



THE
JACQUES PÉPIN
FOUNDATION



Preserving Your Legacy

A GUIDE TO PLANNING FOR YOUR FUTURE
Passing on Your Valuables and Your Values





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Dear Friends,

What will be your legacy? What will you leave behind for loved ones in the form of material assets, and, most importantly, your values?

It's a question we ask ourselves at some point. Fortunately, there's a way to ensure your wishes will be carried out. It all comes down to creating a plan to include a will, trust or other important documents.

This guide is intended to help you organize your documents and thoughts before you meet with your advisors to create a formal estate plan.

If you already have a will, congratulations! You're among a minority of Americans who've made it easier for loved ones to settle your affairs after your lifetime. But remember, just as life circumstances change, so should your plan.

Estate planning can be emotional and time-consuming. That is why The Jacques Pépin Foundation is offering this guide to help you answer key questions.

Keep in mind:

- Be sure to discuss your choices with everyone you have designated to support your wishes.
- Keep this plan in a secure place, and don't forget to let loved ones know where this, and other important documents, are kept.
- This plan provides basic information about your wishes.
It is NOT intended to be a substitute for legal and professional planning advice.
- You will need to meet with your attorney to further discuss this material in conjunction with your other important documents.

We're here to help.

If you would like to learn more about how to use this planning guide, please contact:

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Thank you!

Personal Information

	ME	MY LOVED ONE
Full Name		
Date of Birth		
Home Address		
Home Phone		
Cell Phone		
Business Address		
Business Telephone		
Occupation		
Annual Compensation		
Social Security No.		

CHILDREN, GRANDCHILDREN & OTHER BENEFICIARIES:

FULL NAME	AGE	ADDRESS/TELEPHONE <i>If different than above</i>	MARITAL STATUS <i>single, married, divorced</i>	NO. OF CHILDREN

Will your loved one or any other beneficiary need management assistance in connection with your investments? Yes No

If yes, please describe:

PERSONAL ASSETS

Please complete all applicable portions of this worksheet using approximations and indicate ownership.

CASH & CASH EQUIVALENT	OWNERSHIP <i>Individual, Loved One or Joint</i>	AMOUNT
Cash and Checking		
Savings		
Money Market		
Certificate of Deposit		
U.S. Savings Bonds		
Other		
Other		
Other		

SECURITIES - These include STOCKS, BONDS, MUNICIPAL BONDS & MUTUAL FUNDS.

You may list brokerage account balances rather than individual assets.

NAME/TYPE	OWNERSHIP <i>Individual, Loved One or Joint</i>	CURRENT VALUE

CLOSELY HELD BUSINESSES, PARTNERSHIPS OR PROPRIETARY INTERESTS:

DESCRIPTION	OWNERSHIP <i>Individual, Loved One or Joint</i>	CURRENT VALUE	OUTSTANDING DEBT

RETIREMENT ASSETS

DESCRIPTION	OWNERSHIP <i>Individual or Loved One</i>	BENEFICIARIES <i>Primary, Secondary (if assigned)</i>	CURRENT VALUE	LOANS
Keogh or 401 (k) Plan				
Pension/Profit Sharing Plan				
IRA				
Other Retirement Assets				
Other Retirement Assets				
Other Retirement Assets				

LIFE INSURANCE POLICIES

Please include all policies which name you, your loved one or other individual as insured, owner or beneficiary.

	POLICY ONE	POLICY TWO	POLICY THREE
Whole Life, Term or Universal Life			
Insured			
Owner			
Primary Beneficiary			
Secondary Beneficiary			
Death Benefit			
Cash Value			
Amount of Loan			

	POLICY FOUR	POLICY FIVE	POLICY SIX
Whole Life, Term or Universal Life			
Insured			
Owner			
Primary Beneficiary			
Secondary Beneficiary			
Death Benefit			
Cash Value			
Amount of Loan			

ANNUITIES

Please include all annuities, which name you, your loved one or other individual as owner annuitant or beneficiary.

	ANNUITY ONE	ANNUITY TWO	ANNUITY THREE
Immediate or Deferred			
Owner			
Annuitant			
Beneficiary			
Purchase Price			
Current Value			

OTHER ASSETS - REAL ESTATE

TYPE OF ASSET	OWNERSHIP <i>Individual, Loved One or Joint</i>	CURRENT VALUE	MORTGAGE BALANCE	MORTGAGE PAY OFF DATE
Residence				
Vacation Home				
Second Residence				
Investment Property				

OTHER ASSETS - PERSONAL PROPERTY

TYPE OF ASSET	OWNERSHIP <i>Individual, Loved One or Joint</i>	CURRENT VALUE	LOAN BALANCE	LOAN PAY OFF DATE
Household Goods & Furnishings				
Automobiles				
Jewelry				
Other				

OTHER LIABILITIES

DESCRIPTION	OWNERSHIP <i>Individual, Loved One or Joint</i>	SECURED BY	OUTSTANDING BALANCE	PAY OFF DATE
Personal Loan				
Business Loan				

PROFESSIONAL ADVISERS

	NAME	CONTACT	ADDRESS	PHONE
Accountant		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Attorney		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Agent		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Clergy		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		

DOCUMENTS

Please indicate which of the below documents you have, and if they have been provided to your professional advisers.

	ME	DATED	COPY PROVIDED?
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian Designation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

	MY LOVED ONE	DATED	COPY PROVIDED?
Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Care Representative	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian Designation	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION

Do you have specific gifts which you would like to make to specific family members or other beneficiaries?

Yes No

If yes, please identify the beneficiary and the specific item(s) that you wish them to receive:

Would you like to make a philanthropic gift to an organization? Yes No

If yes, please identify the organization(s) and the amount of the gift:

CHARITABLE INTENTIONS

ORGANIZATION NAME	ADDRESS	PHONE	AMOUNT	TAX ID

DATE UPDATED: _____

Disclaimer: The information provided and the planning guide are intended to assist you in your estate planning. It is not legal advice and should not be relied upon as such. Please consult with your attorney or other advisor for professional advice and to discuss how this information can benefit you as you consider your financial and philanthropic goals.

