



ARKANSAS BAPTIST FOUNDATION CARE PROGRAM

10117 Kanis Road, Little Rock, Arkansas 72205

800-798-0969 (Toll free)

501-376-0732 (Office)

501-376-3861 (Fax)

www.abf.org

PLEASE COMPLETE THE FOLLOWING INFORMATION:

1. General Information

Date _____

Full Name _____ Nick Name _____

Address _____

City _____ State _____ Zip _____

Home Telephone (_____) _____ - _____

Business Telephone (_____) _____ - _____

Cell Phone Number (_____) _____ - _____

(If retired please give the name of the company you retired from and the position held)

Occupation _____ Military Yes No Branch of service: _____

Date of Birth _____ Social Security Number _____

E-mail address _____

Father's Full Name _____

Mother's Full Name _____

Sibling's Full Name and city/state in which they reside:

(1) _____ of _____, _____

(2) _____ of _____, _____

(3) _____ of _____, _____

Full Name of Spouse _____ Nick Name _____

Date of Birth _____ Social Security Number _____

(If retired please give the name of the company you retired from and the position held)

Occupation _____ Military Yes No Branch of service: _____

E-mail address _____

Father's Full Name _____

Mother's Full Name _____

Sibling's Full Name and city/state in which they reside (additional siblings may be listed on the back of this sheet):

- (1) _____ of _____, _____
 (2) _____ of _____, _____
 (3) _____ of _____, _____

I have the following children (additional children may be listed on the back of this sheet):
 Are these the biological children of you and your current spouse?

(1) Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number () _____ - _____

(2) Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number () _____ - _____

(3) Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone Number () _____ - _____

2. Assets Owned

| Account Type | Financial Institution | Account Titled/Account number |
|-------------------------|-----------------------|-------------------------------|
| Checking | | |
| Savings | | |
| Certificate of Deposits | | |

| Mutual Fund Name | Mutual Fund Held By | Account Titled/Account Number |
|------------------|---------------------|-------------------------------|
| | | |
| | | |

| Securities Description Owner Holds Certificate | Securities Titled/Certificate Number |
|---|---|
| | |
| | |
| | |

Location of the above certificates: _____

| Securities Description (Brokerage House) | Securities Titled/Account Number |
|---|---|
| | |
| | |
| | |

| Retirement Account Type | Retirement Account Held by | Account titled/Account Number |
|--------------------------------|---------------------------------------|--------------------------------------|
| | | |
| | | |
| | | |

| Life Insurance Company | Insurance Type: (Whole, Variable, Term) | Beneficiaries | Policy Number/Face Value |
|-------------------------------|--|----------------------|---------------------------------|
| | | | |
| | | | |
| | | | |

Insurance Agent _____ Phone _____

Insurance Agent _____ Phone _____

| Safe Deposit Box Location | Signers on the Safety Deposit Box |
|---------------------------|-----------------------------------|
| | |

Location of Safety Deposit Box keys _____

3. Administration of Estate

| | |
|-----------------------|-------------------------------|
| Office | Name and Address of Appointee |
| Executor/ix | _____ |
| Alternate Executor/ix | _____ |
| Trustee | _____ |
| Alternate Trustee | _____ |

Do you serve in any fiduciary capacity (i.e., trustee, executor, etc.) for anyone: Yes No
 If yes, in what capacity do you serve and for whom? _____

4. Do you have a Power of Attorney? Yes No **Does your spouse have a Power of Attorney?** Yes No

| | |
|---|---|
| <input type="checkbox"/> Springing (only effective upon incapacity) | <input type="checkbox"/> Springing (only effective upon incapacity) |
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Immediate |

Agent _____ Agent _____
 Successor Agent _____ Successor Agent _____

5. Do you have a Living Will? Yes No **Does your spouse have a Living Will?** Yes No

6. Primary Physician: _____ **SPOUSE'S** _____
 Address _____ **SPOUSE'S** _____
 City, State, Zip _____ **SPOUSE'S** _____
 Dates under care _____ to _____ **SPOUSE'S** _____ to _____
Hospital of Choice: _____ **SPOUSE'S** _____

7. Insurance Provider

| | |
|-----------------------|-----------------|
| Medicare | SPOUSE'S |
| Medicare Supplemental | SPOUSE'S |
| Private Insurance: | SPOUSE'S |
| Insurance Group # | SPOUSE'S |
| ID# | SPOUSE'S |

8. Pharmaceutical /Drug Plan Yes No

Plan Name _____ **SPOUSE'S** _____

Plan # _____ **SPOUSE'S** _____

9. Financial Records located _____

SPOUSE'S: _____

10. Contacts

Emergency contact's name: _____

Emergency contact's address: _____

Emergency contact's phone number: _____

Primary attorney: _____

Company: _____

Address: _____

Phone: _____

Primary CPA: _____

Company: _____

Address: _____

Phone: _____

11. Funeral Information

Burial Policy with _____

Pre-paid Yes No

Burial plot/location _____

Arrangements handled by _____

Arrangement decisions to be made by _____

If Arkansas Baptist Foundation is responsible for your arrangements, do you have a preference regarding the following:

Pallbearers: _____ Home telephone: _____

Pallbearers: _____ Home telephone: _____

Pallbearers: _____ Home telephone: _____

Pallbearers: _____ Home telephone: _____

Pallbearers: _____ Home telephone: _____

Pallbearers: _____ Home telephone: _____

Musician(s) _____ Home telephone _____

_____ Home telephone _____

Pastor _____ Home telephone _____

Interment _____ City _____ State _____

Obituary Information: If the Foundation is responsible for handling your final arrangements, please provide information necessary for us to compose an obituary or compose your own obituary for us to use.

Please fill in contact information on the beneficiaries (including personal property beneficiaries of your estate. (Include name, address, phone number):

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____
