



SPECIAL CONCERNS FOR MINISTRIES

CONFIDENTIAL QUESTIONNAIRE

All information current as of: ____ / ____ / 20____

PASTOR INFORMATION

Pastor		Birthdate (<i>Pastor</i>)	
<input type="text"/>		<input type="text"/>	
Spouse		Birthdate (<i>Spouse</i>)	
<input type="text"/>		<input type="text"/>	
Cell Phone Number		Pastor Email	
<input type="text"/>		<input type="text"/>	
Children	Age	Children	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CHURCH INFORMATION

Church Name

Church Address, City, ST, Zip

Phone Number	Church Email	Congregation Size	Number of Employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

INCOME

Annual Income of The Ministry	Has the Church established a 501(c)3? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the Church established a 403(b)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently participating in Social Security? <input type="checkbox"/> Yes <input type="checkbox"/> No	Income Desired at Retirement
<input type="text"/>		<input type="text"/>
Annual Salary		List any retirement benefits currently in place: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Pastor: <input type="text"/>		
Spouse: <input type="text"/>		
Love Offerings: <input type="text"/>		
Housing/Car Allowance: <input type="text"/>		
Outstanding Loan Balance of The Ministry	Time Remaining	
<input type="text"/>	<input type="text"/>	

LIFE INSURANCE

Please list any existing life insurance paid for by the ministry:

Primary Insured	Insurance Company	Coverage Amount	Type: Permanent, Variable, or Term	Start Date	Ownership Agreement	Annual Premium

Please list any existing personal life insurance and annuities:

Primary Insured	Insurance Company	Coverage Amount	Type: Permanent, Variable, or Term	Start Date	Ownership Agreement	Annual Premium

Please prioritize the following concerns (1 through 7, 1 being the highest):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Life Insurance to protect my family | <input type="checkbox"/> Key Man Life Insurance | <input type="checkbox"/> Protect salary in the event of disability | <input type="checkbox"/> Deferred tax benefits |
| <input type="checkbox"/> Income Replacement | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Maintaining my standard of living at retirement | |