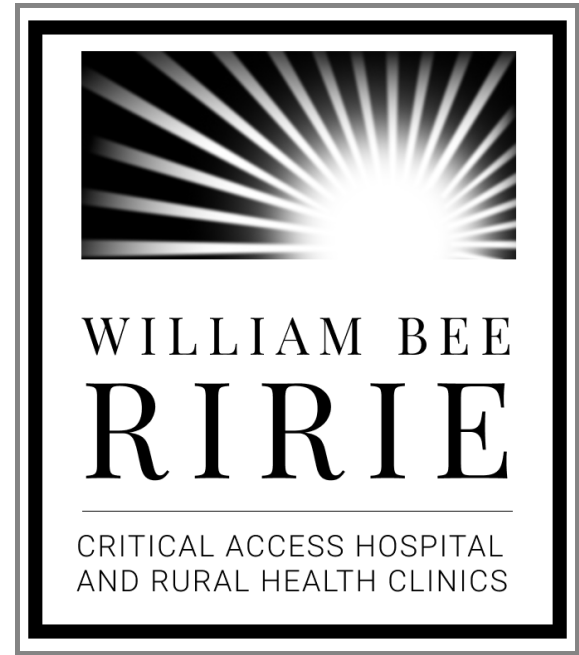




What My Family Needs to Know Information for:

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Notes and Instructions

Personal Information

Health Insurance

Other Medical Insurance

Short-Term and Long-Term Disability

Miscellaneous Insurance

Life Insurance

Bank Accounts

Investments

Business

Real Estate

Professional Advisors

[illegible]

Name _____

Address _____

Date of Birth _____

SSN _____

Place of Employment _____

Next of Kin _____

Other Information _____

Health Insurance

Insurance Company _____

Phone _____

Name of Insured _____

Group Number _____

ID Number _____

Name of Plan _____

Deductible _____

Co-Pay _____

Co-Insurance _____

Out-of-Pocket Limit _____

Others Covered _____

Power of Attorney

Where to find it _____

Notes: _____

Advance Directive

Where to find it _____

Notes: _____

Other Medical Insurance

Dental _____

Phone _____

Name of Insured _____

Group Number _____

ID Number _____

Type of Plan _____

Vision _____

Phone _____

Name of Insured _____

Group Number _____

ID Number _____

Type of Plan _____

Disability Insurance

Short-Term _____

Phone _____

Group Number _____

Waiting Period _____

Plan Benefits _____

Long-Term _____

Phone _____

Group Number _____

Waiting period _____

Plan Benefits _____

Professional Advisors

Name of Advisor _____

Phone Number _____

Type/Scope of Service _____

Name of Advisor _____

Phone Number _____

Type/Scope of Service _____

Professional Advisors

Name of Advisor _____

Phone Number _____

Type/Scope of Service _____

Name of Advisor _____

Phone Number _____

Type/Scope of Service _____

Miscellaneous Insurance

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Miscellaneous Insurance

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Real Estate

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Real Estate

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Miscellaneous Insurance

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Type _____

Company _____

Phone Number _____

Policy Number _____

Coverage Amounts _____

Life Insurance

Company _____

Phone Number _____

Policy Number _____

Type of Life Insurance _____

Death Benefit _____

Accelerated Death Benefit Option?

☐ Yes ☐ No Amount _____

Beneficiaries _____

Real Estate

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Real Estate

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Address of Property _____

Owner(s) _____

Parcel Number _____

Type of Property _____

Life Insurance

Company _____

Phone Number _____

Policy Number _____

Type of Life Insurance _____

Death Benefit

Accelerated Death Benefit Option?

☐ Yes ☐ No Amount _____

Beneficiaries

Life Insurance

Company _____

Phone Number _____

Policy Number _____

Type of Life Insurance _____

Death Benefit _____

Accelerated Death Benefit Option?

☐ Yes ☐ No Amount _____

Beneficiaries _____

Business

Name of Company _____

Owner(s) _____

Tax ID Number _____

Type of Business _____

Name of Company _____

Owner(s) _____

Tax ID Number _____

Type of Business _____

Business

Name of Company _____

Owner(s) _____

Tax ID Number _____

Type of Business _____

Name of Company _____

Owner(s) _____

Tax ID Number _____

Type of Business _____

Life Insurance

Company _____

Phone Number _____

Policy Number _____

Type of Life Insurance _____

Death Benefit

Accelerated Death Benefit Option?

☐

Yes

☐

No

Amount _____

Beneficiaries

Bank Accounts

Name of Bank _____

Branch _____

Phone Number _____

Account Number _____

Type of Account _____

Other Names on Account _____

Is there a debit/credit card associated
with this account? ☐ Yes ☐ No

Safe Deposit Box? ☐ Yes ☐ No

Who has access? _____

Investments

Name of Company _____

Agent _____

Phone Number _____

Account Number _____

Type of Investment _____

Name of Company _____

Agent _____

Phone Number _____

Account Number _____

Type of Investment _____

Investments

Name of Company _____

Agent _____

Phone Number _____

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Agent _____

Phone Number _____

Account Number _____

Type of Investment _____

Bank Accounts

Name of Bank _____

Branch _____

Phone Number _____

Account Number _____

Type of Account _____

Other Names on Account _____

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with this account? ☐ Yes ☐ No

Safe Deposit Box? ☐ Yes ☐ No

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Branch _____

Phone Number _____

Account Number _____

Type of Account _____

Other Names on Account _____

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Safe Deposit Box? ☐ Yes ☐ No

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Investments

Name of Company _____

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Phone Number _____

Account Number _____

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Agent _____

Phone Number _____

Account Number _____

Type of Investment _____

Bank Accounts

Name of Bank _____

Branch _____

Phone Number _____

Account Number _____

Type of Account _____

Other Names on Account _____

Is there a debit/credit card associated
with this account? ☐ Yes ☐ No

Safe Deposit Box? ☐ Yes ☐ No

Who has access? _____
