



Confidential Estate Planning Guide

Financial
Planning
 **Ministry**



Dear Friend,

For over 30 years, Financial Planning Ministry has removed confusion surrounding estate planning and provided stewardship opportunities to believers at any income level. Today, more than 15,000 families and individuals have benefited from this unique “stewardship through estate planning” ministry. Through our innovative funding model, worthy ministries you support receive much needed future gift income.

Financial Planning Ministry partners with cooperating non-profit ministry organizations that make this ministry possible. ***We encourage the inclusion of one or more of these church-related organizations as a beneficiary by gifting a percentage (5% or more) or a generous “cash gift” from your eventual estate distribution. These partner organizations are listed on pages 9–11 of this booklet.***

If you choose not to include any of our listed partners in the final distribution of your estate, you may give an “up-front gift” to Financial Planning Ministry upon the completion of your documents. Your gift will allow us to continue this stewardship ministry for others. An up-front gift is typically one-tenth of one percent (.1%) of your net estate value. For example, a \$300,000 estate = \$300.00 gift; a \$2,000,000 estate = \$2,000.00 gift.

THIS PLANNING GUIDE: It is important that you provide as much of the requested information as possible. Once you have completed the Planning Guide, please mail them to our office or schedule an appointment through the church seminar you attended in your area.

Questions? Call us toll free at **(800) 871-4901**. To learn more about the stewardship benefits of proper estate planning, ***visit our website at WWW.FPM.ORG***.

Thank you for allowing us to assist you with these important life-planning documents!

Sincerely,

A handwritten signature in black ink that reads "Michael Prior". The signature is written in a cursive, flowing style.

Michael Prior, PRESIDENT

Financial Planning Ministry | 2010 Main Street, Suite 100 | Irvine, CA 92614-7265
Phone: (949) 553-0055 or (800) 871-4901 | Fax: (949) 743-8343 | Email: info@fpm.org

Estate Planning Guide

STEP

1

Contact Information

DATE

Please PRINT CLEARLY in ink and be sure to provide LEGAL NAMES.

NAME

(FIRST)

(MIDDLE)

(LAST)

BIRTH DATE

☐ MALE
☐ FEMALE

PRIMARY PHONE ()

ALTERNATE PHONE ()

EMAIL ADDRESS

Indicate preferred method of contact: ☐ PHONE ☐ EMAIL

ADDRESS

CITY

STATE

ZIP

COUNTY

Are you a U.S. citizen? ☐ YES ☐ NOWhat is your marital status? ☐ SINGLE ☐ MARRIED ☐ LEGALLY SEPARATED ☐ DIVORCED ☐ WIDOWED

If married, date of marriage: _____

Do you have a pre-nuptial agreement? ☐ YES ☐ NO

SPOUSE'S NAME

(FIRST)

(MIDDLE)

(LAST)

BIRTH DATE

PRIMARY PHONE ()

ALTERNATE PHONE ()

EMAIL ADDRESS

Indicate preferred method of contact: ☐ PHONE ☐ EMAIL

ADDRESS (if different from above)

CITY

STATE

ZIP

COUNTY

Are you a U.S. citizen? ☐ YES ☐ NO

SEMINAR LOCATION

STEP

2

Children of Your Previous Marriages/Relationships

Please list the children of previous marriages including parents' names. If more space is needed, please turn to page 15.

1) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

PARENTS

2) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

PARENTS

3) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

PARENTS

4) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

PARENTS

STEP

3

Children of Your Current Marriage

Please list the children of your current marriage. If more space is needed, please turn to page 15.

1) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

2) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

3) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

4) CHILD'S NAME

BIRTH DATE

☐ MALE
☐ FEMALE

CHILD'S ADDRESS

CITY, STATE, ZIP

Do any of your children have permanent disabilities? If so, please explain:

STEP

4

Naming a Successor Trustee for Your Trust

If you are creating a joint trust with your spouse, you are both the initial trustees of your trust.

At the death or incapacity of the last trustee (you or your spouse), a **successor trustee** will carry out the wishes and terms of your trust. This person will also serve as the **executor** of your pourover will. Please name the **person/organization** you would like to act in this position. We suggest you list at least one alternate in case the first is unable or unwilling to act.

1) PERSON (NOT SPOUSE)

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

2) PERSON (NOT SPOUSE)

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

3) PERSON (NOT SPOUSE)

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

STEP

5

Naming a Health Care Agent

Your **health care agent** will make your medical decisions in the event that you become disabled and/or mentally incompetent. This agent will also be known as a **conservator** in your trust. Your spouse is automatically your first agent unless you specify otherwise. We suggest you list at least one alternate in case your first agent is unable or unwilling to act.

If you are married, do you want your spouse named as first agent? ☐ YES ☐ NO

HIS ALTERNATE AGENT

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

HER ALTERNATE AGENT

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

STEP

6

Naming a Guardian for Your Minor Children

The guardian(s) you name here will care for your minor children if you are unable to do so. They will act as guardians only once they are appointed by a court. Monies from your estate will be available to the guardians for the care of your children until they are age 18.

1) GUARDIAN

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

If naming co-guardians who are married (i.e. Jack and Jill Smith)
and if by death or divorce they are unable to act together:

☐ Either one can act alone

☐ _____ can act alone

NAME OF INDIVIDUAL

2) ALTERNATE GUARDIAN

RELATIONSHIP TO YOU

PHONE ()

ADDRESS

CITY, STATE, ZIP

If naming co-guardians who are married (i.e. Jack and Jill Smith)
and if by death or divorce they are unable to act together:

☐ Either one can act alone

☐ _____ can act alone

NAME OF INDIVIDUAL

STEP

7

An Overview of Your Estate

Please list the estimated values of your assets. These figures are **CONFIDENTIAL** and **WILL NOT** appear in your Living Trust. Listing these amounts will give us a picture of your total net assets.

Please print **legibly** and in **ink**.

I. TANGIBLE PERSONAL PROPERTY

Please provide an estimated value of your tangible personal property (automobiles, boats, furniture, jewelry, etc.). Use market value, not replacement value. There is no need to provide a list of these assets.

Total value of personal property \$ _____

II. SAVINGS AND CHECKING ACCOUNTS

Please list your financial institutions and account balances.

1)	ACCOUNT BALANCE \$
2)	ACCOUNT BALANCE \$
3)	ACCOUNT BALANCE \$
4)	ACCOUNT BALANCE \$
5)	ACCOUNT BALANCE \$

Total value of saving(s) and checking accounts \$ _____

If more space is needed, please turn to page 15.

An Overview of Your Estate (CONTINUED)

III. RETIREMENT BENEFITS

Please list your retirement benefits and values.

1) PENSION	DEATH BENEFIT \$
(DO NOT INCLUDE MONTHLY PAYMENTS TO YOU OR SPOUSE)	
2) 401K, 403B, PROFIT SHARING, KEOGH	VALUE \$
3) SPOUSE'S 401K, 403B, PROFIT SHARING, KEOGH	VALUE \$
4) OTHER	VALUE \$
5) IRA(s)	VALUE \$
6) IRA(s)	VALUE \$
7) ANNUITIES	VALUE \$
Total value of retirement benefits \$	

IV. STOCKS, BONDS, MUTUAL FUNDS, NOTES OR DEEDS OF TRUST

Please list your investments and current values.

1)	CURRENT VALUE \$
2)	CURRENT VALUE \$
3)	CURRENT VALUE \$
Total value of stocks, bonds, etc. \$	

V. LIFE INSURANCE POLICIES

Please list your life insurance company(ies).

1)	DEATH BENEFIT AMOUNT \$
CURRENT BENEFICIARIES	TYPE OF POLICY: <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE LIFE
2)	DEATH BENEFIT AMOUNT \$
CURRENT BENEFICIARIES	TYPE OF POLICY: <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE LIFE
3)	DEATH BENEFIT AMOUNT \$
CURRENT BENEFICIARIES	TYPE OF POLICY: <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE LIFE
4)	DEATH BENEFIT AMOUNT \$
CURRENT BENEFICIARIES	TYPE OF POLICY: <input type="checkbox"/> TERM <input type="checkbox"/> WHOLE LIFE

An Overview of Your Estate (CONTINUED)

VI. BUSINESS OWNERSHIP

Do you own a business? ☐ YES ☐ NO

Estimated value of business \$ _____

Do you want the business assets assigned to the Trust? ☐ YES ☐ NO

If yes, fill out the information below and provide a copy of your business documentation.
The documentation should include **your name** and the **legal name of the business**.

What type of business is it? ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ S CORPORATION ☐ LLC
☐ OTHER (please specify) _____

LEGAL NAME OF BUSINESS

U.S. STATE WHERE BUSINESS WAS FORMED

OWNER NAME(S) AS IT APPEARS ON BUSINESS DOCUMENTS

YOUR PERCENTAGE OF OWNERSHIP

VII. REAL PROPERTY

Please list the addresses and present value of your real property (or mobile home).

1)	PRESENT VALUE \$ _____
2)	PRESENT VALUE \$ _____
3)	PRESENT VALUE \$ _____
4)	PRESENT VALUE \$ _____
5)	PRESENT VALUE \$ _____
6)	PRESENT VALUE \$ _____

Total value of real property (or mobile home) \$ _____

Would you like us to help you begin the process of transferring your real property to your trust? ☐ YES ☐ NO

If yes:

- Locate the **ownership deed** (*not* deed of trust or deed of reconveyance) and **tax statement** for each property
- Photocopy **all** pages of each deed and tax statement
- Write the **street address** at the top of each deed and tax statement
- Submit the above pages when you submit this Planning Guide

If more space is needed, please turn to page 15.

An Overview of Your Estate (CONTINUED)

VIII. YOUR INDEBTEDNESS

Please list only the mortgage(s) or debt(s) that exceed \$5,000.

1)	AMOUNT \$
2)	AMOUNT \$
3)	AMOUNT \$
4)	AMOUNT \$
5)	AMOUNT \$
6)	AMOUNT \$
Total value of indebtedness \$	

CURRENT ESTATE EVALUATION SUMMARY

Please list the totals from sections I through VII.

I) Total value of personal property	\$
II) Total value of savings and checking account(s)	\$
III) Total value of retirement benefits	\$
IV) Total value of stocks, bonds, etc.	\$
V) Total value of life insurance policies	\$
VI) Estimated value of business or share of ownership	\$
VII) Total value of real property and mobile home	\$

A. Total value of sections I–VII \$

B. Total value of indebtedness (from section VIII) \$

NET VALUE OF YOUR ESTATE (subtract B from A) \$

Distribution: Gifts to Ministry Partners

Financial Planning Ministry partners with cooperating non-profit ministry organizations that make this ministry possible. We encourage the inclusion of one or more of these church-related organizations as a beneficiary by gifting a percentage (5% or more) or a generous “cash gift” from your eventual estate distribution.

If you would like more information on any of these organizations, visit our website at www.fpm.org. Gifts to these organizations may be tax deductible — we suggest you consult with your tax professional. Please indicate the percentage or amount below.

Percentage	Camps	Website
<input type="text"/>	Allendale Christian Camp and Retreat Center, Trafalgar, IN	www.camp-allendale.org
<input type="text"/>	Round Lake Christian Camp, Lakeville, OH	www.roundlake.org
<input type="text"/>	United Christian Youth Camp, Prescott, AZ	www.ucyc.com
<input type="text"/>	Wi-Ne-Ma Christian Camp, Cloverdale, OR	www.winema.org
Caring/Helping Organizations		
<input type="text"/>	Atascadero Christian Community, Atascadero, CA	www.pcseniorservices.org
<input type="text"/>	Canton Christian Home, Canton, OH	www.cantonchristianhome.org
<input type="text"/>	Christian Benevolent Association, Mason, OH	www.christianbenevolent.org
<input type="text"/>	Christian Care/Fellowship Square, Phoenix, AZ	www.christiancare.org
<input type="text"/>	Christian Children's Home of Ohio, Wooster, OH	www.ccho.org
<input type="text"/>	Christian Financial Resources, Lake Mary, FL	www.cfrministry.org
<input type="text"/>	Christian Homes, Inc., Lincoln, IL	www.christianhomes.org
<input type="text"/>	Church Development Fund, Inc., Irvine, CA	www.CDFonline.org
<input type="text"/>	Clearbrook, Arlington Heights, IL	www.clearbrook.org
<input type="text"/>	Shiloh Christian Children's Ranch, Shelbina, MO	www.shilohranch.org
<input type="text"/>	Turner Retirement Homes, Turner, OR	www.trhomes.org
Churches		
<input type="text"/>	Canyon Ridge Christian Church, Las Vegas, NV	www.canyonridge.org
<input type="text"/>	Central Christian Church, Mesa, AZ	www.centralaz.com
<input type="text"/>	Chandler Christian Church, Chandler, AZ	www.chandlercc.org
<input type="text"/>	Christ Fellowship, Palm Beach Gardens, FL	www.gochristfellowship.com
<input type="text"/>	Christ's Church of Flagstaff, Flagstaff, AZ	www.ccof.net
<input type="text"/>	Christ's Church of the Valley, Peoria, AZ	www.ccvonline.com
<input type="text"/>	Community Christian Church, Naperville, IL	www.communitychristian.org
<input type="text"/>	East 91st Street Christian Church, Indianapolis, IN	www.east91st.org
<input type="text"/>	East 91st Street Christian Church Foundation, Indianapolis, IN	www.east91st.org
<input type="text"/>	Gateway Church, Southlake, TX	www.gatewaypeople.com
<input type="text"/>	Kingsway Christian Church, Avon, IN	www.kingswaychurch.org
<input type="text"/>	Kingsway Christian School, Avon, IN	www.kingswayschool.org

(List continued on next page)

Distribution: Gifts to Ministry Partners (CONTINUED)

Percentage	Churches <i>(continued)</i>	Website
_____	Mountain Christian Church, Joppa, MD	www.mountainchristian.org
_____	NorthRidge Church, Plymouth, MI	www.northridgechurch.com
_____	Pantano Christian Church, Tucson, AZ	www.pccwired.org
_____	Parkview Christian Church, Orland Park, IL	www.parkviewchurch.com
_____	Pathway Church, Wichita, KS	www.pathwaychurch.com
_____	Real Life Christian Church, Clermont, FL	www.getreallife.com
_____	Rock Church, San Diego, CA	www.sdrock.com
_____	Saddleback Church, Lake Forest, CA	www.saddleback.com
_____	Savannah Christian Church, Savannah, GA	www.savannahchristian.com
_____	Shepherd of the Hills Church, Porter Ranch, CA	www.theshepherd.org
_____	SouthBrook Christian Church, Miamisburg, OH	www.southbrook.org
_____	Southeast Christian Church, Parker, CO	www.southeastcc.org
_____	Southland Christian Church, Lexington, KY	www.southlandchristian.org
_____	The Crossing: A Christian Church, Las Vegas, NV	www.thecrossingonline.com
_____	Trinity Fellowship Church, Amarillo, TX	www.tfchurch.org
_____	Vineyard Cincinnati, Cincinnati, OH	www.vineyardcincinnati.com
_____	Vineyard Columbus, Westerville, OH	www.vineyardcolumbus.com
_____	West Side Christian Church, Springfield, IL	www.wschurch.org
_____	Willamette Christian Church, West Linn, OR	www.willamette.cc
	Educational Institutions	
_____	Boise Bible College, Boise, ID	www.boisebible.edu
_____	Central Christian College of the Bible, Moberly, MO	www.cccb.edu
_____	Cincinnati Christian University, Cincinnati, OH	www.ccuniversity.edu
_____	Great Lakes Christian College, Lansing, MI	www.glcc.edu
_____	Johnson University, Knoxville, TN <i>(formerly Johnson Bible College)</i>	www.johnsonu.edu
_____	Johnson University, Kissimmee, FL <i>(formerly Florida Christian College)</i>	www.johnsonu.edu
_____	Manhattan Christian College, Manhattan, KS	www.mccks.edu
_____	Messianic Jewish Bible Institute, Dallas, TX	www.mjbi.org
_____	Mid-Atlantic Christian University, Elizabeth City, NC <i>(formerly Roanoke Bible College and Eastern Christian College)</i>	www.macuniversity.edu
_____	Nebraska Christian College, Papillion, NE	www.nechristian.edu
_____	St. Louis Christian College, Florissant, MO	www.stlchristian.edu

(List continued on next page)

Distribution: Gifts to Ministry Partners (CONTINUED)

Percentage	Educational Institutions <i>(continued)</i>	Website
_____	TCM International Institute, Indianapolis, IN and Heiligenkruez, Austria	www.tcmi.org
_____	The King's University, Van Nuys, CA	www.tku.edu
Missions/Evangelistic/Outreach Organizations		
_____	Central India Christian Mission, Damoh, India	www.indiamission.org
_____	Christ In Youth, Joplin, MO	www.ciy.com
_____	CMF International, Indianapolis, IN	www.cmfi.org
_____	I.D.E.S. (International Disaster Emergency Service), Noblesville, IN	www.ides.org
_____	Messianic Jewish Bible Institute, Dallas, TX	www.mjbi.org
_____	Mission Aviation Fellowship, Nampa, ID	www.maf.org
_____	Niños de Mexico, Union, MO	www.ninosdemexico.org
_____	Oregon Christian Evangelistic Fellowship, Grants Pass, OR	www.ocefchurchplanters.com
_____	TCM International Institute, Indianapolis, IN and Heiligenkruez, Austria	www.tcmi.org
_____	The P.E.A.C.E. Plan, Lake Forest, CA	www.thepeaceplan.com

Your Church

In addition to leaving a gift to one or more of the above partners, we also encourage you to remember your church in your estate distribution (if not already selected above).

CHURCH NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

Financial Planning Ministry

Should you choose not to include any of our partner organizations in your estate, then a gift to Financial Planning Ministry is appreciated. Gifts to Financial Planning Ministry will allow us to continue this ministry for others.

UP-FRONT GIFT

Gifts are typically one-tenth of one percent (.1%) of your estate value.
For example: \$100,000 to \$400,000 estate = \$400 gift; \$1,500,000 estate = \$1,500 gift.

ESTATE GIFT

This gift will be given to Financial Planning Ministry at the time of your death.
We recommend designating a percentage amount (5%, 10%, 15%...), as the value of your estate will change over time.

Residual Distribution to Your Children, Family, Friends and Others

After debts and gifts to ministry partners are paid, I direct the **balance** of my estate to be distributed to the following individuals (your beneficiaries) as follows. The percentages in this section **must add up to 100%**.

1) BENEFICIARY

RELATIONSHIP TO YOU

AMOUNT / PERCENTAGE

ADDRESS

CITY, STATE, ZIP

If this beneficiary dies before you, this share will go to (please number your choices in succession):

____ BENEFICIARY'S SURVIVING CHILDREN* ____ YOUR SURVIVING CHILDREN* ____ BENEFICIARY'S SURVIVING SPOUSE

____ OTHER: _____

2) BENEFICIARY

RELATIONSHIP TO YOU

AMOUNT / PERCENTAGE

ADDRESS

CITY, STATE, ZIP

If this beneficiary dies before you, this share will go to (please number your choices in succession):

____ BENEFICIARY'S SURVIVING CHILDREN* ____ YOUR SURVIVING CHILDREN* ____ BENEFICIARY'S SURVIVING SPOUSE

____ OTHER: _____

3) BENEFICIARY

RELATIONSHIP TO YOU

AMOUNT / PERCENTAGE

ADDRESS

CITY, STATE, ZIP

If this beneficiary dies before you, this share will go to (please number your choices in succession):

____ BENEFICIARY'S SURVIVING CHILDREN* ____ YOUR SURVIVING CHILDREN* ____ BENEFICIARY'S SURVIVING SPOUSE

____ OTHER: _____

4) BENEFICIARY

RELATIONSHIP TO YOU

AMOUNT / PERCENTAGE

ADDRESS

CITY, STATE, ZIP

If this beneficiary dies before you, this share will go to (please number your choices in succession):

____ BENEFICIARY'S SURVIVING CHILDREN* ____ YOUR SURVIVING CHILDREN* ____ BENEFICIARY'S SURVIVING SPOUSE

____ OTHER: _____

**The word "children" includes both biological and adopted children.*

If more space is needed, please turn to page 15.

Residual Distribution to Your Children, Family, Friends and Others (CONTINUED)

FINAL BENEFICIARY

In the event of a common disaster, preventing ALL of my beneficiaries from receiving their portion of the estate, I give my entire estate to the following individual or organization:

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

CHILDREN'S TRUST

Children cannot receive funds while they are minors. A children's trust specifies how and when your children receive their inheritance. The funds are held in trust and given to them at a specific age or in multiple distributions over time.

Please specify how you would like your minor children's shares to be distributed:

☐ I would like minors to receive a lump sum distribution at age of majority (18 in most states).

☐ I would like monies held in trust and administered as follows:

Make monies available for continuing education and associated expenses. At age 25, provide them with 50% of the remainder of their inheritance. At age 30, provide them the balance of their inheritance and close their trust.

The above ages and amounts are an example. If you would like to modify these figures, do so here:

The **children's trustee** you name here will manage these funds and distribute them to your children according to your instructions above.

Who would you like to name as trustee of the children's trust?

☐ Same as successor trustee (Step 4). ☐ Same as guardian (Step 6).

☐ Other

NAME _____

RELATIONSHIP TO YOU _____

PHONE () _____

ADDRESS _____

CITY, STATE, ZIP _____

DISTRIBUTION OF TANGIBLE PERSONAL PROPERTY

You will be able to name specific distributions of tangible personal property (jewelry, furniture, automobiles, etc.) in a handwritten attachment (Schedule C) that we will send with your Trust. There is no need to provide us with a list of these assets.

Document Election and Disclosure

We at Financial Planning Ministry do not practice law and provide legal information only via our seminars, website, and other printed materials. Upon request, we will complete your estate planning forms.

- ☐ I/We have decided of my/our volition to have the estate planning document prepared as a revocable living trust and understand that a pourover will and health care directive are included.

OR

- ☐ I/We prefer to have estate planning document(s) prepared as a standard last will and testament and understand that probate is likely in such a case. I understand that a health care directive is also included.

SIGN OR TYPE YOUR FULL NAME BELOW.

SIGNATURE

DATE

SIGNATURE

DATE

REVIEWING YOUR BOOKLET

Please take a moment to review your Planning Guide. Any missing or unclear information or instructions will delay the processing of your documents.

- ☐ The Planning Guide is filled out **completely**.
- ☐ The writing is **legible** and in **ink**.
- ☐ Any **supporting documents are attached** (i.e. each property deed should be stapled to its corresponding tax statement, with the street address clearly written on the deed).

SUBMITTING YOUR BOOKLET

If you are scheduled to meet with a consultant, please bring this Planning Guide and supporting documents to your appointment.

If you are not meeting with a consultant, there are three ways to send us your Planning Guide and supporting documents:

MAIL Financial Planning Ministry
2010 Main Street, Suite 100
Irvine, CA 92614

FAX (949) 743-8343

EMAIL Scan and email to: info@fpm.org

Please use this space for any additional entries.

Financial Planning Ministry

2010 Main Street, Suite 100
Irvine, California 92614-7265

800.871.4901 PHONE

949.553.0055 PHONE

949.743.8343 FAX

info@fpm.org EMAIL

www.fpm.org