

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

Province

Current address: _____

City

Province

Postal Code

Social Insurance Number: _____

Employer(s): _____

Employer(s) contact: _____

Employer(s) phone no.: _____

Employer(s) email: _____

Veteran's Section (if applicable)

Unit: _____

Service number: _____

Dates served: _____ to _____

Insurance

Foresters insurance certificate(s) or policy(s):

Certificate
or policy no.: _____

Location: _____

Certificate
or policy no.: _____

Location: _____

Other insurance
policies: _____

Banking

Chequing 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: _____

Social media accounts

Facebook: _____
User name Password

LinkedIn: _____
User name Password

Twitter: _____
User name Password

YouTube: _____
User name Password

Other: _____
User name Password

Please Notify

Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Name	City	Province	Phone	Relationship	Email
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Funeral Preferences

Funeral home pre-arrangements made at: _____

Contact person: _____

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: _____

Notes:

Don't forget to ask about other benefits – beyond any death benefit payable under a Foresters Financial™ life insurance certificate – that may be available to my dependent children from my Foresters membership.^{1,2}

At Foresters, we believe in doing more - for you, your family, and your community. We are not driven by the demands of outside investors. Instead, we are a membership-based fraternal benefits organization. We invest in our members, their families and their communities.

To access your benefits call: **800-444-3043**
For other member inquiries call: **800-828-1540**

¹ Assumes Foresters certificate and membership in effect on date of death.
² Descriptions of member benefits that you may receive assume that you are a Foresters Financial member. Foresters Financial member benefits are non-contractual, subject to benefit specific eligibility requirements, definitions and limitations and may be changed or cancelled without notice. For details about membership and its benefits, visit foresters.com
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