



## ESTATE PLANNING INFORMATION *(confidential)*

Faithful Servant Society

Name(s): \_\_\_\_\_

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

Phones: (h) \_\_\_\_\_ (o) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth (month/day/year): \_\_\_\_\_

### **Type of Gift**

I (we) have made a provision for Faith Family Medical Center in my estate planning as follows:  
*(please choose one)*

A. \_\_\_ Outright bequest in my will of: \$ \_\_\_\_\_

B. \_\_\_ Percentage of residue of estate: \_\_\_ %. Estimated present value of estate is  
\$ \_\_\_\_\_. Therefore, estimated value of bequest gift is: \$ \_\_\_\_\_.

C. \_\_\_ Life insurance policy: \$ \_\_\_\_\_.

D. \_\_\_ Testamentary trust arrangement with Faith Family Medical Center, the beneficiary.  
*(Please include names and birthdates of other beneficiaries and describe terms or conditions.)*

\_\_\_\_\_

\_\_\_\_\_

E. \_\_\_ Other (please describe) \_\_\_\_\_

\_\_\_\_\_

**Purpose** *(Please note that "Faith Family Medical Center, a Tennessee "not-for-profit corporation," is the legal entity to be named in the will. Further specific designation must be detailed therein.)*

Please indicate specific purpose below:

\_\_\_ unrestricted to Faith Family Medical Center

\_\_\_ restricted for (1) \_\_\_ clinic operations, (2) \_\_\_ Journey to Wellness program,  
(3) \_\_\_ deferred maintenance, (4) \_\_\_ reserve fund, (5) \_\_\_ endowed fund.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

*All information will be kept strictly confidential. A copy of one's will, trust agreement or other documents or the applicable excerpts would be greatly appreciated. Completion of this form is a notification of intent only and not intended to be legally binding. Please discuss your planned giving intentions with your professional financial and legal advisors.*