

# Personal Planning Toolkit



MISSISSIPPI  
BAPTIST  
FOUNDATION



# The 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 Of Review

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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# Personal & Family Information

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.

# Personal Information

## Person 1

Name: | Mr. | Mrs. | Miss | Dr. | Rev. | \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Blood Type: \_\_\_\_ SSN: \_\_\_\_\_

Phone: Cell: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB \_\_\_\_ DOD \_\_\_\_

Mother's Maiden: \_\_\_\_\_ DOB \_\_\_\_ DOD \_\_\_\_

Single  Married - Date \_\_\_\_\_  Widow(er) - Date \_\_\_\_\_

Divorced - Date \_\_\_\_\_  Separated - Date \_\_\_\_\_

Former Spouse: \_\_\_\_\_ DOB \_\_\_\_\_

Children by that Marriage: \_\_\_\_\_

## Person 2

Name: | Mr. | Mrs. | Miss | Dr. | Rev. | \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Blood Type: \_\_\_\_ SSN: \_\_\_\_\_

Phone: Cell: ( \_\_\_\_ ) \_\_\_\_\_ Business: ( \_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_ DOB \_\_\_\_ DOD \_\_\_\_

Mother's Maiden: \_\_\_\_\_ DOB \_\_\_\_ DOD \_\_\_\_

Single  Married - Date \_\_\_\_\_  Widow(er) - Date \_\_\_\_\_

Divorced - Date \_\_\_\_\_  Separated - Date \_\_\_\_\_

Former Spouse: \_\_\_\_\_ DOB \_\_\_\_\_

Children by that Marriage: \_\_\_\_\_

# Family Information

**Basic Numbers** Children: \_\_\_\_\_ Grandchildren: \_\_\_\_\_ Great-Grandchildren: \_\_\_\_\_  
Deceased Children: \_\_\_\_\_

**Child 1** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Great-Grandchildren: \_\_\_\_\_

**Child 2** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Grandchild: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Great-Grandchildren: \_\_\_\_\_

**Child 3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Great-Grandchildren: \_\_\_\_\_

**Child 4**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Great-Grandchildren: \_\_\_\_\_

**Child 5**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grandchild: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

Great-Grandchildren: \_\_\_\_\_



# Documents & Digital Records

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 assist your loved ones immeasurably if your personal documents are in order and the location of this information is readily available.

<b>Document</b>	<b>Exists?</b>	<b>Location</b>
Current Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Living Will	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Powers of Attorney	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trust Documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Insurance Policies:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Life Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Homeowners Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Birth Certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Marriage License	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Records/VA Info	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Social Security Card	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tax Returns (3 Prior Years)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Lease Agreements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Deeds to Property	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Car Titles & Extra Keys	Yes <input type="checkbox"/> No <input type="checkbox"/>	
List of Assets / Liabilities	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Valuables - Jewelry	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Valuables - Coins	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stock Certificates	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bond Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
IRA & Retirement Info	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Info on Paying Bills	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Loan Documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bank Account Numbers	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Credit Card Statements	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Warranty Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Burial Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Funeral Home Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Organ Donor Information	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cemetery Plot Deed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe Deposit Box (Bank)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Safe Deposit Box Key(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
House Safe	Yes <input type="checkbox"/> No <input type="checkbox"/>	
House Safe Key(s)	Yes <input type="checkbox"/> No <input type="checkbox"/>	





# Financial Affairs Records

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 periodic updates.

# Accounts

## Checking, Savings, & CDs

### Checking Accounts

ACCOUNT No.	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

### Savings Accounts

ACCOUNT No.	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

### CDs

Certificates  
of Deposit

CERTIFICATE No./ MATURITY DATE	NAME ON ACCOUNT	FINANCIAL INSTITUTION	ADDRESS	PHONE NUMBER

Dates of Review

\_\_\_\_/\_\_\_\_/\_\_\_\_



# Cards

## & Other Information

Cards	TYPE OF	ISSUED	NAME ON CARD	ACCOUNT No.	CREDIT	CUSTOMER SERVICE	REPORT STOLEN
	CARD	BY			LIMIT	PHONE No.	CARD PHONE No.

### Other Info

I keep information on Loans in \_\_\_\_\_

I keep information on Debts I owe in \_\_\_\_\_

I keep information on Debt owed to me in \_\_\_\_\_

Dates of Review

\_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_    \_\_\_\_/\_\_\_\_/\_\_\_\_



# Personal Property Inventory

This section of your planning guide is designed to help you & your loved ones as you organize information about your personal property & assets. By recording necessary specifics now, you will have essential details about you & your personal property whenever the need arises.

# Valuables

Furniture | Jewelry | Artwork | Collections | Etc.

## Item 1

Description: \_\_\_\_\_

Serial No. or Anti-Theft No.: \_\_\_\_\_

Location: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

I have named \_\_\_\_\_ in my will to receive this item.

## Item 2

Description: \_\_\_\_\_

Serial No. or Anti-Theft No.: \_\_\_\_\_

Location: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

I have named \_\_\_\_\_ in my will to receive this item.

## Item 3

Description: \_\_\_\_\_

Serial No. or Anti-Theft No.: \_\_\_\_\_

Location: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

I have named \_\_\_\_\_ in my will to receive this item.

## Item 4

Description: \_\_\_\_\_

Serial No. or Anti-Theft No.: \_\_\_\_\_

Location: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_

I have named \_\_\_\_\_ in my will to receive this item.

# Valuables

Furniture | Jewelry | Artwork | Collections | Etc.

**Item 5**      Description: \_\_\_\_\_  
Serial No. or Anti-Theft No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
I have named \_\_\_\_\_ in my will to receive this item.

**Item 6**      Description: \_\_\_\_\_  
Serial No. or Anti-Theft No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
I have named \_\_\_\_\_ in my will to receive this item.

**Item 7**      Description: \_\_\_\_\_  
Serial No. or Anti-Theft No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
I have named \_\_\_\_\_ in my will to receive this item.

**Item 8**      Description: \_\_\_\_\_  
Serial No. or Anti-Theft No.: \_\_\_\_\_  
Location: \_\_\_\_\_  
Original Cost: \$ \_\_\_\_\_ Current Value: \$ \_\_\_\_\_  
I have named \_\_\_\_\_ in my will to receive this item.

# Real Estate

Residential | Commercial | Industrial | Special Use

**Property 1** Address and/or Description: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

The property was assessed at a value of: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

Capital Improvements made costing: \$ \_\_\_\_\_ 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 No.: \_\_\_\_\_ Mortgage Account No.: \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

Rate: \_\_\_\_\_ Other Liens/Loans on this property: \_\_\_\_\_

Association Dues: \$ \_\_\_\_\_ Maintenance Fees: \$ \_\_\_\_\_

This property generates this much income: \$ \_\_\_\_\_ weekly/monthly/yearly

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Real Estate

Residential | Commercial | Industrial | Special Use

**Property 2** Address and/or Description: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

Original Cost: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

The property was assessed at a value of: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

Capital Improvements made costing: \$ \_\_\_\_\_ 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 No.: \_\_\_\_\_ Mortgage Account No.: \_\_\_\_\_

Mortgage Balance: \$ \_\_\_\_\_ On this date: \_\_\_\_\_

Rate: \_\_\_\_\_ Other Liens/Loans on this property: \_\_\_\_\_

Association Dues: \$ \_\_\_\_\_ Maintenance Fees: \$ \_\_\_\_\_

This property generates this much income: \$ \_\_\_\_\_ weekly/monthly/yearly

Other Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Vehicles

Cars/Trucks | Motorcycles | ATVs | Boats | Planes | Etc.

**Vehicle 1** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle ID: \_\_\_\_\_ License No.: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Warranties/Recalls: \_\_\_\_\_  
Location of Extra Keys: \_\_\_\_\_  
Location of Title: \_\_\_\_\_  
Location of Owner's Manual: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Vehicle 2** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle ID: \_\_\_\_\_ License No.: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Warranties/Recalls: \_\_\_\_\_  
Location of Extra Keys: \_\_\_\_\_  
Location of Title: \_\_\_\_\_  
Location of Owner's Manual: \_\_\_\_\_  
Comments: \_\_\_\_\_

# Vehicles

Cars/Trucks | Motorcycles | ATVs | Boats | Planes | Etc.

**Vehicle 3** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle ID: \_\_\_\_\_ License No.: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Warranties/Recalls: \_\_\_\_\_  
Location of Extra Keys: \_\_\_\_\_  
Location of Title: \_\_\_\_\_  
Location of Owner's Manual: \_\_\_\_\_  
Comments: \_\_\_\_\_

**Vehicle 4** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
Vehicle ID: \_\_\_\_\_ License No.: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Deductible: \_\_\_\_\_  
Warranties/Recalls: \_\_\_\_\_  
Location of Extra Keys: \_\_\_\_\_  
Location of Title: \_\_\_\_\_  
Location of Owner's Manual: \_\_\_\_\_  
Comments: \_\_\_\_\_



# Professional Contacts

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.

# Medical Advisors

Physicians | Dentists | Etc.

**Physician** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Dentist** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Dentist** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

# Financial & Legal

Accountants | Investments | Financial Planners | Etc.

**Accountant** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Accountant** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Investment  
Counselor** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Financial  
Planner** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Insurance  
Agent** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Insurance  
Agent** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Attorney** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Real Estate  
Agent** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

# Home & Other

## Trades | Maintenance | Etc.

**Mechanic** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**HVAC  
Tech** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Electrician** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Handyman** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Pest  
Control** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Lawn  
Care** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Pool  
Care** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Other** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



# Employment Record

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.

# Employment

For \_\_\_\_\_  
(Name)

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Contact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Contact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Contact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

# Employment

For \_\_\_\_\_  
(Name)

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Conact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Conact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

**Employer** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Insurance: \_\_\_\_\_  
Other Benefits: \_\_\_\_\_  
\_\_\_\_\_  
Conact for Benefits: \_\_\_\_\_  
Location of Proof of Benefits: \_\_\_\_\_

# Military Records

## Military Records

Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Enlistment/Appointment: \_\_\_\_\_  
Military Job Specialty: \_\_\_\_\_  
Military Education: \_\_\_\_\_  
Last Duty Assignment: \_\_\_\_\_  
Separation/Discharge/Retirement: \_\_\_\_\_  
Total Creditable Service: \_\_\_\_\_  
Foreign Service Credited: \_\_\_\_\_  
Combat Service: \_\_\_\_\_  
Awards/Medals: \_\_\_\_\_  
Records can be found in: \_\_\_\_\_

## Military Records

Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
Branch: \_\_\_\_\_  
Enlistment/Appointment: \_\_\_\_\_  
Military Job Specialty: \_\_\_\_\_  
Military Education: \_\_\_\_\_  
Last Duty Assignment: \_\_\_\_\_  
Separation/Discharge/Retirement: \_\_\_\_\_  
Total Creditable Service: \_\_\_\_\_  
Foreign Service Credited: \_\_\_\_\_  
Combat Service: \_\_\_\_\_  
Awards/Medals: \_\_\_\_\_  
Records can be found in: \_\_\_\_\_

A close-up photograph of a person's hand holding a yellow rose. The person is wearing a dark, possibly navy blue, suit jacket. The background is out of focus, showing warm, bokeh-style light spots, suggesting an indoor setting with ambient lighting. The bottom portion of the image is overlaid with a solid yellow banner containing text.

# Final Arrangements

By completing this section of your Personal Planning Toolkit, 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.

# Funeral

For \_\_\_\_\_  
(Name)

Pre-Funeral Arrangements:  Yes  No

Funeral Home and/or Church & Cemetery (Name & Address)

---

---

---

If Cremation Is Desired:  No Ashes to Remain  Instructions for Ashes

---

---

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

Funeral Instructions:  Closed Casket  Open Casket

---

---

Ministers: \_\_\_\_\_

---

Musicians/Soloists: \_\_\_\_\_

---

Testimonials/Eulogies By: \_\_\_\_\_

---

---

# Selections

## Favorites | Contributions | Pallbearers

### Favorites

Scriptures

\_\_\_\_\_

Quotes

\_\_\_\_\_

Poems

\_\_\_\_\_

Hymns

\_\_\_\_\_

Songs

\_\_\_\_\_

Flowers

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

### Contributions

\_\_\_\_\_

### Given To

\_\_\_\_\_

(in lieu of flowers)

\_\_\_\_\_

### Pallbearers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Honorary

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pallbearers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Guests

## People to Contact for the Funeral

**Person 1**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 2**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 3**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 4**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 5**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 6**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 7**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 8**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 9**      Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

# Guests

## People to Contact for the Funeral

**Person 10** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 11** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 12** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 13** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 14** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 15** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 16** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 17** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 18** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



# Funeral

For \_\_\_\_\_  
(Name)

Pre-Funeral Arrangements:  Yes  No

Funeral Home and/or Church & Cemetery (Name & Address)

---

---

---

If Cremation Is Desired:  No Ashes to Remain  Instructions for Ashes

---

---

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

Funeral Instructions:  Closed Casket  Open Casket

---

---

Ministers: \_\_\_\_\_

---

Musicians/Soloists: \_\_\_\_\_

---

Testimonials/Eulogies By: \_\_\_\_\_

---

---

# Selections

## Favorites | Contributions | Pallbearers

### Favorites

Scriptures

\_\_\_\_\_

Quotes

\_\_\_\_\_

Poems

\_\_\_\_\_

Hymns

\_\_\_\_\_

Songs

\_\_\_\_\_

Flowers

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

### Contributions

\_\_\_\_\_

### Given To

\_\_\_\_\_

(in lieu of flowers)

\_\_\_\_\_

### Pallbearers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Honorary

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pallbearers

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

# Guests

## People to Contact for the Funeral

**Person 1** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 2** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 3** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 4** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 5** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 6** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 7** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 8** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 9** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

# Guests

## People to Contact for the Funeral

**Person 10** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 11** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 12** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 13** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 14** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 15** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 16** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 17** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**Person 18** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_



# Information For Funeral Home

- |                  |   |   |
|------------------|---|---|
| <b>Vital</b>     | <ul style="list-style-type: none"><li>• Full name</li></ul>   | <ul style="list-style-type: none"><li>• Workplace telephone number</li></ul>  |
| <b>Basics</b>    | <ul style="list-style-type: none"><li>• Telephone number</li><li>• Most recent address</li><li>• Duration of most recent address</li><li>• Most recent occupation</li><li>• Workplace address</li></ul> | <ul style="list-style-type: none"><li>• Social Security Number</li><li>• Armed Services Number</li><li>• Place &amp; Date of Birth</li><li>• Father's name &amp; birthplace</li><li>• Mother's maiden name &amp; birthplace</li></ul> |
| <b>Important</b> | <ul style="list-style-type: none"><li>• Current Will</li></ul>  | <ul style="list-style-type: none"><li>• Burial Policy &amp; Information</li></ul>   |
| <b>Documents</b> | <ul style="list-style-type: none"><li>• Birth Certificate</li><li>• Marriage License</li><li>• Military Discharge Papers</li><li>• Insurance Policies</li></ul>   | <ul style="list-style-type: none"><li>• Burial Property Certificate</li><li>• Prearranged Funeral Documentation</li><li>• Sample Obituary for the Newspaper</li><li>• Photograph for the Newspaper</li></ul>                          |
| <b>Who to</b>    | <ul style="list-style-type: none"><li>• Family Members</li></ul>  | <ul style="list-style-type: none"><li>• Insurance Agents</li></ul>  |
| <b>Notify</b>    | <ul style="list-style-type: none"><li>• Funeral Home &amp; Cemetery</li><li>• Pastor/Church/Deacons</li><li>• Close Friends</li><li>• Employer(s)</li><li>• Pallbearers</li></ul>                       | <ul style="list-style-type: none"><li>• Attorney/Executor of Estate</li><li>• Accountant</li><li>• Social Security Office</li><li>• Organizations/Clubs<br/>(religious, fraternal, civic, etc.)</li></ul>                             |

\*Some items may not be applicable or desired.

# Information For Funeral Home

- |                                  |  |   |
|----------------------------------|--|---|
| <b>Immediate Decisions</b>       | <ul style="list-style-type: none"><li>• Clergy/funeral director</li><li>• Burial site location &amp; space to use</li><li>• Tombstone type &amp; inscription</li><li>• Type of casket, vault, or crypt</li><li>• Clothing for the deceased</li><li>• Venue &amp; time of memorial service</li><li>• Type of service (religious, fraternal or military)</li><li>• Elements for service (Scripture/Music/etc.)</li><li>• Persons involved in service (clergy, eulogy, speakers, family, musicians, pallbearers, etc)</li></ul> | <ul style="list-style-type: none"><li>• Funeral home visitation times</li><li>• Type of flowers and/or donation designations</li><li>• Method of transportation to service</li><li>• Choose outlets &amp; content for obituary</li><li>• Order copies of Death Certificate (Funeral Home, Social Security, Life Insurance companies, Financial Institutions, etc.)</li><li>• Arrangements for out-of-town attendees (transportation, lodging)</li><li>• Caring for minor children</li></ul> |
| <b>Bills To Pay</b>              | <ul style="list-style-type: none"><li>• Family burial space</li><li>• Funeral/semorial service</li><li>• Interment Services</li><li>• Limousines &amp; Hearse</li></ul>  | <ul style="list-style-type: none"><li>• Clergy/Musicians/Florist</li><li>• Clothing for the deceased</li><li>• Hospital &amp; Ambulance</li><li>• Doctors &amp; Pharmacy</li></ul>  |
| <b>Social Security Documents</b> | <ul style="list-style-type: none"><li>• Social Security Card</li><li>• Birth Certificate</li><li>• Death Certificate</li><li>• Surviving Spouse's Social Security Card &amp; Birth Certificate</li></ul>   | <ul style="list-style-type: none"><li>• Marriage Certificate</li><li>• Social Security Card &amp; Birth Certificate for every child under 18 (under 22 if attending college)</li></ul>  |



# Legacy Planning

This section is designed to inform you about various documents you may wish to consider as part of your estate plan. Information is provided about wills, trusts, durable powers of attorney and advance health care directives. The Mississippi Baptist Foundation strongly advises you not to attempt to draft these documents on your own, but to engage the services of a competent attorney.

# Basic Will Questionnaire

**Name:** Executor (person to finalize your affairs): \_\_\_\_\_

Alternate Executor: \_\_\_\_\_

What happens if you die & spouse is living (generally all to spouse):  
\_\_\_\_\_

What happens if you die & spouse has already died (generally to family & charity):  
\_\_\_\_\_

What percent to child(ren) (complete name of child(ren) & the percentage):  
\_\_\_\_\_

What percent to charity (complete name of charity such as a church, ministry, etc.):  
\_\_\_\_\_

Does/Do your child(ren) need a Trust & Guardian?

Full legal name of person(s) to be child(ren)'s Guardian:  
\_\_\_\_\_

Full legal name of person(s) to manage the Trust:  
\_\_\_\_\_

At what point will the Trust end and pay out all the money to the child(ren)?  
\_\_\_\_\_

What happens if you, spouse, and child(ren) are all deceased?  
\_\_\_\_\_

Household items can generally be handled by writing a memorandum to the child(ren). Generally, children do what mom and dad say in a memordandum. If you have an item you want to make legally sure goes to a particular person, it needs to be specifically identified in the Will. If you have any questions, please call (601.292.3210).

This document is only designed to gain basic information in which to prepare a simple Will.

This is not a legal document.

# Definitions

## Wills

<b>Intestate</b>	A person is said to die intestate when he leaves no valid Will to control the disposition of his property.
<b>Will</b>	The legal expression or declaration of a person's mind or wishes as to the disposition of his property, to be performed or take effect after his death. (Black's Law Dictionary)
<b>Decedent</b>	A deceased person. The term refers either to one who dies leaving a Will or to one who dies without a Will.
<b>Testator</b>	One who has made a Will; one who dies leaving a Will. The feminine of testator is testatrix.
<b>Devise</b>	(noun) A gift of real estate which is made by the Will of a deceased person; (verb) to give real estate by means of a Will.
<b>Devisee</b>	One who receives a real estate under the terms of a Will.
<b>Specific</b>	The gift of a specific item of personal property to a designated person through a will.
<b>Bequest Beneficiary</b>	One who receives a gift from the decedent under a will.
<b>Contingent Beneficiary</b>	One who receives a gift through a will when the original beneficiary predeceases the decedent.
<b>Residual Beneficiary</b>	Once all specific bequests (gifts) and devises have been satisfied, the residual beneficiary receives all that remains.
<b>Executor</b>	One who is appointed in the Will of a decedent to manage the estate and to carry out the directions in the Will for disposition of the estate property. The feminine of executor is Executrix.
<b>Probate</b>	The procedure for proving to the satisfaction of the probate court that an instrument is the Last Will and Testament of the decedent.
<b>Letters Testamentary</b>	A document of authority issued to an executor by the probate court showing his authority to serve as executor.
<b>Codicil</b>	A supplement or an addition to a Will. It may explain, modify, add to, subtract from, qualify, alter, restrain or revoke provisions in a Will.

# Ministering Through Your Will

**Christian Preamble** 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, who provides both eternal life in Heaven and abundant life on earth.

[BODY OF THE WILL]

# Basic Trust Questionnaire

**Name:** Name of the donor(s): \_\_\_\_\_

The purpose of the agreement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What charity will benefit: \_\_\_\_\_

Name of charity/Baptist cause: \_\_\_\_\_

Amount/percentage to charity: \_\_\_\_\_

The name of the trust fund: \_\_\_\_\_

The amount of the gift: \_\_\_\_\_

The recipient of the earned income: \_\_\_\_\_

Frequency of distribution of income: \_\_\_\_\_

# Definitions

## Trusts

<b>Trust</b>	Generally described as a legal arrangement whereby property is transferred to one person for the benefit of another person. A trust can be created for any purpose which is not illegal or against public policy.
<b>Grantor</b>	The person who makes or creates the trust. Also called a Settlor.
<b>Trustee</b>	The person, bank, foundation or other institution, given the legal title, possession, and management of the trust assets.
<b>Beneficiary</b>	The person or institution who benefits from the trust.
<b>Testamentary Trust</b>	A trust which is created by your Will and takes effect upon your death.
<b>Revocable/ Living Trust</b>	A type of trust which allows the maker to change or cancel the trust at anytime. Also called a Grantor-type Trust.
<b>Irrevocable Trust</b>	A type of trust which does not allow for any changes and cannot be canceled by the maker.
<b>Charitable Remainder Trust</b>	An irrevocable trust established with a charity as the ultimate beneficiary. In many cases a current charitable deduction is allowed for a portion of the assets placed in a charitable trust.
<b>Endowments</b>	A trust that can be established through your will or with an outright gift. An endowment can be named in memory or in honor of a person.
<b>Inter Vivos Gifts</b>	Latin for “between living persons”, thus it is referred to as a “living” or “lifetime” gift and should be well thought-out beforehand.
<b>Charitable Lead Trusts</b>	Basic concept...an immediate income interest in property is donated to a charitable organization for a period of years or for life or lives of an individual or individuals with property reverting to donor or other family member.
<b>Charitable Gift Annuity</b>	A contract between a public charity and a donor which is designed to pay one or two individuals an annuity amount for life with the remainder of the gift going to charity.
<b>Pooled Income Fund</b>	(PIF) an irrevocable trust established by a charity that accepts gifts from various donors. It is designed to pay individuals a net income amount for life. Pooled Income Fund interest can be created during life or as part of an estate plan. Funds are commingled.

# Leaving A Gift

## 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 Christian University
- Mississippi College
- William Carey University

Southern Baptist Convention

- Guidestone Financial Resources | Dallas, Texas
- Ethics & Religious Liberty Commission | Nashville, Tennessee
- North American Mission Board | Atlanta, Georgia
- International Mission Board | Richmond, Virginia
- Southern Baptist Foundation | Nashville, Tennessee
- Lifeway Christian Resources | Nashville, Tennessee
- Woman's Missionary Union | Birmingham, Alabama
- Gateway Baptist Theological Seminary | Ontario, 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 | Fort Worth, Texas

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

# Endowments

## Through The Mississippi Baptist Foundation

**Information** 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, Charitable Lead Trust, and the Pooled Income Fund.

**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.

**Charitable Lead Trusts** A Charitable Lead Trust is an arrangement through which the donor provides an immediate income interest in an asset to a charitable organization for a period of years or for the life/lives of an individual(s) with the asset reverting to the donor or other family members at the conclusion of the defined period.

**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.

# Investments

## Through The Mississippi Baptist Foundation

**Information** 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 described more fully below.

**Equity Fund** The 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 outside professional money managers.

**Fixed Income Fund** The 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 outside professional money managers.

**Short Term Cash Fund** The 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.

**General Endowment Fund** The 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 determined by the MBF Investment Committee.

### Endowment Total Return Fund?

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

# Other Documents

## Advance Health Care Directive | Durable Power of Attorney

**Advance Health Care Directive** This document informs medical care providers your wishes as to your medical care, including end-of-life decisions. Such a document is provided for you with this book. You may complete the information and (1) sign it before a Notary Public or, alternatively (2) sign it in front of two witnesses but neither of such witnesses may be either a medical care provider or a relative of yours. Should you have questions about completing the document, you should consult your attorney. When completed, give a copy to your family physician. Keep copies at home in the event that you are admitted to the hospital, as you will need one on such an occasion. The original should be kept in your safe deposit box.

**Durable Power Of Attorney** The Durable Power of Attorney is designed to allow someone to act for you in financial matters when you are unable to do so yourself. The primary examples of when such a document is needed is when an individual becomes physically or mentally incapacitated, or in the case of an extended absence. This document gives broad powers over your financial affairs to the person designated to act for you, and thus should only be given to one in whom you have great trust.

Information the attorney will need to draft the document:

- Your legal name.
- Your city and county of residence.
- The legal name of the person to whom the durable power of attorney is needed.





