Discovering Your

Lifetime Plan for Giving

For Family and Ministry
Today, Tomorrow and Forever

Prepared For:

Lutheran Deaconess Association

Christian Stewardship is...

- The free and joyous activity of the child of God
- Managing all of life and life's resources
- For God's purposes.

God has placed a Lifetime Plan for Giving in each Christian's heart. The Gift Planning goal is to help Christians bring that plan to the surface and make it a reality.

Christian stewards understand they are managers, not owners.

The earth is the Lord's, and everything in it, the world and all who live in it. Psalm 24:1

It does not matter how little or how much you manage.

His master replied, "Well done, good and faithful servant! You have been faithful with a few things; I will put you in charge of many things." Matthew 25: 21

Your attitude and your motives do matter.

Then he said, "This is what I'll do. I will tear down my barns and build bigger ones, and there I will store all my grain and my goods. And I'll say to myself, you have plenty of good things laid up for many years.

Take life easy; eat, drink and be merry." But God said to him, "You fool! This very night your life will be demanded from you. Then who will get what you have prepared for yourself?" This is how it will be with anyone who stores up things for himself but is not rich toward God. Luke 12: 20-21

Giving is to be an integral part of your stewardship.

"But just as you excel in everything—in faith, in speech, in knowledge, in complete earnestness and in your love for us—see that you also excel in this grace of giving." 2 Corinthians 8: 7

There are attributes & characteristics of God one will never experience apart from the experience and relationship of giving.

Did you know Jesus never hesitated to talk about money?

- Sixteen of the 38 parables are based on how people handle their money and possessions.
- One of every ten verses in the Gospels deals directly with the subject of money.
- The Bible has 500 verses on prayer, less than 500 on faith, but more than 2,000 on money and possessions!

Your Lifetime Plan for Giving…

…is a Gift Planning Process combined into three steps. These steps are designed to guide and educate you through the process of Christian estate and gift planning.

The Five P's of the Gift Planning Process

Prayer

Ask for God's guidance in putting together a plan that will Transfer the Blessings entrusted to you on to your family, heirs, friends, and the Lord's work in a way that it will bear fruit that will last.

People*

Discuss who is in the family and what the special needs are that need to be taken into consideration in the planning.

Property*

Record the assets that God has entrusted to your care to determine the size of the estate and understand how laws affect your plan.

Plans

Think about the Lifetime Plan for Giving that God has placed in your heart for your family and the Lord's work. Then share this section with gift planning helper to plan your best gift.

Planners

List others you may need assistance from to complete your plan, such as an attorney, CPA, insurance representative, etc.

*As you prepare for this survey, please complete the People and Property sections as best you can. This helps you collect the information for those that will assist you in your plan while helping you visualize your circumstances. Many people often find they have more wealth than they realized.

Prayer

Dear gracious heavenly Father,

We recognize that you are the Creator of Creation and thus the Owner of Creation. You have called us to use our blessings to serve You by serving others.

Today we begin the process of putting together a plan. This plan will Transfer the Blessings entrusted to us on to our children, heirs and to You, O Lord, which will prove to be a blessing for all. Guide and direct our thoughts and hearts so that what is planned will truly bear fruit for Your kingdom, fruit that will last.

All this we ask in the name of our precious Savior's name, JESUS!
Amen.

People

Full Name 1: ______________________ DOB: __________ SSN: ____________
Title: Mr. ________ Rev. ________ Dr. __________
Full Name 2: ______________________ DOB: __________ SSN: ____________
Title: Miss ________ Mrs. ________ Ms __________ Dr. ____________
Address: ____________________________ County: ________________
City: __________________________ State: __________ ZIP: ____________
Primary Phone: ______________________ Secondary Phone: ________________
Primary Email: ______________________ Secondary Email: ________________
Occupation 1: Occupation 2:

Your Children

1st Child: ____________________________________ DOB: ____________
Address (if not living at home): ______________________________________
2nd Child: ____________________________________ DOB: ____________
Address (if not living at home): ______________________________________
3rd Child: ____________________________________ DOB: ____________
Address (if not living at home): ______________________________________
4th Child: ____________________________________ DOB: ____________
Address (if not living at home): ______________________________________
5th Child ____________________________________ DOB: ____________
Address (if not living at home): ______________________________________
6th Child ____________________________________ DOB: ____________
Address (if not living at home):

Your Grandchildren

1st Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
2nd Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
3rd Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
4th Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
5th Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
6th Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________
7th Grandchild: __________________________ DOB: ________________
Address: __________________________ Parents: ________________________

Property

Assets				Annual Return Rate	Cost Basis	POD: List by class (Spouse, Children, Parents, Father, Mother, etc.	
Type in First Name(s) or Initials →	First Name	Joint	Second Name			Primary	Secondary
Cash Equivalent							
Checking/Savings Accts.							
Money Markets							
LCEF Savings Plan							
Other:							
Invested Assets							
CDs							
Mutual Funds							
Stocks							
Government Bonds							
Bond Funds							
Treasury Bills							
Credit Union Shares							
LCEF Plans							
Other:							
						Beneficiaries	
Qualified Plans						Primary	Secondary
Keoghs (401K)							
TSAs (403B)							
IRAs							
Roth IRAs							
Vested Pension Plan							
Profit Sharing Plan							
Annuities							
Life Insurance							
Permanent (whole)							
Term							
Universal							
Second-to-Die							
Real Estate							
Home							
Land							
Vacation Property							
Rental Property							
Hunting Property							
Other:							
Business Ownership							
Sole Proprietor							
Partnership							
Limited							
General							
Corporation							
Sub-S							
C-Corp							
Sub Totals:	**$ -**	**$ -**	**$ -**				

Notes

Assets, continued				Community Property or owned by Living Trust
Type in First Name(s) or Initials →	First Name	Joint	Second Name	
Personal Property				
Car 1				
Car 2				
Car 3				
Recreation Equipment				
Household Furnishings				
Jewelry				
Collectibles				
Antiques				
Other:				
Sub Totals:	**$ -**	**$ -**	**$ -**	**$ -**
Grand Total:	**$ -**			

Liabilities				Community Property or owned by Living Trust
Type in First Name(s) or Initials →	First Name	Joint	Second Name	
Mortgages				
Home				
Second Mortgage				
Farm				
Vacation Property				
Business Property				
Other				
Loans- Secured				
Home Improvement				
Vehicles				
Personal				
Life Insurance				
Other:				
Loans- Unsecured				
Bank				
Personal				
Education				
Credit Card				
Other:				
Loans- Co-signer				
Sub Totals:	**$ -**	**$ -**	**$ -**	**$ -**
Grand Total:	**$ -**			

Notes

Current Estate Value				
Type in First Name(s) or Initials →	First Name	Joint	Second Name	Community Property or owned by Living Trust
Total Assets	$ -	$ -	$ -	$ -
Total Liabilities	$ -	$ -	$ -	$ -
Sub Total Estate	$ -	$ -	$ -	$ -
Grand Total:	**$ -**			

Current Income Sources			
Type in First Name(s) or Initials →	First Name	Joint	Second Name
Income			
Current Job			
Social Security			
Retirement			
Dividends			
Interest			
Child Support			
Rental Income			
Other:			
Bonuses			
Insurance			
Disability Insurance			
Long Term Care			
Charity Beneficiary Life Insurance			
Health Insurance			
Medicare Supplement			
Other:			
Sub Totals:	**$ -**	**$ -**	**$ -**
Grand Total:	**$ -**		

Plans

Do you have any of the following?

Will	Yes ___	No ___	Date: ________	State Signed: ______
Power of Attorney	Yes ___	No ___	Date: ________	State Signed: ______
Revocable Living Trust	Yes ___	No ___	Date: ________	State Signed: ______
Health Care Directive	Yes ___	No ___	Date: ________	State Signed: ______
Charitable Trust	Yes ___	No ___	Date: ________	State Signed: ______
Gift Annuity	Yes ___	No ___	Date: ________	State Signed: ______

Who would you like to:

	1st Name	**2nd Name**	**3rd Name**
Handle your financial affairs if you become incapable of doing so (Durable Power of Attorney for Financial Affairs/Trustee)?	____________	______________	______________
Make medical decisions for you if you become incapable of doing so (Durable Power of Attorney for Health Care)?	____________	______________	______________
Wind up the affairs of your estate (Personal Representative/Trustee)?	____________	______________	______________
Become guardian of your children?	____________	______________	______________

Do you feel that the financial assets that you currently manage will be sufficient to provide for you until God calls you to heaven?

Yes ________ No ________

Please describe the amount of gifts you have made to any one individual (not including a spouse) in any year that exceeded $12,000:

____

Do you or your family have any special health concerns that you would like to plan for?

Yes ________ No ________ If yes, please explain: ____________________

Have you or your spouse lived in other states, or owned property in other states?

Yes ________ No ________ If yes, where? ____________________

Do you expect your income to change significantly in the future?

Yes ________ No ________ If yes, when? ____________________

Do you expect your income needs to change significantly in the future?

Yes ________ No ________ If yes, when? ____________________

Do you itemize your income tax deductions?

Yes ________ No ________

Do you currently have carryover charitable income tax deductions?

Yes ________ No ________ If yes, what is the apporoximate amount? ______________

What is your current charitable giving? ______________________

Benefits to Ministry

Understanding the ministries you intend to benefit is important to your Lifetime Plan for Giving. Please use this section to specify which local and national ministries and charities your plan will bless.

Consider your values and how each organization, such as the Lutheran Deaconess Association, reflects those values. Try to list the charities and ministries below in order of your priority.

Stewardship Goals

Understanding your Stewardship Goals is important when discovering Lifetime Plan for Giving. In the following two sections (a and b), please review each statement. Next, number each statement in order of importance, "1" being the most important. Leave blank any statements that do not apply.

a) While I am living I want to:	#
Give financially to the Lord's work	______
Establish a legacy gift to provide on-going support for the Lord's work	______
Provide for my family.	______
Maintain my standard of living	______
Increase my level of income.	______
Minimize my taxes.	______
Provide for my retirement.	______
Provide for my long-term health care needs.	______
Provide an inheritance for my family.	______
Provide financial assistance for education of my family	______
Provide a significant gift to ministry for a special project (please describe).	______
Provide a significant gift to ministry while maintaining involvement in how the gift is used.	______
Diversify the assets in my estate.	______
Discontinue or simplify management of some of my assets (please describe).	______
Begin distributing at least a portion of my estate to family.	______

b) When God calls me home I wish to:	#
Make a gift to the Lord's work.	______
Establish a legacy gift to provide on-going support for the Lord's work	______
Treat family equally when distributing inheritance.	______
Distribute inheritance to family in a lump sum.	______
Distribute at least a portion of inheritance to family over a period of time rather than all in a lump sum.	______
Provide some restrictions on ability to spend inheritance (please describe).	______
Provide special care of my family (please describe).	______
Express my Christian faith and give encouragement to my family.	______
Involve my family in giving to ministry.	______
Minimize the cost of my estate settlement.	______
Keep my estate settlement private.	______
Provided safeguards to ensure my estate is handled appropriately.	______
Minimize taxes.	______

Planners

Attorney: ___________________________
Address: ___________________________
City, State ZIP: ___________________________
Phone: ___________________________
Email: ___________________________

Tax Advisor: ___________________________
Address: ___________________________
City, State ZIP: ___________________________
Phone: ___________________________
Email: ___________________________

Stock Broker: ___________________________
Address: ___________________________
City, State ZIP: ___________________________
Phone: ___________________________
Email: ___________________________

Insurance Counselor: ___________________________
Address: ___________________________
City, State ZIP: ___________________________
Phone: ___________________________
Email: ___________________________

Thank you for completing your Lifetime Plan for Giving survey.

The next step…

Your Lifetime Plan for Giving process is organized into three steps. You have completed the first step, the survey, which measures your current situation and identifies your goals for your Christian estate and gift plan. This information is now ready to share with your attorney and/or other planners to create your estate plan.

The second step, the proposal, is created after discussing *Your Lifetime Plan* with the LDA gift planner to create a gift that best meets your wishes and goals. The more information you share with your gift planner, the more personal your gift proposal will be. The LDA does not provide estate planning or legal advice, and does not provide legal documents other than gift agreements managed by the LDA.

The final step is implementing your *Lifetime Plan for Giving*. Your attorney will advise you regarding your plan and prepare and review the necessary legal documents. The proposal that we provide to your attorney will assist in this process. Your LDA gift planner will continue to be available to help as needed. Please don't hesitate to ask questions at any time.