For my family

Important information for my loved ones about my financial documents and my final requests.



Ensure your loved ones know where to find this document and be sure to keep it in a safe place as it may contain personal financial information.	Full name:	 Surname	First name	Middle (if given)		
	Date of birth:					
	Date of birth.	Year	Month	Day		
Date:						
	Birthplace:	City	State			
		O.C.	otate			
	Current address:					
		City	State	Zip code		
	Social Security Nu	umber:				
	Employer(s):					
	Employer(s) contact:					
	Employer(s) phone no.:					
	Employer(s) email:					
	Veteran's section (if applicable)					
	Branch of service:					
	Serial number:					

Dates served:



Insurance

Foresters insurance policy(s):			
Policy no.:			
Location:			
Policy no.:			
Location:			
Other insurance policies:			
Banking			
Checking accounts			
Financial Institution:			
Account no.:			
Location:			
Financial Institution:			
Account no.:			
Location:			
Savings accounts			
Financial Institution:			
Account no.:			
Location:			
Financial Institution:			
Account no.:			
Location:			

Investments

Location:

Investment accounts
Financial Institution:
Account no.:
Location:
Financial Institution:
Account no.:
Location:
Other
Financial Institution:
Account no.:
Location:
Financial Institution:
Account no.:
Location:
Other financial
Credit card accounts
Financial Institution:
Account no.:
Location:
Retirement plans
Financial Institution:
Account no.:
Location:
Other pensions
Financial Institution:
Account no :

Trust fund	Other
Financial Institution:	Income tax documents:
Account no.:	Location:
Location:	LOCATION.
Cignificant Assets	Safe deposit box no.:
Significant Assets and Property:	Location:
l ocation:	
Location:	Safe deposit box key no.:
Automobile titles:	Location:
Location:	
Properties:	Key contacts and advisors
Location:	Attorney:
	Phone:
Deeds:	Email:
Location:	
Other:	Power of Attorney*:
	Phone:
Location:	Email:
	Executor of estate*:
Debts	Di
Automobile loans/leases	Phone:Email:
Financial Institution:	Bankers:
Account No.:	Phone:
Location:	Email:
Mortgage papers	Accountant:
Financial Institution:	Phone:
Account no.:	Email:
Location:	
	Life insurance agent:
Other	Phone:
Financial Institution:	Email:
Account no.:	

Location:

Please notify

Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Relationship	Email
Name	City	State	Phone	Dolationship	Email
Name	City	State	Priorie	Relationship	Email
Name	City	State	Phone	Relationship	Email
Nullic	City	State	THORIC	retationship	LITIAIL

Funeral preferences

Funeral home pre-arrangements made at:
Contact person:
Funeral Home:
Phone number:
Email:
If no pre-arrangements have been made, the following is my preference:
Funeral Home:
Place of service:
Type of service:
Leader of service:
Special requests: (eulogy, music, viewings, donations, etc.)
Burial or cremation:
Pallbearers:
Name of cemetery or mausoleum:
(if plot purchased)
Location:
Instructions:
Location of important papers
Trust:
Power of attorney:
Living Will/Health care directives/Other:
Birth and marriage certificates:
Naturalization or residency papers:
Military/discharge papers:
Religious records:
Other:

Notes:	
Click here to insert	
rep photo (This text will not print)	



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