

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

SPOUSE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ EMAIL \_\_\_\_\_

Please complete all that apply to your plan and/or your spouse's/partner's plans for the benefit of CRISTA Ministries. This information will help ensure that your intentions are properly implemented. Completion of this for in no way obligates you to make a bequest or beneficiary designation to CRISTA Ministries.

## YOU

### BEQUEST: WILL REVOCABLE LIVING TRUST

THE SUM OF \$ \_\_\_\_\_

OR % OF MY TOTAL ESTATE FOR CRISTA MINISTRIES \_\_\_\_\_ %

OR % OF REMAINDER FOR CRISTA MINISTRIES (AFTER GIFTS TO OTHERS) \_\_\_\_\_ %

ESTIMATED VALUE OF MY GIFT TODAY \$ \_\_\_\_\_

### SPOUSE/PARTNER (IF DIFFERENT FROM ABOVE)

#### BEQUEST: WILL REVOCABLE LIVING TRUST

THE SUM OF \$ \_\_\_\_\_

OR % OF MY TOTAL ESTATE FOR CRISTA MINISTRIES \_\_\_\_\_ %

OR % OF REMAINDER FOR CRISTA MINISTRIES (AFTER GIFTS TO OTHERS) \_\_\_\_\_ %

ESTIMATED VALUE OF MY GIFT TODAY \$ \_\_\_\_\_

#### REPRESENTATIVE

NAME OF ATTORNEY \_\_\_\_\_

NAME OF PERSONAL REPRESENTATIVE/TRUSTEE \_\_\_\_\_

### BENEFICIARY DESIGNATION(S)

	% DESIGNATION	ESTIMATED VALUE	YOU	PARTNER
IRA/RETIREMENT PLAN	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
CHARITABLE TRUST	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BANK OR BROKERAGE ACCOUNT	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
DONOR ADVISED FUND	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
BENEFICIARY DEED OF REAL ESTATE	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
LIFE INSURANCE POLICY	_____ %	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY WHERE ASSETS ARE HELD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### GIFT PURPOSE



MINISTRY AND FUND(S): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/WE HAVE ENCLOSED A COPY OF DOCUMENT(S) DETAILING THE GIFT(S) DESCRIBED ABOVE

YES  NO: CRISTA MINISTRIES MAY PRINT MY/OUR NAME(S) IN PUBLICATIONS

UPDATED JAN 2025 - CREATIVE HOUSE

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR