



Key Financial Information for Loved Ones

Name(s): _____ Updated: _____

Your Valued Financial Advisors

Attorney

Name: _____

Address: _____

Phone: _____

Financial Planner

Name: _____

Address: _____

Phone: _____

Accountant

Name: _____

Address: _____

Phone: _____

Insurance Professional

Name: _____

Address: _____

Phone: _____

Other

Name: _____

Address: _____

Phone: _____

Important Contacts

Employer

Name: _____

Address: _____

Phone: _____

- Life Ins. Disability Ins. Health Ins. LTC Ins.
- Retirement Plan Deferred Comp. Stock Ownership
- Stock Options FSA Other _____

Retirement/Pension Benefits Contact

Name: _____

Address: _____

Phone: _____

Beneficiaries: _____

Other

Name: _____

Address: _____

Phone: _____

Other

Name: _____

Address: _____

Phone: _____

Investments

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Acct. Type/Owner: _____ Acct. Number: _____ Institution: _____ Phone: _____

Banking Information

Checking

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Savings

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Other

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Name(s) on Acct.: _____ Acct. Number: _____ Bank: _____

Liabilities (Mortgage, Auto Loans, Student Loans, Other Debts)

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Loan Type: _____ Ref. Number: _____ Institution: _____

Name of Borrower(s): _____ Phone Number: _____ Paperwork Location: _____

Life Insurance

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Owner/Insured: _____ Type: _____ Policy Number: _____

Institution: _____ Face Amount: _____ Loan: _____ Beneficiary: _____

Other Insurance (Disability, Long Term Care, Health)

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____

Type: _____ Policy Number: _____ Institution: _____





Key Personal Information and Wishes

Documents

I have executed each of the following documents and you can find them where noted:

Document	Date Signed	Location
Will	_____	_____
Living Will	_____	_____
Health Care Proxy	_____	_____
Medical Directive	_____	_____
Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Custodial Account	_____	_____
Pre/Post Nuptials	_____	_____
Divorce Decree	_____	_____
Burial Agreement	_____	_____
Deeds	_____	_____
Titles	_____	_____

Indicated Representatives

I have appointed the following persons to act on my behalf:

Power of Attorney	Primary: _____	Contingent: _____
Health Care Proxy	Primary: _____	Contingent: _____
Executor(s) of Estate	Primary: _____	Contingent: _____

General Information

Social Security #: _____ Driver's License #: _____ Passport #: _____

Upon my death, my heirs *will* *will not* receive a distribution of benefits from a trust.

If yes, the trust instrument was created by _____ Trustee: _____

I am *I am not* an organ donor. Wishes: _____

I do *I do not* have a safety deposit box. The key is located _____

Bank Name and Location: _____

I do *I do not* have a personal safe. The combination is _____

Safe Location: _____

I do *I do not* have digital information (login/user names, passwords, security questions) documented. Location: _____

I have *I have not* attached a list of the persons I want to receive my personal property when I die.

I am *I am not* entitled to military benefits. Benefits: _____

In The Event Of My Death

Funeral Home: _____

Cemetery: _____ Plot/Drawer #: _____

I have *I have not* prepaid my burial costs.

I have *I have not* prepaid my burial plot.

I have *I have not* prepaid my casket.

Information can be found at: _____

I have *a deceased spouse* *parent* *child* _____ who is buried at _____

I wish to be buried next to _____

I do *I do not* want to be cremated. Crematory: _____

Religious official to perform service: _____ Location: _____

Pallbearers:

Special Requests

Obituary Reading: _____

Tombstone Engraving: _____

In lieu of flowers, please ask for donations to: _____

Other Special Requests: _____

I have signed these personal wishes on _____ day of _____ 20____. This is not legally binding nor is it intended to replace my will or other estate planning documents I have signed. However, it is my express desire that family members, Executor, Trustee and Guardian will use this information and the other documents in making any discretionary decisions for me and my family.

Print Name: _____ Signature: _____

Copies of this document were delivered to:

