

PERSONAL AND FAMILY INFORMATION

Today's Date: _____

HIS Personal Information

Full Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Mailing Address (If different than below): _____

Home Address: _____

Telephone: _____

Email: _____

Would you like the Cash Trust statement emailed to you?

Yes _____ No _____

Date of Birth: _____

Social Security #: _____

Retired: Yes _____ No _____

U.S. Citizen with U.S. Bank Account for Interest Deposits

Yes _____ No _____

HER Personal Information

Full Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Mailing Address (If different than below): _____

Home Address: _____

Telephone: _____

Email: _____

Would you like the Cash Trust statement emailed to you?

Yes _____ No _____

Date of Birth: _____

Social Security #: _____

Retired: Yes _____ No _____

U.S. Citizen with U.S. Bank Account for Interest Deposits

Yes _____ No _____

Jeff Doerr | Director, Planned Giving and Trust Services
trustservices@3abn.org

P.O. Box 220 | West Frankfort, IL 62896 | **phone** 800-886-4800 | **fax** 618-200-8236 | **web** 3ABN.tv

State of Prior residence/address: _____

Date you moved to the state you are presently living in _____

FAMILY STATUS

Please check one: Married Separated Divorced Widowed Single _____

Date you married in this present marriage _____ City _____ State _____

Date of Spouse's death: _____ Date of Spouse's divorce: _____

If you are unmarried, is a marriage presently planned? Yes No

CHILDREN FROM PRIOR MARRIAGES/RELATIONSHIPS/ADOPTIONS

1. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

2. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

3. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

For More Children's Names, please turn this sheet over and add to the back side.

LIVING CHILDREN FROM CURRENT MARRIAGE

1. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

2. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

3. Name: _____ Date of Birth: _____

Address: _____ Zip: _____

For More Children's Names, please turn this sheet over and add to the back side.

DECEASED CHILDREN

- 1. Name: _____ Date of Birth: _____ Date of Death: _____
- 2. Name: _____ Date of Birth: _____ Date of Death: _____
- 3. Name: _____ Date of Birth: _____ Date of Death: _____

SURVIVING GRANDCHILDREN OF YOUR DECEASED CHILDREN (due to death or accident)

- 1. Grand Child Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____
- 2. Grand Child Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____
- 3. Grand Child Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____

LIST YOUR LIVING GRANDCHILDREN:

- 1. Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____
- 2. Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____
- 3. Name: _____ Date of Birth: _____
Address: _____ Zip: _____
Parent: _____

Turn this sheet over if there are more name than will fit on this page.

DISTRIBUTION OF THIS CASH TRUST

The minimum amount required to develop a Cash Trust is \$10,000 for single and \$20,000 for joint.

3ABN *Planned Giving and Trust Services* will manage your Cash Trust during your lifetime, free of any charges to you. These are your funds and 3ABN as Trustee will assist in any way you need to maintain these invested funds. This **document is revocable**, thus you may withdraw funds if necessary. You may also add at any time. However, in the event of your death and/or incompetency, the cash trust becomes irrevocable. There are no charges or penalties to manage this account for you. Below, **3ABN must be listed for no less than 25% on the final distribution**. There are no up-front fees to you. 3ABN will pay all costs to our attorney for the development of this document. In addition, 3ABN advises you to seek your own independent legal counsel to review the cash trust that 3ABN's attorney will prepare.

This cash trust shall be governed by the laws of the state of Illinois. Any conflict or dispute arising from this trust, or the disbursement of this trust, shall be adjudicated in Franklin County, of the state of Illinois.

Every Beneficiary **MUST HAVE** an alternate or 3ABN named as the alternate should the main Beneficiary be deceased. Adult Children, Family Members, Friends, Other Ministries can all be named as Beneficiaries (See Below). Minors must have an adult named to accept their funds until age 21, or per State Law.

If it is your desire, you may list 3ABN for 25% to 100% and this is greatly appreciated. 25% Minimum.

Thank you for selecting "Three Angels Broadcasting Network" at this important time in your life.

Cash Amount you are investing today \$ _____ Check # _____

Your interest payments will be paid quarterly unless otherwise requested.

LIST YOUR BENEFICIARIES BELOW:

1. Percent to Three Angels Broadcasting Network _____ %

2. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

 Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

3. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

 Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

4. Beneficiary: _____ %
 Relationship: _____ Telephone: _____
 Address: _____

 Alternate to the above: _____
 Relationship: _____ Telephone: _____
 Address: _____

5. Beneficiary: _____ %
Relationship: _____ Telephone: _____
Address: _____

Alternate to the above: _____
Relationship: _____ Telephone: _____
Address: _____

6. Beneficiary: _____ %
Relationship: _____ Telephone: _____
Address: _____

Alternate to the above: _____
Relationship: _____ Telephone: _____
Address: _____

7. Beneficiary: _____ %
Relationship: _____ Telephone: _____
Address: _____

Alternate to the above: _____
Relationship: _____ Telephone: _____
Address: _____

8. Beneficiary: _____ %
Relationship: _____ Telephone: _____
Address: _____

Alternate to the above: _____
Relationship: _____ Telephone: _____
Address: _____

NOTES OR ADDED INSTRUCTIONS:

RELEASE FOR DOCUMENT PREPARATION BY 3ABN'S ATTORNEY

I/We hereby request Three Angels Broadcasting Network to process my/our application for a **Revocable Cash Trust Agreement**.

I/We have been fully advised that all legal documents will be prepared by legal counsel who represents 3ABN. The attorney will be paid by 3ABN. We recommend that you have the documents reviewed by legal counsel of your own choosing for an independent review to make sure they conform with your estate plan. By signing below, I/We understand I/We are responsible to see that these legal documents are executed properly, and our other desires have been stated properly. You may also wish to seek your own legal counsel to verify that all legal documents are in accordance with my /our instructions in this application.

I/We have also been advised to contact my/our own attorney, personally retained for independent counsel, to review this worksheet and later the document and trust, if I/We so desire. **3ABN** does not pay for family selected attorney fees.

I/We _____ understand and agree with the details of this document and request this worksheet to be forwarded to 3ABN's attorney for document preparation.

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

(If joint - spouse signs here)

Please Read Page 7 before the final signing . . .

Sign below this line only if you had assistance from someone else to write this form out for you.

FOR PROXY AUTHORIZATION ONLY

I/We hereby authorized _____

(Name of person who filled out this form for you)

On My/Our behalf the preparation and filling out of this application form in my/our presence..

Applicant's Signature: _____ Date: _____

Applicant's Signature: _____ Date: _____

(If joint - spouse signs here)

IMPORTANT INFORMATION TO BE READ BY EACH APPLICANT

3ABN was incorporated March 1, 1985 - in Illinois. Responsibility for governing the organization is vested in a Board of Directors who are selected by a majority vote of the existing Board.

A Cash Trust is a simplified document that may be funded with a minimum of \$10,000 for one person, and \$20,000 for a couple. You may add funds at any time you wish. This document is REVOCABLE. However, in the event of your death and/or incompetency, the cash trust becomes irrevocable.

Revocable Cash Trust assets, managed by 3ABN are organized as pooled funds. These funds are administered by Morgan Stanley Wealth Management Securities according to investment guidelines set forth by the Investment Committee of the Board of Directors. The guidelines are implemented to meet the investment objectives of this fund with conservative risk level and no alcohol, tobacco, or any other "sin stocks". Pooled assets of this fund are invested in diversified portfolio.

Currently this pool is earning between 4.0 - 5.0 Annual Percentage Rate, however, interest rates are not guaranteed. Because these bonds represent investment in financial securities, the market value of the assets will fluctuate due to general market conditions and specific investments within each fund. The interest is only an estimate as the market does fluctuate. All of the interest received in the pool, less Morgan Stanley Wealth Management fees, are distributed to the income beneficiaries of the Revocable Cash Trust on a monthly basis, as reflected on your statement distributed quarterly.

3ABN provides, upon request, an accounting of its transactions with respect to each account invested in its common funds.

3ABN does not charge the pool for its administrative services or for additions or withdrawals from the pooled funds.

We request only that at your demise you remember the Lord's work at 3ABN. **Documents are developed with 25% or more return to 3ABN at the Trustor(s) demise.**

You have the option to revoke your trust or to withdraw some funds from your trust in the event of an adverse change in your financial circumstances. In the event of a withdrawal, the principal amount repaid will be the fair market value of the trustor's share of the pooled assets at the end of the previous month.

Common funds managed by 3ABN are exempt from registration requirement of the federal securities laws, pursuant to the exemption for collective investment funds and similar funds maintained by charitable organizations under the **Philanthropy Protection Act of 1995**. The information in this application is provided to you in accordance with that Act.

Each Donor is always advised to consult his, her, their own financial advisors regarding the risks, tax treatment and other aspects of contributing to 3ABN. Financial advisors should understand your state regulations as well as tax laws.

Should the trust assets reach a \$0.00 (zero) balance after 12 months this Trust will automatically cease and terminate. In such event the Trustee shall have no further duties or obligations.

Withdrawal and Revocation Rights: If a cash trust is revoked, the Trustor(s) will be repaid the amount of the Trustor's pro rata share of the market value of the pooled trust assets at the end of the previous month.

During the lifetime of the Trustor(s), or either survivor of them, this trust may be revoked or any portions of the trust balance may be withdrawn. Diagnosis of mental incompetency could affect a person's ability to manage these funds. Personal care expenses may draw down the trust after other sources of accounts have been exhausted. Proper diagnosis from a medical professional is required to change the revocability of the trust. Expenses will be paid directly to third parties.

Withdrawal Request Procedure: This may be done with a written request to 3ABN Planned Giving and Trust Services indicating the nature of the change in financial circumstances and executed by the Trustor(s) or the Survivor of them and delivered by mail or fax 618-200-8236. Upon receipt here at 3ABN, a check or direct deposit to the owner of this Trust will be delivered by check or auto transferred to the Bank which has been set up prior to the request. Call 800-886-4800 to ask about the details.