times

*Type of flowers and/or donation designations

*Funeral Limousine list (if applicable)

*Vital Statistics for Newspaper Obituary/Choose which Newspaper

*Special wishes included in the Will

*Names of Pallbearers/Honorary Pallbearers

*Name of Funeral Director in charge of service

*Order enough copies of Death Certificate – (Funeral Home, Social Security, Life Insurance Companies, Financial Institutions, etc.)

Preparation at Home to Greet Family and Friends

Designated people to stay in home during funeral service

Answering Phone Calls, Letters and Wires of Condolence

Maintain List of Callers, Food, Flower Tributes and Donations

Arrangements for out-of-town attendees (transportation, lodging)

Caring for minor children

Bills to be Paid

Family burial space

Funeral Services/Memorials/Interment Services/Limousines and Hearse

Clergy/Musicians/Florist

Clothing for the deceased

Hospital and Ambulance/Doctors and Pharmacy

What to Take with You to the Social Security Office

Social Security Card/Birth Certificate/Death Certificate of Deceased

Birth Certificate and Social Security Card for each child under 18

(or those under 22 attending college).

Marriage Certificate

Surviving Spouse's Birth Certificate and Social Security Card

MINISTERING THROUGH YOUR WILL

When planning your Will, it is easy to overlook the one asset that provides true wealth: the Good News of eternal life through faith and trust in Jesus Christ.

A Christian Preamble to your Will can provide an opportunity for you to minister to your family and friends, providing them comfort, assurance, and encouragement during a time of loss. It also provides a strong witness to those who may not have accepted Christ as their personal savior.

Please prayerfully consider adding the sample preamble below to your Will or use it as a guide for adding your own personal statement of faith to your Will.

Sample Text

I, [NAME], a citizen and resident of [CITY], Mississippi, being of sound mind and wishing to dispose of my property in case of my death, do hereby make and ordain this my last Will and Testament, revoking all wills and codicils heretofore made by me.

First, secure in the fact that my eternal salvation was purchased for me through the suffering, death, and shed blood of Jesus Christ my Savior, and that through His resurrection death was conquered, I commit myself to the loving care of the Heavenly Father. I leave those who survive me with the comfort of knowing that I have died in this faith and have joined my Lord in eternal glory.

Second, I commend my loved ones to rely on God for their guidance and protection, confident that He will continue to provide for them despite my absence from this earth. I encourage them not to rely on the material things and riches of this world, which can provide satisfaction only for a season. Instead I urge them to place their faith and trust in Jesus Christ alone which provides both eternal life in Heaven and abundant life on earth.

[BODY OF THE WILL]

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BAPTIST MINISTRIES YOUR GIFTS MAY BENEFIT

- Your Local Church and/or activities of your church
- Mississippi Baptist Foundation, Jackson
- Mississippi Baptist Associations
- Mississippi Baptist Convention

Cooperative Program
 Baptist Student Unions
 Baptist Children's Village
 Blue Mountain College
 Mississippi College
 William Carey University

- Southern Baptist Convention

Annuity Board, Dallas, Texas
 Christian Life Commission, Nashville, Tennessee
 Education Commission, Nashville, Tennessee
 North American Mission Board, Atlanta, Georgia
 International Mission Board, Richmond, Virginia
 Historical Commission, Nashville, Tennessee
 Stewardship Commission, Nashville, Tennessee
 Southern Baptist Foundation, Nashville, Tennessee
 Sunday School Board, Nashville, Tennessee
 Woman's Missionary Union, Birmingham, Alabama
 Golden Gate Baptist Theological Seminary, Mill Valley, California
 Midwestern Baptist Theological Seminary, Kansas City, Missouri
 New Orleans Baptist Theological Seminary, New Orleans, Louisiana
 Southeastern Baptist Theological Seminary, Wake Forest, N. Carolina
 Southern Baptist Theological Seminary, Louisville, Kentucky
 Southwestern Baptist Theological Seminary, Forth Worth, Texas

Note: This partial list represents causes that are directly related to Mississippi Baptist life.

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ENDOWMENTS THROUGH THE MISSISSIPPI BAPTIST FOUNDATION

The Foundation works with individuals who desire to make a gift, generally an endowment or a life income gift, to any Mississippi Baptist or Southern Baptist cause or mission. The Foundation provides information to prospective donors and their advisors and often serves as Trustee of the resulting gift. Life income gifts include the Gift Annuity, Charitable Remainder Trust, Pooled Income Fund, and Charitable Lead Trust.

Gift Annuity – a Gift Annuity is a contract in which you irrevocably exchange a gift of cash or securities for a guaranteed, fixed income each year for the rest of your life. At your death the funds remaining in the account go to the Baptist cause you specified. Each charitable organization sets its own gift annuity rates, however the rates are generally based on rates published by the American Council of Gift Annuities.

Charitable Remainder Trusts – a Charitable Remainder Trust is a trust in which you irrevocably place cash, securities or other property, but keep a specified income for life or for a term of years. When the trust ends, the assets remaining in the account go to the Baptist cause or causes you specified. There are two types of Charitable Remainder trust the Annuity Trust and the Unitrust.

Pooled Income Fund – the Pooled Income Fund accepts gifts from many donors, “pools” those funds together for investment purposes, and distributes quarterly the Fund’s earned income on a proportional basis to all participants. When the last named income beneficiary of a gift dies that portion of the Fund principal associated with the gift is distributed to the Baptist cause you specified.

Investment Options

The Mississippi Baptist Foundation provides money management services for Mississippi Baptist churches, institutions, and agencies, as well as for its own accounts. The Foundation investment services are more fully described below.

- * MBF Equity Fund, a growth stock fund, is designed for capital appreciation with little emphasis on income. The Fund is invested in stock offerings of U.S. and international corporations by four outside professional money managers.
- * MBF Fixed Income Fund, a bond fund, is designed to provide income, with little attention given to capital appreciation. The Fund is invested in U.S. government securities and corporate bonds by two outside professional money managers.
- * MBF Short Term Cash Fund, a money market type fund, is designed to out-perform the current yields from six and twelve month certificate of deposits, as well as the 91-day Treasury bill rate. The Short-Term Cash Fund matches a competitive rate of return with full liquidity. The Fund is managed by the Southern Baptist Foundation.
- * MBF General Endowment Fund is designed to meet the long term investment objectives of perpetual endowment accounts. The Endowment Fund seeks to provide income while guarding against the effects of inflation. The Endowment Fund is invested in a preset allocation between stocks and bonds, which is currently 30% in the MBF Equity Fund and 70% in the MBF Fixed Income Fund.

If the Mississippi Baptist Foundation can assist you in any way with the items listed above, please give us a call.

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