

GIFT PLANNING SERVICES

Stewards of Thy Abundance



"I came that they might have life, and have it Abundantly."

JOHN 10:10

Advanced Health Care Directive /4
Planning Your Funeral Service /12
Preparing to Write Your Will or Living Trust /18
Family Financial Information /23



**Episcopal Diocese
of Hawai'i**



Bishop's

Legacy Circle

Greetings from Bishop Fitzpatrick



Dear Friends in Christ:

Today's gifts are important because they enable us to grow in our faith and reach out to others. Tomorrow's gifts are equally important because they allow for the future ministry of our Church. Through God's grace and your generosity, our churches and agencies in this Diocese will be in a strong position to bring the message of hope in Jesus Christ to the people of Hawai'i, the United States and the world well into the 21st century.

Legacy stewardship is the key to funding future mission and ministry throughout our Diocese. As you make or update your end-of-life plans, using this booklet as a guide, we urge you to also consider remembering our Diocese, your congregation or other Episcopal ministries in your will or estate plan.

To honor those who make such provisions for the future of our churches, institutions and other ministries, we have formed the Bishop's Legacy Circle.

In appreciation of your generosity, we will hold a gathering each year to recognize those who support the ministry of the Church in this Diocese. Beatrice and I will personally thank you at a reception in our home for the first annual celebration of the Bishop's Legacy Circle.

Yours in Christ,

Robert L. Fitzpatrick
Fifth Bishop of Hawai'i

So, You Haven't Made a Will or Living Trust?

Join the crowd! In any given year, up to 70% of Americans die without a will or living trust. Nevertheless, you do have a will: the state wrote it for you years ago, but you may not what it says or how it divides your possessions!

Writing a will or living trust is essential if you want to control what happens to your family and our possessions after death. Appointing trustees and personal representatives (executors), naming guardians for young children and deciding how you would like your worldly goods distributed will give you peace of mind and relieve your loved ones of the burden of those decisions.

In the Episcopal Church we believe that your estate plan should reflect your values. That is why we suggest you consider the following three sections in the order presented.

- “The Advance Health-Care Directive” appoints your designated agent to make health care decisions, and gives instructions for how you would like to be treated if you are incapacitated.
- “Planning Your Funeral” We suggest you design your funeral service before making your will or living trust. The funeral can then be a reflection of your life, a message to loved ones about your value and what was important to you.
- “Writing Your Will or Living Trust” Once you have clarified your values through writing your funeral service, then write or amend your will or living trust so that it reflects those values.

Possessions and how we use them have a way of defining who we are. We hope this material will help you make important decisions to guide your friends and loved ones so they will know who you were and what was important to you.

Information collected in this booklet entered by:

Name (please print)

Street Address, PO Box, and/or Apartment #

City/State/Zip Code

Signature

Date

1st Revision date: _____

2nd Revision date: _____

like *“The minister of the congregations is directed to instruct the people, from time to time, about the duty of Christian parents to make prudent provision for the well-being of their families, and of all persons to make wills, while they are in health, arranging for the disposal of their temporal goods, not neglecting if they are able, to leave bequests for religious and charitable uses.”*

THE BOOK OF COMMON PRAYER PAGE 445

Witness

Name (please print)

Street Address, PO Box, and/or Apartment #

City/State/Zip Code

Signature

Date

Signature & Date: _____

Signature & Date: _____

This brochure is purely informational. The Episcopal Diocese of Hawai'i is not engaged in offering legal or medical advice. We urge you to consult your own financial planner, attorney and/or health care provider for those issues specific to your situation.

Advance Health-Care Directive

(Hawai‘i Revised Statutes Chapter 327E)

You have the right to give instructions about your own health care. You also have the right to name someone else to make health-care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding the designation of your health care provider. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. It enables you to designate another individual to make health-care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. If you make such a designation, you create a principal-agent relationship. You may name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. Unless related to you, your agent may not be an owner, operator, or employee of a health-care institution where you are receiving care. As the principal, you may revoke the designation of an agent, but, only by (i) a signed writing or (ii) personally informing your supervising health-care provider.

Unless the form you sign limits the authority of your agent, your agent will have the authority to make all health-care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all health-care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition;
- (b) Select or discharge health-care providers and institutions;
- (c) Approve or disapprove diagnostic tests, surgical procedures, programs of medication, and orders not to resuscitate; and
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care.

In the absence of an agent, or if the agent is not reasonably available, a Surrogate may be appointed to make health-care decisions for you if you are not capable to make a designation. The appointment of a Surrogate may be made by a “consensus of interested persons”. If any of the interested persons disagrees with the selection or the decision of the Surrogate, or, if after reasonable efforts the interested persons are unable to reach a consensus as to who should act, then any of the interested persons may seek the appointment of guardian by initiating guardianship proceedings. You may designate or disqualify any individual to act as a Surrogate by personally informing your supervising health-care provider.

Part 2 of this form enables you to give specific instructions about any aspect of your health care. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, including the provision of artificial nutrition and hydration, as well as the provision of pain relief medication. Space is provided for you to add to the choices you have made or for you to write out any additional wishes.

Part 3 of this form enables you to give specific instructions with regard to the donation of organs at death. If you determine that you would like to be an organ donor and you have a driver's license, please inform the Department of Motor Vehicle when you renew your driver's license so that they may make the appropriate notation on your license.

Part 4 of this form enables you to designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end and have the form witnessed by one of the two alternative methods listed below. Give a copy of the signed and completed form to your physician, to any other health-care providers you may have, to any health-care institution at which you are receiving care, and to any health-care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health-care directive or replace this form at any time.

ADVANCE HEALTH-CARE DIRECTIVE

OF

PART 1

DURABLE POWER OF ATTORNEY FOR HEALTH-CARE DECISIONS

(1) DESIGNATION OF AGENT: I designate the following individual as my agent to make health-care decisions for me:

(name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

OPTIONAL: If I revoke my agent's authority or if my agent is not willing, able, or reasonably available to make a health-care decision for me, I designate as my first alternate agent:

(name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

OPTIONAL: If I revoke the authority of my agent and first alternate agent or if neither is willing, able, or reasonably available to make a health-care decision for me, I designate as my second alternate agent:

(name of individual you choose as agent)

(address) (city) (state) (zip code)

(home phone) (work phone)

(2) AGENT'S AUTHORITY: My agent is authorized to make all health-care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration, and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed)

(3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health-care decisions unless I mark the following box. If I initial this box , my agent's authority to make health-care decisions for me takes effect immediately.

(4) AGENT'S OBLIGATION: My agent shall make health-care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health-care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(5) NOMINATION OF GUARDIAN: If a guardian of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able, or reasonably available to act as guardian, I nominate the alternate agents whom I have named, in the order designated.

PART 2 INSTRUCTIONS FOR HEALTH CARE

If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out this part of the form. If you do fill out this part of the form, you may strike any wording you do not want.

(6) END-OF-LIFE DECISIONS: I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: (Initial only one box.)

(a) Choice Not To Prolong Life
I do not want my life to be prolonged if (i) I have an incurable and irreversible condition that will result in my death within a relatively short time, (ii) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or (iii) the likely risks and burdens of treatment would outweigh the expected benefits, OR

(b) Choice To Prolong Life
I want my life to be prolonged as long as possible within the limits of generally accepted health-care standards.

(7) **ARTIFICIAL NUTRITION AND HYDRATION:** Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in paragraph (6) unless I mark the following box. If I initial this box , artificial nutrition and hydration must be provided regardless of my condition and regardless of the choice I have made in paragraph (6).

(8) **RELIEF FROM PAIN:** If I initial this box , I direct that treatment to alleviate pain or discomfort should be provided to me even if it hastens my death.

(9) **OTHER WISHES:** (If you do not agree with any of the optional choices above and wish to write your own, or if you wish to add to the instructions you have given above, you may do so here.) I direct that:

(Add additional sheets if needed)

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(10) Upon my death: (Initial applicable box or boxes)

- (a) I give any needed organs, tissues, or parts, OR
- (b) I give the following organs, tissues, or parts only: _____
- (c) My gift is for the following purposes (cross out and initial any of the following you do not want):
- | | | |
|-------|------------|--------------------------|
| (i) | Transplant | <input type="checkbox"/> |
| (ii) | Therapy | <input type="checkbox"/> |
| (iii) | Research | <input type="checkbox"/> |
| (iv) | Education | <input type="checkbox"/> |

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(11) I designate the following physician as my primary physician:

_____ (name of physician)

_____ (address) (city) (state) (zip code)

_____ (phone)

OPTIONAL: If the physician I have designated above is not willing, able, or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

_____ (name of physician)

_____ (address) (city) (state) (zip code)

_____ (phone)

(12) EFFECT OF COPY: A copy of this form has the same effect as the original.

(13) SIGNATURE: Sign and date the form here:

_____ (date)

_____ (sign your name)

_____ (address)

_____ (print your name)

_____ (city) (state) (zip)

(14) WITNESSES: This power of attorney will not be valid for making health-care decisions unless it is either (a) signed by two qualified adult witnesses who are personally known to you and who are present when you sign or acknowledge your signature; or (b) acknowledged before a notary public.

ALTERNATIVE NO. 1

Witness

I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

_____	_____
(date)	(signature of witness)
_____	_____
(address)	(print name of witness)
_____	_____
(city) (state) (zip)	

Witness

I declare under penalty of false swearing pursuant to section 710-1062, Hawaii Revised Statutes, that the principal is personally known to me, that the principal signed or acknowledged this power of attorney in my presence, that the principal appears to be of sound mind and under no duress, fraud, or undue influence, that I am not the person appointed as agent by this document, and that I am not a health-care provider, nor an employee of a health-care provider or facility. I am not related to the principal by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the estate of the principal upon the death of the principal under a will now existing or by operation of law.

_____	_____
(date)	(signature of witness)
_____	_____
(address)	(print name of witness)
_____	_____
(city) (state) (zip)	

Planning Your Funeral Service

A WAY TO EXPRESS YOUR VALUES

The Christian faith calls us to witness, even in death, the new life that God gives in Christ through his death and resurrection.

We have prepared this booklet to help you and your family prepare in advance. It will enable your family and the parish clergy to understand your wishes and preferences. The clergy will help plan the service and will stand ready to assist in any way.

“I am the resurrection and the life saith the Lord, he that believeth in me, though he were dead, yet shall he live, and whoever liveth and believeth in me shall not die.”

John 11:25

Christian burial is marked by three characteristics. First and foremost, it is an act of worship wherein we glorify God for the gifts of eternal life in Jesus Christ, our Lord. Second, it is a time when members of the Body of Christ gather to comfort one another and to offer mutual assurance of God’s abiding love. Third, it is a liturgy of celebration whereby we give thanks for a deceased loved one and commend that person to the care of Almighty God.

The earliest record of Christian burial tell us that the following elements were included:

- Prayer in the home before the burial
- A gathering of the community for a burial service, consisting of thanksgivings, psalms, hymns readings from Scripture and prayers for the departed and those who mourn
- Celebration of the Holy Eucharist
- A procession of lights and torches to the place of burial
- The interment of the remains

As part of the preparation of Christian burial, it is suggested that you talk with your clergy. It is also of great benefit to read about the service in The Book of Common Prayer (BCP, 468-507). The rubrics on these pages are of particular interest. It is also recommended that people familiarize themselves with the prayers for “Ministration at the Time of Death” (BCP, 462-467).

My Funeral Instructions

Final directions and instructions upon the death of

(Full Name) (Date)

File this information where it will be found easily upon your death. It is suggested that you file this with your local church or your attorney and notify your heirs that this form has been completed for their information.

(Full Name) (Spouse's Full Name)

(Street Address, PO Box, and/or Apartment #) (Street Address, PO Box, and/or Apartment #)

(City/State/Zip Code) (City/State/Zip Code)

(Date of Birth) (Date of Birth)

(Place of Birth) (Place of Birth)

(Date of Baptism) (Date of Baptism)

(Father's Full Name)

(Date/Place of Birth) Living: Yes; No

(Mother's Full Name)

(Date/Place of Birth) Living: Yes; No

(Occupation)

(Employer)

(Social Security Number)

(Date of last executed Will or Living Trust)

(Location of Will or Living Trust)

(Personal Representative's name and address)

Names, addresses, and telephone numbers of living brothers and sisters:

(Full Name) (Street Address, PO Box and/or Apartment #) (City/State/Zip Code) (Phone Number)

Names, address, and telephone numbers of persons to notify upon my death:

Attach additional pages if necessary.

(Full Name) (Street Address, PO Box and/or Apartment #) (City/State/Zip Code) (Phone Number)

My Burial Instructions

(Full Name – please print)

(Street Address, PO Box, and/or Apartment #)

(City/State/Zip Code)

The Episcopal tradition is that church members are normally buried by the church. The Prayer Book indicates the body is to present, although a memorial service without the body may be held. The coffin is closed and is always covered by a pall, which the church will provide.

1. I request that my service be conducted at _____

(Name, City and State of Church)

or at _____

The rector or clergy of said congregation shall be in charge of the service.

2. The Burial of the Dead (the funeral service) is a series of psalms, lessons, prayers. Holy Communion with special propers (i.e., Collect, Epistle, and Gospel) may be included.

I request (check one):

The Burial of the Dead with Holy Communion (body or urn present)

Rite I (BCP, page 469)

Rite I (BCP page 323)

Rite II (BCP, page 491)

Rite II (BCP, page 355)

The Burial of the Dead (body or urn present)

Rite I (BCP, page 469)

Rite II (BCP, page 491)

A Memorial Service (body or urn not present)

3. Other arrangements as follows: (Contact parish secretary)

(Alter flowers)

(Musicians)

(Ushers)

(Pall bearers)

(Speakers [if desired])

4. I request that the following Scriptures be read:

Old Testament (choose one)

- Isaiah 25:6-9 (He will swallow up death in victory)
- Isaiah 61:1-3 (To comfort all that mourn)
- Lamentations 3:22-26, 31-33 (The Lord is good unto them that wait for him)
- Wisdom 3:1-5, 9 (The souls of the righteous are in the hand of God)
- Job 19:21-27 (I know that my Redeemer liveth)

Psalms: 42; 46; 90; 121; 130; 139

New Testament (choose one)

- Romans 8:14-19, 34-35, 37-39, (The glory that shall be revealed)
- 1 Corinthians 15:20-26, 35-38, 42-44, 53-58 (Raised in incorruption)
- 2 Corinthians 4:16-5:9 (Things which are not seen are eternal)
- 1 John 3:1-2 (We shall be like him)
- Revelations 7:9-17 (God shall wipe away all tears)
- Revelations 21:2-7 (behold, I make all things new)

Psalms: 23; 27 106; 116

Gospel (must be included if Holy Communion is celebrated)

- John 5:24-27 (He that believeth hath everlasting life)
- John 6:37-40 (All that the Father giveth me shall come to me)
- John 10:11-16 (I am the good shepherd)
- John 11:21-27 (I am the resurrection and the life)
- John 14:1-6 (In my Father's house are many mansions)

Other Scripture _____

5. I request that the following hymns be sung _____

Music should be confident and strong, expressing the hope and faith that Christians affirm in the presence of death. The congregation should participate fully by praying, singing the hymns, and joining the responses. Easter hymns are especially appropriate. The Easter hymns are (#174-213) in the 1982 Hymnal. Also suggested are the hymns for Holy Communion (#300-347), the burial (#354-358), and #287, 376, 410, 556, 613-625, 637, 671, 680, and 688.

6. I prefer to be: Buried – location of cemetery plot deed, crypt deed, columbarium contract

Coffin specifications: Least expensive; Mid-range; Elaborate

Cremated: Before Funeral; After Funeral

Ashes may be placed in _____. (These niches may be purchased in advance.) Please contact your parish secretary.

Donate entire body or certain organs: (See donation of Organs at Death – page 4)

- Arrangements have been made
- Please make appropriate arrangements

Comments _____

Place of interment _____

Full address _____

7. I prefer the following funeral home: _____,
However, my family or attorney may make this decision.

- I do; I do not wish to have my coffin open at the funeral home.

In lieu of flowers, I request that donations be made in my name to:

or for [SPECIFY]:

or to:

(Name of Institution or Charity)

(Full Address)

Please return to: Parish Secretary

(Name of church)

(Address)

(Telephone)

8. Other information for my survivors:

Signature _____ Date _____

Be sure to keep a copy of your completed form for your own records.

Preparing to Write Your Will or Trust

AN ESTATE PLAN THAT REFLECTS YOUR VALUES

Writing a will or living trust is a loving and responsible act for the sake of your family. Here are a few helpful suggestions on how to prepare to write your will.

BEFORE SEEING AN ATTORNEY

- Make a list of everyone for whom you are responsible.
- List everyone that you would like to remember in your will or living trust.
- List all of your material assets.
- After subtracting your debts, match the names with the assets or consider giving a portion of your total estate to each individual. Take care of your family first. This is also the time to consider special friends and your church.
- Consider establishing a living trust if your estate is large enough. Your legal advisor can help you make this decision.
- Ask your chosen estate personal representative if they are willing to serve.
- Consult with the people you select as guardians of your children (where minor children are involved).
- Talk with your priest to explore the ministries of the church that could best be funded with a gift from your will or living trust.

BEQUEST CAN TAKE SEVERAL FORMS

- An outright monetary bequest.
- A percentage of an estate.
- A specific asset, such a personal or real property.
- A trust created in a will.

“Do not neglect to do good and to share what you have, for such sacrifices are pleasing to God.”

Hebrews 13:16

- A contingent beneficiary, i.e., the church receives the assets if there are no surviving beneficiaries.

Note: A bequest to the church is deductible from the value of your estate for tax purposes.

AFTER MAKING YOUR WILL OR LIVING TRUST

- Make sure someone knows where your will or living trust is located.
- Do not place funeral instructions in a safe deposit box. Generally, services will be over by the time your personal representative checks your bank box. Instead, leave a copy of your funeral plans and wishes with your priest and a member of your family.
- Review your estate plan from time to time with your legal advisor. Laws, assets, and personal interests often change over time.

Preparing to write a will or living trust is an act of love for your family and friends, a way of easing the pain of loss that follows death. It is also your final legacy

INCLUDING A CHRISTIAN PREAMBLE

A Christian preamble to your will provides a significant opportunity to share your faith with family and friends. Through this personal statement of your faith, an important message will be delivered to those who love and know you best. This message of faith comes at a time of grief and loss and serves as a reminder to them to place their trust in Jesus Christ as you have. Remember, this may be the last document they read about you, their loved one.

As you, together with your attorney, prepare your Will/Estate plan, give prayerful consideration to adding a Christian preamble such as:

I _____

of the City of _____

County of _____

and State of _____

being of sound mind and memory and being under no restraint, do make, declare and publish this my last will and testament, hereby revoking all wills and codicils heretofore made by me.

In thanksgiving to God for the gifts of life given in baptism, and for the many blessings God has showered upon me, and in thanksgiving to God for the gifts of faith and hope through Jesus Christ, and in thanksgiving to God for the gifts of nurture and love through the Church where we have shared faith, and fellowship, I now commend my loved ones to grow in this same faith, being true to their own baptisms, knowing that God will continue to provide for them in their lifetimes,; I encourage them to place their faith and trust in our Lord and Savior.

I know therefore.....

[The particulars of the will would follow, leaving gifts to family and friends, but also an articulation of the gifts you might leave to the various ministries of the Church].

You may also want to use the following language for your gifts to support various ministries of the Church.

I faithfully respond with a decision to establish the [insert the name of the fund, such as your own] Memorial Endowment Fund.

The fund is an expression of my thanksgiving and stewardship with the hope that the

ministries of Jesus Christ will be strengthened and extended in the life of the Church.

The fund assets are to be invested and reinvested in perpetuity by the Endowment Fund of the Church according to the prevailing policies for endowment management. The periodic distribution of the fund is to be used to support ministry(ies) in the following manner.

[Here you would stipulate which ministry(ies) would receive an annual gift from your Memorial Endowment Fund.]

Your attorney may also need the following official language for gifts

SAMPLE FORMS OF BEQUEST

Specific Amount:

I, _____, hereby give, devise, and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, Zip, the sum of \$XX,XXX to be used at their discretion to assist in the ministries of the Church.

Percentage Amount

I, _____, hereby give devised and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, Zip Code, XX% of the rest, residue, and remainder of my estate, to be used at their discretion to assist in the ministries of the Church.

Contingency Bequest

In the event the beneficiaries of bequests and devises herein predecease me, or, in the case of institutions, cease to be organizations described in Section 501(c)(3) of the Internal Revenue Code, I

_____, hereby give devise, and bequeath to the Rector, Wardens, and Vestry of Your Church, 123 Main Street, Anywhere, My State, the rest residue and remainder of my estate, to be used at their discretion to assist in the ministries of the Church

Information Needed For Making Your Will or Living Trust

PERSONAL INFORMATION

(Full Legal Name)

(Social Security Number)

(Street Address, PO Box, and/or Apartment #)

(Email Address)

(City) (State) (Zip Code)

(Armed Forces Date of Service)

(County)

(Discharge Certificate Location)

(Date of Birth)

(Serial Number)

Marital Status: Single; Married; Reciprocal Beneficiary; Divorced; Remarried; Separated;
 Widowed

1. Do you have a Will or Living Trust? Yes; No (If no, go to Family Information)

2. Since making your last Will or Living Trust, have you:

Moved to another state? Yes; No

Sold or bought property? Yes; No

Celebrated the birth of a child or grandchild? Yes; No

Changed your marital status? Yes; No

Changed your mind about your personal representative (executor)? Yes; No

Changed your mind about the guardian for your child? Yes; No

Done family financial and charitable gift planning? Yes; No

If the answer is yes to any of the above, your Will or Living Trust may need to be updated. Complete the following questions, then consult with your attorney.

FAMILY INFORMATION

_____	_____
(Full Legal Name of Spouse or Reciprocal Beneficiary)	(Date of Birth)
_____	_____
(Street Address, PO Box and/or Apartment Number)	(Social Security Number)
_____	_____
(City) (State) (Zip Code)	(Email Address)

(County)	

1. Does your spouse or reciprocal beneficiary have a Will or Living Trust? Yes; No

2. Children (List your children including those legally adopted)

(Full Name)	(Street Address)	City/State/ZipCode	(Date of Birth)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Other Dependents

4. Other Loved Ones

5. Person(s) to be the Guardian(s) of My Child(ren)

_____	_____
(Name)	(Name)
_____	_____
(Telephone)	(Telephone)
_____	_____
(Street Address, PO Box, and/or Apartment Number)	(Street Address, PO Box, and/or Apartment Number)
_____	_____
(City) (State) (Zip Code)	(City) (State) (Zip Code)

6. Personal Representative (Person(s) who will administer my estate.)

_____	_____
(Name)	(Name)
_____	_____
(Telephone)	(Telephone)
_____	_____
(Street Address, PO Box, and /or Apartment Number)	(Street Address, PO Box, and/or Apartment Number)
_____	_____
(City) (State) (Zip Code)	(City) (State) (Zip Code)

7. Location of My Records

(Will)

(Living Trust)

(Birth Certificate)

(Social Security Card)

(Tax Records)

(Safe-Deposit Box and Key)

(Insurance Policies)

(Durable Power of Attorney)

(Advance Health-Care Directive)

(Funeral Directions)

8. Beneficiary Information (Persons, Parish/Mission, or charitable associations you wish to thank for being part of your life.)

(Name)

(Name)

(Name)

(Residual Beneficiary - The final or residual beneficiary receives what is left over after all other bequests have been paid according to your Will or Living Trust. Please consider naming your Parish/Mission as a residual beneficiary,)

FINANCIAL INFORMATION

1. Present Annual Income

Salary	\$ _____
Investment Income	\$ _____
Other	\$ _____
TOTAL	\$ _____

2. Property (Real Estate)

(Description and Location)	(Original Cost)	(Present Market Value)	(Amount of Mortgage)
1. _____			
2. _____			
3. _____			

3. Notes and Mortgages

(Name of debtor)	(Description)	(Amount)	(Interest Rate)	(Rate of Payment)
1. _____				
2. _____				
3. _____				

4. Leases

- _____
- _____
- _____

5. Bank Accounts/Savings Institution Accounts/Other Income-Producing Accounts

(Name of Institution)	(Type)	(Account Number)
1. _____		
2. _____		
3. _____		

6. Stocks

(Corporation) (# of Shares) (Original Cost) (Market Value)

- 1. _____
- 2. _____
- 3. _____

7. Insurance Policies

(Company) (Policy #) (Face Value) (Cash Value)

- 1. _____
- 2. _____
- 3. _____

8. Other Assets

(Description) (Location) (Cost) (Present Value)

- 1. _____
- 2. _____
- 3. _____

9. Notes

PLANNING FOR THE FUTURE

1. Monthly Expenses

Mortgage/Rental	\$ _____	Clothing and personal care	\$ _____
Insurance	\$ _____	Education	\$ _____
Utilities	\$ _____	Pledge and charitable gifts	\$ _____
Taxes	\$ _____	Birthdays/Holidays/Allowances	\$ _____
House expenses and repairs	\$ _____	Medical and Dental	\$ _____
Auto expenses	\$ _____	Vacation and Recreation	\$ _____
		Other	\$ _____

Notes _____

2. Projected Retirement Income

	Estimate Amount	Continues to Spouse		
		Yes	No	Half
Social Security	\$ _____	_____	_____	_____
Pension Plans	\$ _____	_____	_____	_____
Stock Dividends	\$ _____	_____	_____	_____
Gift Annuities	\$ _____	_____	_____	_____
Pooled Income Fund	\$ _____	_____	_____	_____
Mortgages	\$ _____	_____	_____	_____
Royalties	\$ _____	_____	_____	_____
Other (describe below)	\$ _____	_____	_____	_____
Total	\$ _____	_____	_____	_____

Other _____

3. Advisors

	Name	(Full Address)
Accountant	_____	_____
Attorney	_____	_____
Banker	_____	_____
Banker	_____	_____
Broker	_____	_____
Insurance Agent	_____	_____
Priest	_____	_____
Trust Officer	_____	_____

Stewards of Thy Abundance



"I came that they might have life, and have it Abundantly."

JOHN 10:10

Privacy Notice

The Episcopal Diocese of Hawai'i is committed to full legal compliance with respect to protecting the privacy of the information that you have entrusted to us. We collect nonpublic personal, financial and statistical information about you from the following sources:

- Application/other forms you complete and give to us
- Transactions you make with us, our agents and sub-agent
- Consumer reporting agencies

We do not disclose and nonpublic, personal, financial information about you to anyone, except as required by law. We restrict access to nonpublic, personal, financial information about you to those employees who need to know that information in order to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.



Episcopal Diocese of Hawai'i

Contact:

Peter Pereira
Treasurer

Episcopal Diocese of Hawai'i
229 Queen Emma Square
Honolulu, HI 96813-2304

(808) 536-7776 Ext 307

Neighbor Islands: (800) 522-8418

FAX: (808) 538-7194

PCPereira@episcopalhawaii.org
www.episcopalhawaii.org