

AVAIi

WEALTH  
MANAGEMENT

# A Planning Guide for the Future

# PERSONAL INFO

Name of Insured

FIRST MIDDLE LAST

Name at Birth

FIRST MIDDLE LAST

Birthday

MONTH DAY YEAR

Place of Birth

CITY STATE COUNTRY

Present Address

STREET CITY STATE

Driver's License No.

Married to

PRESENT NAME FORMER NAME

Spouse's Birthday

MONTH DAY YEAR

Spouse's Place of Birth

CITY STATE COUNTRY

Previous Marriage(s):

NAME DATE OF DEATH OR DIVORCE

NAME DATE OF DEATH OR DIVORCE

Additional Information

Children from Marriage to \_\_\_\_\_

Please check the box in front of each name if that child has special needs. See page 9 to address further information.

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

Children from Marriage to \_\_\_\_\_

Please check the box in front of each name if that child has special needs. See page 9 to address further information.

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

# PERSONAL INFO CONTINUED

Citizen of \_\_\_\_\_  By Birth  By Naturalization

Naturalized \_\_\_\_\_  
MONTH DAY YEAR

Location \_\_\_\_\_

Naturalization No. \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTAL INFORMATION

Father \_\_\_\_\_  
FULL NAME BIRTH DATE  
DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
FULL NAME BIRTH DATE  
DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL ADVISORS

Wealth Manager/ Advisor

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NAME

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STREET CITY STATE TELEPHONE NO.

Attorney

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Personal Representative / Executor

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Accountant

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Stockbroker

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Insurance Representative

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Religious Contact

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Other

---

NAME

---

STREET CITY STATE TELEPHONE NO.

Other

---

NAME

---

STREET CITY STATE TELEPHONE NO.

# RECORD LOCATOR

## SAFETY STORAGE

1. Safe Deposit Box # Key Location
2. Safe Deposit Box # Key Location
3. Other Storage
4. Other Storage

## RECORD/LOCATION

- Birth Certificates
- Marriage Certificates
- Divorce Papers
- Tax Records
- W-2 Forms
- Mortgage
- Title House(s)
- Title Car(s)
- Title Misc
- Military Records
- Household Records, Bills etc.
- Guardianship Letters
- Power of Attorney - Financial
- Power of Attorney - Health
- Living Will
- Loan Papers
- Keys
- Other Important Documents

# WILLS

I have a will.                       I do not have a will.

Location of Original and Copies of Will

---

Date of Will

MONTH

DAY

YEAR

---

Location of Original Codicil

Date of Codicil

---

Executor's Name and Address

NAME STREET CITY STATE

---

Witnesses (to Will) Name and Address

NAME STREET CITY STATE

---

NAME STREET CITY STATE

---

Guardian (for Minors) Name and Address

NAME STREET CITY STATE

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# TRUSTS

I have a trust.       I am a beneficiary of a trust.

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

My spouse has a trust.       My spouse is a beneficiary of a trust.

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

Special needs or supplementary trust (does not include a "payback" clause)

"Payback" trust

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

# DEPENDENT WITH SPECIAL NEEDS

Name of dependent

FIRST

MIDDLE

LAST

Name of future legal guardian

FIRST

MIDDLE

LAST

Name of attorney

FIRST

MIDDLE

LAST

Date letter of intent created

DATE

Location

LOCATION

Current health insurance provider

NAME

POLICY NO.

GROUP NO.

PLAN PARTICIPANT NAME

TYPE/LEVEL COVERAGE

Will health insurance for the person with special needs continue beyond age 22?  Yes  No

Alternative coverage if current health insurance is no longer available

Other relatives who have updated their wills, trusts, life insurance owner and beneficiary designations so that any potential inheritance goes to the special needs trust and not the individual:

Family Member

Assets to Be Transferred

Caregivers if the dependent is a minor and is not likely to be considered legally competent as an adult once the child reaches 18:

Name

Date of Birth

Address



# FINANCIAL ACCOUNTS

## BANK ACCOUNTS (Savings & Loan, Credit Union)

Name of Institution	Account Number	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Checkbooks, Passbooks, Statements and Canceled Checks

\_\_\_\_\_

\_\_\_\_\_

## MUTUAL FUNDS

Fund Name and Company	Number of Shares	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ANNUITIES

Name of Company	Policy Number	Annuitant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CERTIFICATES OF DEPOSIT (CDs)

Name of Institution	Amount	Certificate Number	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

# FINANCIAL ACCOUNTS CONTINUED

## SAVINGS BONDS

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER BONDS

Bond Number	Maturity Value	Maturity Date	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## STOCKS

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Financial Account Information \_\_\_\_\_

# INSURANCE POLICIES

## LIFE INSURANCE

Name of Company	Policy Number	Amount of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

## OTHER INSURANCE

(Disability Income, Medical and Hospitalization, Long-Term Care, Accident and Travel, etc.)

Name of Company	Policy Number	Type of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

## PROPERTY/CASUALTY INSURANCE

(Auto Coverage, Homeowner's and Rental Coverage, Personal Liability/Umbrella Policies, etc.)

Name of Company	Policy Number	Type of Coverage	Broker/Agent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of Policies \_\_\_\_\_  
\_\_\_\_\_

# OTHER SOURCES

## ORGANIZATION BENEFITS

Benefits may be available to your survivors based on membership in certain organizations, such as professional organizations, trade associations, unions, etc.

Organization	Type of Benefits
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Location of Information 

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## GOVERNMENT LIFE INSURANCE

Serial Number 

---

Branch of Military 

---

Dates of Service 

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Location of Information 

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## OTHER POTENTIAL GOVERNMENT COVERAGE

	Amount	Account or Claim Number
--	--------	-------------------------

Veteran's 

---

Civil Service 

---

Railroad Retirement 

---

Active Military 

---

Local/State Employment 

---

Location of Information 

---

# EMPLOYMENT BENEFITS

## CURRENT EMPLOYER

Current Employer Name and Address

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COMPANY STREET CITY STATE

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POSITION/TITLE DATE OF HIRE

Potential eligible benefits available in the event of my death:

- Group Life Insurance
- Group Health Insurance (death benefit)
- Unpaid Salary
- Pension (survivor's benefits)
- Workmen's Compensation
- Deferred Compensation
- Profit Sharing (survivor's benefits)
- Other

Location of Information

---

Contact person at work

---

# PENSIONS/RETIREMENT

## PENSION PLANS

Name and Address of Employer (Current and Prior)

Pension Identification Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Name and Address of Company

Account Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## KEOGH PLAN

Name and Address of Company

Account Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## 401(K) PLANS

Name and Address of Company

Account Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## OTHER RETIREMENT/ PENSION PLANS

Name and Address of Company

Account Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Location of Pension/Retirement Information

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# SOCIAL SECURITY & BUSINESS INTEREST

## SOCIAL SECURITY INFORMATION

My Social Security Number \_\_\_\_\_

My Spouse's Social Security Number \_\_\_\_\_

My Children's Social Security Number(s):

NAME	NUMBER
NAME	NUMBER
NAME	NUMBER
NAME	NUMBER

## BUSINESS OWNERSHIP

I have an ownership interest in the following business(es):

Name and Address of Business	Type of Business	% Ownership Interest
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

# LEGAL ACTION, CREDIT CARDS & DEBTS

## LEGAL ACTION

Uncollected legal judgment, pending lawsuit or claim, etc.

Name and Address	Description
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

## CREDIT CARDS

Name of Company	Address	Card Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## DEBTS

I have the following debts:

Name and Address of Debtor	Reason	Amount
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



# FINAL WISHES

I would like my body to be:

- Cremated
- Entombed
- Used as an Organ Donor
- Buried
- Given to Science
- Any of the preceding as selected by my heirs

I would like:

- A Funeral Service
- No Service
- A Memorial Service
- Any of the preceding as selected by my heirs

I would like the funeral, memorial or service to take place at:

- House of Worship
- My Home
- Any of the preceding as selected by my heirs
- Funeral Home
- Other \_\_\_\_\_

My preferences are:

Name of House of Worship \_\_\_\_\_

Name of Religious Leader \_\_\_\_\_

Name of Funeral Home / Funeral Director \_\_\_\_\_

Other requests for my Funeral / Memorial / Service \_\_\_\_\_

\_\_\_\_\_

Additional personal preferences and wishes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have made funeral prearrangements. The information is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

