

Information for My Loved Ones

This form is an easy way for your trusted family and friends to locate important documents and details if you are unable. Complete this form for them to follow later, when they need it most.

Biographical Information

Today's date: _____ Social Security number: _____

Your name: _____ Other/former name: _____

Address: _____ County: _____

City/State/ZIP: _____

Birthdate/location: _____

Parents: _____

Siblings: _____

Marital status: _____ Marriage date/location: _____

Spouse: _____

Children: _____

Grandchildren: _____

Have you served in the military? ☐ Yes ☐ No

Location of military discharge documents: _____

Will/Living Trust

Do you have a will? ☐ Yes ☐ No

Do you have a trust? ☐ Yes ☐ No

Location of original document(s): _____

Date(s) created: _____

Name/phone of attorney or name of online will-planning program that prepared document(s):

Attorney address: _____

Attorney City/State/ZIP: _____

IMPORTANT NOTE: Review your will and/or trust at least every two years or whenever you have a major life change such as marriage, divorce, death of a beneficiary, a move to another state, etc.

Financial Power of Attorney

With a power of attorney, you allow someone to act on your behalf in the event that you are unable to do so yourself. For example, you could be on an extended vacation or affected by a temporary medical condition. Financial power of attorney allows the holder to transact business, including buying, selling and gathering assets; discharging debts; and handling real estate.

Do you have one? ☐ Yes ☐ No

Location of original document: _____

Name/phone of person given the power to act: _____

Their address: _____

Their City/State/ZIP: _____

Health Care Power of Attorney/Living Will

A health care power of attorney allows you to appoint someone to make medical decisions on your behalf should you become unable to do so. It may also encompass or be accompanied by a living will, directing whether life-sustaining procedures shall be used to prolong life when it's medically determined that no hope of recovery remains.

Do you have either one? ☐ Yes ☐ No

Location of original document(s): _____

Name/phone of person given the power to act: _____

Their address: _____

Their City/State/ZIP: _____

Your primary care physician: _____

Charitable Giving

I have included the following nonprofits in my plans:

Beneficiaries of:

DON'T FORGET to notify any charitable organization of your intent to leave a gift in your will or plans. That way, your gift can be used exactly as you intend.

Bank Accounts, Certificates of Deposit, Stocks, Bonds, Mutual Funds and Money Market Accounts

Assets/names of financial institutions/account numbers:

Name/phone of financial advisor: _____

Name/phone of accountant: _____

Property Deeds

Do you own any real property, either individually or joint? ☐ Yes ☐ No

Location of deed(s): _____

Mortgage(s): _____

Addresses of real estate you own:

Liabilities (Auto Loans, Personal Loans, Credit Cards, etc.)

Names of financial institutions/account numbers:

Life Insurance

Do you have any life insurance policies or own any policies on someone else's life? ☐ Yes ☐ No

Insurance companies/policy numbers:

Commercial Annuities

Do you have any commercial annuities? ☐ Yes ☐ No

Companies/policy numbers:

Retirement Accounts (IRA, 401(k), Roth, etc.)

Do you have any retirement accounts? ☐ Yes ☐ No

Account types/account numbers/custodians of the funds:

Safe-Deposit Box

Do you have a safe-deposit box? ☐ Yes ☐ No

Bank branch location/box number/location of key:

Lockbox

Do you have a lockbox at home? ☐ Yes ☐ No

Location of lockbox and key (or write passcode):

Username and Passwords

Login information for your smartphone, computer, email accounts, social media accounts, credit card accounts, streaming services and other password-protected accounts:

GREAT JOB! You have accomplished a loving task for those you care about. This form asks for sensitive personal information. To help keep your data secure, we recommend:

- Download and complete this form on a secure, password-protected device.
- Do not email the completed form.
- Print a copy and store it in a safe place.
- Share a printed copy with your trusted loved ones or professional advisors in person.
- Delete the digital file after printing, unless you store it securely.

The security recommendations provided are for informational purposes only and are based on industry best practices at the time of delivery. While we strive to offer accurate and relevant guidance, we make no warranties or guarantees regarding the completeness, accuracy or effectiveness of these recommendations. Implementation and use of any suggestions are at your own discretion and risk. We do not accept any liability for any loss or damage that may result from the use of this information.