PI KAPPA PHI

FOUNDATION

GATEWAY SOCIETY

ESTATE PLANNING WORKBOOK

A WORKBOOK PREPARED ESPECIALLY FOR YOU BY THE PI KAPPA PHI FOUNDATION

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The information in this guide and workbook is not intended to be legal or tax advice. For more assistance, please contact your attorney or other professional advisor.

ESTATE PLANNING **WORKBOOK**

The workbook on the following pages is intended to guide you in collecting necessary paperwork, taking inventory of your assets and making personal decisions before you go to the professionals to create your estate plan. This resource will help you save time and money during the estate planning process because you will be prepared - and those you love will be ready, too, when they need to access your important life documents to carry out your wishes.

If you have any questions, please contact us:

Pi Kappa Phi Foundation
C/O Gateway Society
2015 Ayrsley Town Blvd Ste 200
Charlotte, NC 28273

Phone: (704) 504-0888
Fax (980) 318-5295
Email: plannedgiving@pikapp.org

The information in this workbook is not intended as legal or tax advice. For such advice, please consult an attorney or tax advisor. State income/estate taxes or state law may impact your results.

WORKBOOK
PERSONAL INFORMATION

ABOUT YOU

Full Name

Current Address

Telephone Number(s)

Former Address(es)

Social Security Number

Date and Place of Birth

Location of Birth Certificate

Father's Name

Mother's Maiden Name

Driver's License Number and State

Citizenship

MARRIAGE INFORMATION

Marital Status

Spouse's Name

Spouse's Date of Birth

Spouse's Occupation

Spouse's Social Security Number

Spouse's Driver's License Number and State

Spouse's Citizenship

Location of Marriage Certificate

Location of Prenuptial Agreement

Former Marriages (yes or no)

WORKBOOK
PERSONAL INFORMATION

CHILDREN INFORMATION

Name

Date of Birth | Telephone Number(s)

Marital Status | Number of Children

Name

Date of Birth | Telephone Number(s)

Marital Status | Number of Children

Name

Date of Birth | Telephone Number(s)

Marital Status | Number of Children

Name

Date of Birth | Telephone Number(s)

Marital Status | Number of Children

OTHER PEOPLE TO INCLUDE

Name

Date of Birth | Telephone Number(s)

Relationship to You

Name

Date of Birth | Telephone Number(s)

Relationship to You

Name

Date of Birth | Telephone Number(s)

Relationship to You

Name

Date of Birth | Telephone Number(s)

Relationship to You

WORKBOOK
PERSONAL INFORMATION

CHARITIES TO INCLUDE

Name

Address

Other Information

Name

Address

Other Information

Name

Address

Other Information

MILITARY INFORMATION

Service Serial Number

Branch of Service

Date of Service

Location of Military Documents

EMPLOYMENT INFORMATION

Retired or Employed

Name of Company

Position

Address

Benefits and Location of Documents

Financial Interests

Other Interests (stockholder, ownership)

WORKBOOK
PERSONAL INFORMATION

WILL INFORMATION

Location of Will Document

Date of Document

Executor's Name

Executor's Address

Executor's Telephone Number

Secondary Executor's Name

Secondary Executor's Address

Secondary Executor's Telephone Number

Additional Notes

TRUST INFORMATION

Location of Trust Document

Date of Document

Trustee's Name

Trustee's Address

Trustee's Telephone Number

Secondary Trustee's Name

Secondary Trustee's Address

Secondary Trustee's Telephone Number

Trust will terminate when youngest child reaches age: ________ .

Additional Notes

WORKBOOK
PERSONAL INFORMATION

BENEFICIARY INFORMATION	ESTATE DISTRIBUTION
Name of Beneficiary	Name of Beneficiary
Beneficiary's Address	Beneficiary's Address
Relationship to Beneficiary	Relationship to Beneficiary
Item Designated to Beneficiary	Amount or Percent Designated
Name of Beneficiary	Name of Beneficiary
Beneficiary's Address	Beneficiary's Address
Relationship to Beneficiary	Relationship to Beneficiary
Item Designated to Beneficiary	Amount or Percent Designated
Name of Beneficiary	Name of Beneficiary
Beneficiary's Address	Beneficiary's Address
Relationship to Beneficiary	Relationship to Beneficiary
Item Designated to Beneficiary	Amount or Percent Designated

WORKBOOK
PERSONAL INFORMATION

POWER OF ATTORNEY

Name

Address

Phone Number   E-Mail

LAWYER

Name

Address

Phone Number   E-Mail

LAWYER

Name

Address

Phone Number   E-Mail

FUNERAL REQUESTS

Religious Affiliation

Service Location

Service Location Phone Number

Funeral Home Location

Funeral Home Phone Number

Funeral Instructions

Cemetery Plot Location

Obituary Wording

WORKBOOK
ASSET INFORMATION

BANKING INFORMATION

Type of Account	Type of Account
Bank Name	Bank Name
Address	Address
Account Number	Account Number
Name(s) on Account	Name(s) on Account
Balance	Balance
Type of Account	Type of Account
Bank Name	Bank Name
Address	Address
Account Number	Account Number
Name(s) on Account	Name(s) on Account
Balance	Balance

Account types to include: Checking, Savings, 7 Certificates of Deposit, Credit Unions, etc.

WORKBOOK
ASSET INFORMATION

BANKING INFORMATION

Type of Account

Bank Name

Address

Account Number

Name(s) on Account

Balance

Type of Account

Bank Name

Address

Account Number

Name(s) on Account

Balance

Type of Account

Bank Name

Address

Account Number

Name(s) on Account

Balance

Type of Account

Bank Name

Address

Account Number

Name(s) on Account

Balance

Account types to include: Checking, Savings,
7 Certificates of Deposit, Credit Unions, etc.

WORKBOOK
ASSET INFORMATION

INVESTMENT INFORMATION

Bank Name	Bank Name
Address	Address
Account Number	Account Number
Name(s) on Account	Name(s) on Account
Amount	Amount
Name and Security Type	Name and Security Type
Owner / Number of Shares	Owner / Number of Shares
Original Cost / Current Value	Original Cost / Current Value
Name and Security Type	Name and Security Type
Owner / Number of Shares	Owner / Number of Shares
Original Cost / Current Value	Original Cost / Current Value

Types of securities to consider: 9 stocks, bonds, mutual funds

WORKBOOK
ASSET INFORMATION

RETIREMENT PLANS

Type of Account

Owner

Beneficiary

Value

Institution Where Account is Held

Type of Account

Owner

Beneficiary

Value

Institution Where Account is Held

Type of Account

Owner

Beneficiary

Value

Institution Where Account is Held

Type of Account

Owner

Beneficiary

Value

Institution Where Account is Held

Types of retirement plans to consider: 401(k), 403(b), Roth IRA, Employee Pensions

PI KAPPA PHI FOUNDATION

WORKBOOK
ASSET INFORMATION

LIFE INSURANCE	MEDICAL INSURANCE
Policy Company	Policy Company and Type
Name of Insured	Name of Insured
Account/Policy Number	Account/Policy Number
Primary Beneficiary	Primary Beneficiary
Contingent Beneficiary	Contingent Beneficiary
Death Benefit	Value
Policy Company	Policy Company and Type
Name of Insured	Name of Insured
Account/Policy Number	Account/Policy Number
Primary Beneficiary	Primary Beneficiary
Contingent Beneficiary	Contingent Beneficiary
Death Benefit	Value

WORKBOOK
ASSET INFORMATION

AUTOMOBILE INSURANCE

Vehicle Make and Model

Policy Company

Policy Number

Vehicle Make and Model

Policy Company

Policy Number

OTHER INSURANCE POLICIES

Type of Insurance

Policy Company

Policy Number

Additional Information

OTHER INSURANCE POLICIES

Type of Insurance

Policy Company

Policy Number

Additional Information

Type of Insurance

Policy Company

Policy Number

Additional Information

Other types of insurance policies to consider: boat and other vehicles, long-term care

WORKBOOK
ASSET INFORMATION

ANNUITIES

Issued By

Address

Amount

Issued By

Address

Amount

Issued By

Address

Amount

REAL ESTATE

Type

Address

Purchase Date

Mortgage Balance

Value

Type

Address

Purchase Date

Mortgage Balance

Value

WORKBOOK
ASSET INFORMATION

REAL ESTATE

Type

Address

Purchase Date

Mortgage Balance

Value

Type

Address

Purchase Date

Mortgage Balance

Value

PERSONAL PROPERTY

Item

Location of Item

Value

Item

Location of Item

Value

Item

Location of Item

Value

Types of personal property to consider: jewelry, firearms, art, antiques, collections

"I am confident that Pi Kappa Phi will continue to create unique experiences for generations of exceptional leaders to come. It is our duty to ensure the fraternal experience for brothers we have yet to meet, and I personally appreciate your support in achieving this goal."

If you are interested in learning more about planned giving opportunities at Pi Kappa Phi Fraternity, please contact us or fill out and return the following page to our office:

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PI KAPPA PHI FOUNDATION

Name

Address

City | State | Zip

Phone | E-mail

I would like more information about (check all applicable):

- ☐ Wills and Trusts
- ☐ Creating a Scholarship
- ☐ Establishing an Endowed Fund

☐ I have included Pi Kappa Phi in my estate plans. Please contact me for recognition.

☐ I would like someone to contact me about including Pi Kappa Phi in my estate.

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