

# 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.

Date: \_\_\_\_\_

Full name: \_\_\_\_\_  
Surname                      First name                      Middle (if given)

Date of birth: \_\_\_\_\_  
Year                      Month                      Day

Birthplace: \_\_\_\_\_  
City                      State

Current address: \_\_\_\_\_  
City                      State                      Zip code

Social Security Number: \_\_\_\_\_

Employer(s): \_\_\_\_\_

Employer(s) contact: \_\_\_\_\_

Employer(s) phone no.: \_\_\_\_\_

Employer(s) email: \_\_\_\_\_

## Veteran's section (if applicable)

Branch of service: \_\_\_\_\_

Serial number: \_\_\_\_\_

Dates served: \_\_\_\_\_ to \_\_\_\_\_

## 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

### 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.: \_\_\_\_\_

Location: \_\_\_\_\_

## Trust fund

Financial Institution: \_\_\_\_\_

Account no.: \_\_\_\_\_

Location: \_\_\_\_\_

Significant Assets  
and Property: \_\_\_\_\_

Location: \_\_\_\_\_

Automobile titles: \_\_\_\_\_

Location: \_\_\_\_\_

Properties: \_\_\_\_\_

Location: \_\_\_\_\_

Deeds: \_\_\_\_\_

Location: \_\_\_\_\_

Other: \_\_\_\_\_

Location: \_\_\_\_\_

## Debts

### Automobile loans/leases

Financial Institution: \_\_\_\_\_

Account No.: \_\_\_\_\_

Location: \_\_\_\_\_

### Mortgage papers

Financial Institution: \_\_\_\_\_

Account no.: \_\_\_\_\_

Location: \_\_\_\_\_

### Other

Financial Institution: \_\_\_\_\_

Account no.: \_\_\_\_\_

Location: \_\_\_\_\_

## Other

Income tax documents: \_\_\_\_\_

Location: \_\_\_\_\_

Safe deposit box no.: \_\_\_\_\_

Location: \_\_\_\_\_

Safe deposit box key no.: \_\_\_\_\_

Location: \_\_\_\_\_

## Key contacts and advisors

Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Power of Attorney\*: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Executor of estate\*: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Bankers: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accountant: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Life insurance agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home & auto insurance agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Investment Broker: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Please notify

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Name	City	State	Phone	Relationship	Email
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Name	City	State	Phone	Relationship	Email
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Name	City	State	Phone	Relationship	Email
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## 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

Will: \_\_\_\_\_

Trust: \_\_\_\_\_

Power of attorney: \_\_\_\_\_

Living Will/Health care directives/Other: \_\_\_\_\_

Birth and marriage certificates: \_\_\_\_\_

Naturalization or residency papers: \_\_\_\_\_

Military/discharge papers: \_\_\_\_\_

Religious records: \_\_\_\_\_

Other: \_\_\_\_\_

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Notes:

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