



Family Life Organizer

We have all heard stories (or experienced it ourselves) about people having to spend huge amounts of time trying to figure out the location of assets, documents and records as well as the wishes of loved ones during a crisis.

One of the best gifts that you can give your family is to keep your important documents and financial records easily accessible and well organized. In the event of an emergency, illness, disability or death, family members or other persons of trust will need to step in to carry out your wishes. This Family Life Organizer (Organizer) will assist them by consolidating critical information so that they may care for you and/or carry out your wishes in an efficient manner.

This Organizer will contain critical and sensitive personal information about you and your family, so it is important that you keep it secure and store it in a safe place. To protect your information, we suggest you keep a dated copy of the Organizer with your other important documents (wills, trusts, powers of attorney, advanced health care directives, etc.) in a fireproof safe box, a safe or a safety deposit box. Tell a trusted family member or other responsible party where it is stored. In addition, you may want to consider a personal record-keeping online solution (such as a secure digital vault). Your Financial Professional may be able to assist you with this. (*Note: If you keep your Organizer somewhere that requires a key or security code, be sure to give those details to a spouse AND another trusted family member. That way, loved ones can access your information in the event of an emergency.)

As you fill out this Organizer, abbreviate names and sensitive information (i.e., Social Security numbers and other identifying information) wherever possible. Also, consider the implications (from a security perspective) of giving loved ones copies of this document (it will have your account numbers, usernames and passwords). Alternatively, you could provide them with a blank copy and explain that it has been filled out and can be found with your other important documents, should it be needed. We suggest you avoid sharing this document via email because it may not be fully secure or at risk of further redisclosure.

It will take time to complete the Organizer and you should plan on updating it once a year. In order to make that process as efficient as possible, the Organizer is available in a fillable pdf. Simply open the pdf and start typing in your information, saving frequently. In order to keep the Organizer secure, we recommend you save it to a flash drive (not on your hard drive), print out a copy of the Organizer, and put the flash drive and printed copy with your important documents. On an annual basis, you can simply plug in the flash drive, make any changes (i.e., new accounts, passwords, etc.), save it to the flash drive and print out a new copy to replace the previous copy. The flash drive is critically important to keep secure with a copy and your other documents. Be sure to properly and securely destroy the old copy.

Keep in mind as you go through this process that the work you are doing to fill out this Organizer will be critically important to your loved ones!



Letter to loved ones



Table of contents

Section 1: Emergency contacts 7

Section 2: Document locator 9

 a) Estate documents 10

 b) Deeds and titles 10

 c) Other important documents 12

Section 3: Personal information 14

 a) Self 15

 b) Spouse/partner 15

 c) Ex-spouse/partner 16

 d) Dependents 17

 e) Adult children 18

 f) Grandchildren 19

 g) Pets 21

Section 4: Health and medical information 24

 a) Medical insurance – Self 25

 b) Medical information/history – Self 26

 c) Medical insurance – Spouse/partner 28

 d) Medical information/history – Spouse/partner 29

 e) Medical insurance – Dependents 31

 f) Physicians directory 33

 g) Caregivers directory 34

Section 5: Real estate holdings/household bills/maintenance 35

 a) Primary residence 36

 i) Budget/bills 36

 ii) Domestic help 37

 iii) Home maintenance instructions 38

 b) Vacation/rental property #1 39

 i) Budget/bills 39

 ii) Domestic help 40

 iii) Home maintenance instructions 41

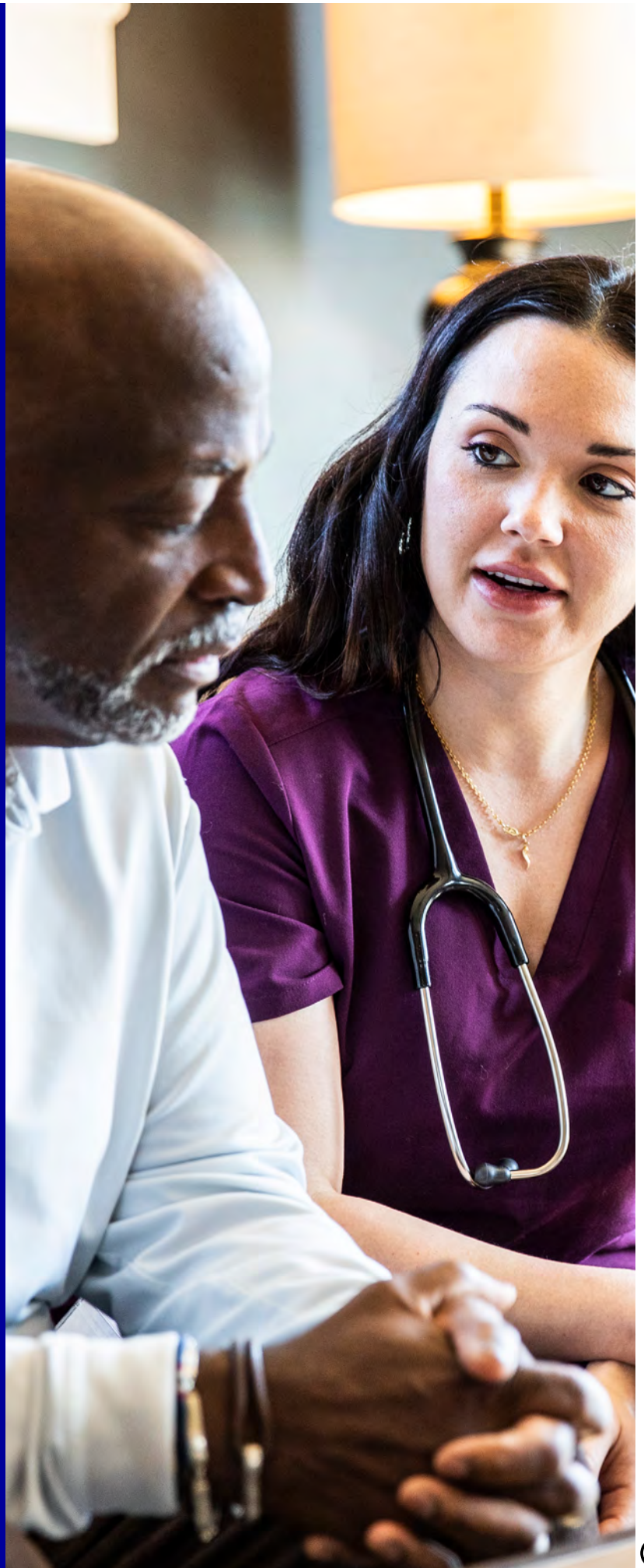
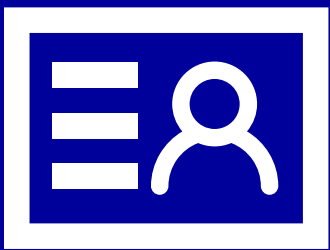


c) Vacation/rental property #2	42
i) Budget/bills	42
ii) Domestic help	43
iii) Home maintenance instructions	44
d) Vacation/rental property #3	45
i) Budget/bills	45
ii) Domestic help	46
iii) Home maintenance instructions	47
e) Vacation/rental property #4	48
i) Budget/bills	48
ii) Domestic help	49
iii) Home maintenance instructions	50
Section 6: Advisory team contacts	52
Section 7: Financial assets	54
a) Bank accounts	55
b) Investment accounts	56
c) Retirement plans/executive compensation – Self	60
d) Retirement plans/executive compensation – Spouse/partner	62
Section 8: Insurance	65
a) Annuities	66
b) Life/disability/long-term care – Self	67
c) Life/disability/long-term care – Spouse/partner	69
d) Property and casualty insurance	70
Section 9: Liabilities	72
a) Credit cards	73
b) Loans	74
Section 10: Digital assets	77
a) Digital wallets	78
b) Data with monetary value	80
c) Data without monetary value	81



Section 11: Social media accounts	82
a) Self	83
b) Spouse/partner	83
Section 12: Funeral instructions	84
a) Self	85
b) Spouse/partner	86

Section 1:
Emergency
contacts





Section 1: Emergency contacts

In the event of an emergency, accident, sudden illness or death, your family members will want to have a list of emergency contacts outside of family members (i.e., friends, neighbors, members of your religious institution, if applicable, etc.) that you wish to be informed of the situation. Please fill in the information below.

Name
Relationship
Cell phone
Email

Name
Relationship
Cell phone
Email

Name
Relationship
Cell phone
Email

Name
Relationship
Cell phone
Email

Name
Relationship
Cell phone
Email

Name
Relationship
Cell phone
Email



Section 2:
Document
locator





Section 2: Document locator

Help your loved ones find and access all your important documents by filling in the information below.

a) Estate documents

Wills

Location

Special instructions for access

Last updated

Trusts

Location

Special instructions for access

Last updated

Powers of attorney

Location

Special instructions for access

Last updated

Advanced health care directives/living wills

Location

Special instructions for access

Last updated

b) Deeds and titles

1)

Asset name

Location of deed/title

Special instructions for access





2)

Asset name

Location of deed/title

Special instructions for access

3)

Asset name

Location of deed/title

Special instructions for access

4)

Asset name

Location of deed/title

Special instructions for access

5)

Asset name

Location of deed/title

Special instructions for access

6)

Asset name

Location of deed/title

Special instructions for access

7)

Asset name

Location of deed/title

Special instructions for access

8)

Asset name

Location of deed/title

Special instructions for access





c) Other important documents

Social Security card(s)

Location

Special instructions for access

Passport(s)

Location

Special instructions for access

Birth certificate(s)

Location

Special instructions for access

Citizenship papers

Location

Special instructions for access

Marriage certificate

Location

Special instructions for access

Marriage agreements (pre- and post-nuptial)

Location

Special instructions for access

Divorce papers

Location

Special instructions for access

Adoption papers

Location

Special instructions for access





Guardianship papers

Location

Special instructions for access

Pet registration papers

Location

Special instructions for access

Cemetery plot deeds

Location

Special instructions for access

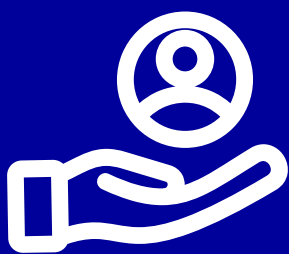
Instructions for disposition of personal property (*Note: Many wills will leave “personal property” to one person or group of persons without any detailed instructions. The exceptions to this are generally any valuable collections (i.e., art, antiques, jewelry, furs, cars, etc.) or individual items of exceptional value which should be detailed in the will. However, people often have specific wishes regarding the disposition of personal property such as furniture, household items, clothing, etc. Those wishes should be detailed as per your attorney’s directions.

Location

Special instructions for access



Section 3:
Personal
information





Section 3: Personal information

This section contains basic biographical information for you, your spouse/partner, ex-spouses/partners, dependents, adult children and grandchildren. Whether someone has stepped in to handle your affairs for you or to settle your estate, having this information at their fingertips will help expedite the work they need to do.

a) Self

Full legal name

Maiden name

Address

City

State

Zip

Home phone

Cell phone

Personal email

Social Security number

Date of birth

Citizenship

Driver's license # and state of issue

Passport # and country of issue

Military #

Military status

Employer name

Employer address

Employee number

Work phone

Work email

Direct manager name and number

HR contact name and number

b) Spouse/partner (circle one)

Full legal name

Maiden name

Address

City

State

Zip

Home phone

Cell phone

Personal email

Social Security number

Date of birth

Citizenship

Driver's license # and state of issue

Passport # and country of issue

Military #

Military status

Employer name

Employer address





Employee number
Work phone
Work email
Direct manager name and number
HR contact name and number

c) Ex-spouse/partner

This information will be helpful if your ex-spouses/partners are still involved in your life. Perhaps you have a friendly relationship and want them to be informed of what is happening. Or you may be sharing child rearing responsibilities or still have financial obligations to them. Please use the special instructions section to provide any pertinent information to the person handling your affairs.

Full legal name
Address
City State Zip
Cell phone Email
Special instructions

Full legal name
Address
City State Zip
Cell phone Email
Special instructions

Full legal name
Address
City State Zip
Cell phone Email
Special instructions





d) Dependents

Dependent #1

Full legal name

Date of birth

Social Security number

Passport #

School/daycare (name, address and phone number)

Teacher/principal name and phone number

Dependent #2

Full legal name

Date of birth

Social Security number

Passport #

School/daycare (name, address and phone number)

Teacher/principal name and phone number

Dependent #3

Full legal name

Date of birth

Social Security number

Passport #

School/daycare (name, address and phone number)

Teacher/principal name and phone number

Dependent #4

Full legal name

Date of birth

Social Security number

Passport #

School/daycare (name, address and phone number)

Teacher/principal name and phone number





Dependent #5

Full legal name
Date of birth
Social Security number
Passport #
School/daycare (name, address and phone number)

Teacher/principal name and phone number

Additional notes

e) Adult children

Adult child #1

Full legal name
Address
City State Zip
Date of birth
Cell phone
Email address

Adult child #2

Full legal name
Address
City State Zip
Date of birth
Cell phone
Email address

Adult child #3

Full legal name
Address
City State Zip
Date of birth
Cell phone
Email address





Adult child #4

Full legal name

Address

City

State

Zip

Date of birth

Cell phone

Email address

Adult child #5

Full legal name

Address

City

State

Zip

Date of birth

Cell phone

Email address

Additional notes

f) Grandchildren (only necessary to complete if they are beneficiaries)

This section is necessary if your grandchildren are beneficiaries of your estate. Oftentimes, Executors and Trustees have to spend an inordinate amount of time tracking down beneficiaries and their basic information. Help them by providing the information below.

Full legal name

Date of birth

Cell phone

Email address

Full legal name

Date of birth

Cell phone

Email address

Full legal name

Date of birth

Cell phone

Email address





Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address

Full legal name
Date of birth
Cell phone
Email address





g) Pets

1)

Name of pet

Breed

Feeding instructions

Veterinarian name, address and phone number

Pet walker name, phone number and schedule

Pet daycare/sitter name and phone number

Pet insurance policy (company/policy number/phone number)

Who should care for the pet in the event of an emergency or your death (provide name, phone number, address and instructions)

2)

Name of pet

Breed

Feeding instructions

Veterinarian name, address and phone number

Pet walker name, phone number and schedule





Pet daycare/sitter name and phone number

Pet insurance policy (company/policy number/phone number)

Who should care for the pet in the event of an emergency or your death (provide name, phone number, address and instructions)

3)

Name of pet

Breed

Feeding instructions

Veterinarian name, address and phone number

Pet walker name, phone number and schedule

Pet daycare/sitter name and phone number

Pet insurance policy (company/policy number/phone number)

Who should care for the pet in the event of an emergency or your death (provide name, phone number, address and instructions)





4)

Name of pet

Breed

Feeding instructions

Veterinarian name, address and phone number

Pet walker name, phone number and schedule

Pet daycare/sitter name and phone number

Pet insurance policy (company/policy number/phone number)

Who should care for the pet in the event of an emergency or your death (provide name, phone number, address and instructions)

Additional notes on personal information



Section 4:
Health and
medical
information





Section 4: Health and medical information

This section will provide all critical insurance and health information to aid those advocating on your behalf.

a) Medical insurance – Self

Group/private insurance

Insurer

Name of insured

Plan ID

Group ID

Phone

Website

Username

Password

Prescription coverage

Issuer

Group #

ID #

Location of insurance cards

Pharmacy name and location

VA

VA medical (yes or no)

Website: <https://www.ebenefits.va.gov> (Military ID will be required – see Personal information section)

Medicare

Medicare #

Phone

Website

Username

Password

Medigap/supplemental plan name and policy number

Website

Username

Password

Prescription coverage (Medicare Part D)

Issuer

Group ID #

ID #





b) Medical information/history – Self

This section will be helpful to your loved ones should they need to step in and make medical decisions for you. However, if you have strong, stable relationships with your physicians and they have complete medical records, you may not feel the need to complete this section.

Medications – Please provide a list of current medications and prescribing physicians

Date	Prescribing physician	Medication	Dosage	Frequency
------	-----------------------	------------	--------	-----------

Surgeries – Please provide a list of surgeries for the past 10 years

Date	Physician	Surgical procedure	Hospital
------	-----------	--------------------	----------





Allergies – Please provide a list of any allergies and associated medications

Illnesses – Please provide a list of any major illnesses or conditions and associated treatment





c) Medical insurance – Spouse/partner (circle one)

Group/private insurance

Insurer

Name of insured

Plan ID

Group ID

Phone

Website

Username

Password

Prescription coverage

Issuer

Group #

ID #

Location of insurance cards

Pharmacy name and location

VA

VA medical (yes or no)

Website: <https://www.ebenefits.va.gov> (Military ID will be required – see Personal information section)

Medicare

Medicare #

Phone

Website

Username

Password

Medigap/supplemental plan name and policy number

Website

Username

Password

Prescription coverage (Medicare Part D)

Issuer

Group ID #

ID #





d) Medical information/history – Spouse/partner (circle one)

This section will be helpful to your loved ones should they need to step in and make medical decisions for you. However, if you have strong relationships with your physicians and they have complete medical records, you may not feel the need to complete this section.

Medications – Please provide a list of current medications and prescribing physicians

Date	Prescribing physician	Medication	Dosage	Frequency
-------------	------------------------------	-------------------	---------------	------------------

Surgeries – Please provide a list of surgeries for the past 10 years

Date	Physician	Surgical procedure	Hospital
-------------	------------------	---------------------------	-----------------





Allergies – Please provide a list of any allergies and associated medications

Illnesses – Please provide a list of any major illnesses or conditions and associated treatment





e) Medical insurance – Dependents

1)

Insurer
Name of insured
Plan ID
Group ID
Prescription coverage
Issuer
Group #
ID #
Blood type
Allergies

2)

Insurer
Name of insured
Plan ID
Group ID
Prescription coverage
Issuer
Group #
ID #
Blood type
Allergies

3)

Insurer
Name of insured
Plan ID
Group ID
Prescription coverage
Issuer
Group #
ID #
Blood type
Allergies





4)

Insurer

Name of insured

Plan ID

Group ID

Prescription coverage

Issuer

Group #

ID #

Blood type

Allergies

Additional notes on health and medical information





f) Physicians directory

Name of family member

Physician name/specialty

Address

Phone number





g) Caregivers directory

Name of family member	Geriatric care manager	Address	Phone number
-----------------------	------------------------	---------	--------------

Name of family member	Home health aide	Address	Phone number
-----------------------	------------------	---------	--------------

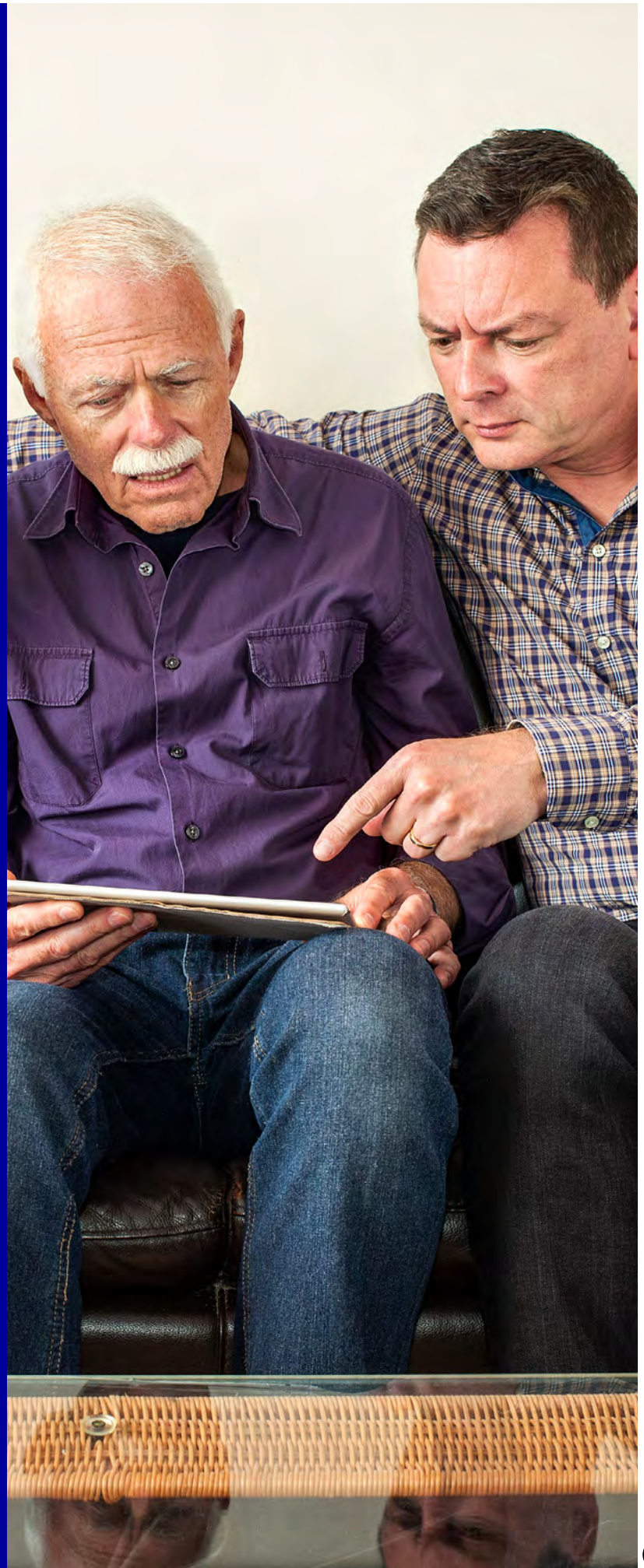
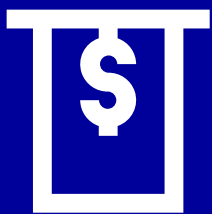
Name of family member	Visiting nurse	Address	Phone number
-----------------------	----------------	---------	--------------

Name of family member	Physical therapist	Address	Phone number
-----------------------	--------------------	---------	--------------

Additional notes



Section 5:
Real estate
holdings/
household
bills/
maintenance





Section 5: Real estate holdings/household bills/maintenance

This section will be critical to help ensure that your real estate holdings (and their associated household bills and maintenance) continue to run smoothly in the event of your incapacity or during the period when your estate is being settled. Without this information, it would be extremely time consuming for your loved ones to construct this information and take the appropriate actions including paying your bills, dealing with domestic employees and any renters and making sure that routine maintenance gets done.

a) Primary residence (provide address)

i) Budget/bills

Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online





Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

ii) Domestic help

(Including but not limited to housekeepers, landscapers, lawn maintenance, snow removal, etc.)

Name	Function	Frequency	Cell	Salary
-------------	-----------------	------------------	-------------	---------------





iii) Home maintenance instructions (Include instructions for items such as changing the water filter, replacing batteries in the smoke detectors, replacing furnace filters, servicing the humidifier, septic tank, chimney, etc. Make sure to detail frequency and how to complete the task.)





b) Vacation/rental property #1 (Indicate type of property and provide address)

i) Budget/bills

Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online





Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

ii) Domestic help

(Including but not limited to housekeepers, landscapers, lawn maintenance, snow removal, etc.)

Name	Function	Frequency	Cell	Salary
-------------	-----------------	------------------	-------------	---------------





iii) Home maintenance instructions (Include instructions for items such as changing the water filter, replacing batteries in the smoke detectors, replacing furnace filters, servicing the humidifier, septic tank, chimney, etc. Make sure to detail frequency and how to complete the task.)





c) Vacation/rental property #2 (Indicate type of property and provide address)

i) Budget/bills

Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online





Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

ii) Domestic help

(Including but not limited to housekeepers, landscapers, lawn maintenance, snow removal, etc.)

Name	Function	Frequency	Cell	Salary
-------------	-----------------	------------------	-------------	---------------





iii) Home maintenance instructions (Include instructions for items such as changing the water filter, replacing batteries in the smoke detectors, replacing furnace filters, servicing the humidifier, septic tank, chimney, etc. Make sure to detail frequency and how to complete the task.)





d) Vacation/rental property #3 (Indicate type of property and provide address)

i) Budget/bills

Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online





Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

ii) Domestic help

(Including but not limited to housekeepers, landscapers, lawn maintenance, snow removal, etc.)

Name	Function	Frequency	Cell	Salary
-------------	-----------------	------------------	-------------	---------------





iii) Home maintenance instructions (Include instructions for items such as changing the water filter, replacing batteries in the smoke detectors, replacing furnace filters, servicing the humidifier, septic tank, chimney, etc. Make sure to detail frequency and how to complete the task.)





e) Vacation/rental property #4 (Indicate type of property and provide address)

i) Budget/bills

Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online
Expense	Expense
Frequency	Frequency
Amount \$	Amount \$
Auto bill pay	Auto bill pay
Pay online	Pay online





Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

Expense
Frequency
Amount \$
Auto bill pay
Pay online

ii) Domestic help

(Including but not limited to housekeepers, landscapers, lawn maintenance, snow removal, etc.)

Name	Function	Frequency	Cell	Salary
-------------	-----------------	------------------	-------------	---------------





iii) Home maintenance instructions (Include instructions for items such as changing the water filter, replacing batteries in the smoke detectors, replacing furnace filters, servicing the humidifier, septic tank, chimney, etc. Make sure to detail frequency and how to complete the task.)





Section 6:
Advisory team
contacts





Section 6: Advisory team contacts

Make it easy for your loved ones to connect with your most important financial professionals by providing their contact information below. They will be working together as a team while you are either incapacitated or your estate is being settled to carry out your wishes.

Financial advisor

Name

Firm

Phone

Email

Attorney

Name

Firm

Phone

Email

Accountant

Name

Firm

Phone

Email

Insurance agent

Name

Firm

Phone

Email

Additional notes



Section 7:
Financial
assets





Section 7: Financial assets

This section will take some time to fill out. We suggest you gather all of your account statements, usernames and passwords in one place to make it easier to work your way through this section. Please make sure that your loved ones understand that the only person who has the right to access your financial assets is the person who you have designated as your Power of Attorney. That person will need to deal with each institution's regulations in setting up their legal access to the accounts based on the legal Power of Attorney document.

a) Bank accounts

1)

Bank name

Address

Phone number

Checking account #

Savings account #

ATM/debit card #

Certificates of deposit

Website

Username

Password

2)

Bank name

Address

Phone number

Checking account #

Savings account #

ATM/debit card #

Certificates of deposit

Website

Username

Password

3)

Bank name

Address

Phone number

Checking account #

Savings account #

ATM/debit card #

Certificates of deposit

Website

Username

Password





4)

Bank name
Address
Phone number
Checking account #
Savings account #
ATM/debit card #
Certificates of deposit
Website
Username
Password

5)

Bank name
Address
Phone number
Checking account #
Savings account #
ATM/debit card #
Certificates of deposit
Website
Username
Password

b) Investment accounts

(including brokerage, IRA (not held in brokerage accounts), mutual funds (not held in brokerage accounts), hedge funds (not held in brokerage accounts)) *Please note that IRA, 401(k), pension and education savings accounts pass directly to named beneficiaries outside of the will. Please make sure to note the beneficiaries on those accounts.

1)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)





2)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

3)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

4)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)





5)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

6)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

7)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)





8)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

9)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

10)

Investment firm name
Financial advisor name
Phone
Email
Website
Account number
Account type (i.e., joint, IRA, etc.)
Account title
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)





c) Retirement plans/executive compensation – Self

401(k) accounts

1)

401(k) plan name

Website

Username

Password

Beneficiary

2)

401(k) plan name

Website

Username

Password

Beneficiary

3)

401(k) plan name

Website

Username

Password

Beneficiary

Pensions

1)

Pension – employer name

Company/plan sponsor

Contact name, phone and email

Website

Username

Password

Beneficiary

2)

Pension – employer name

Company/plan sponsor

Contact name, phone and email

Website

Username

Password

Beneficiary





Equity plans – Stocks, stock options, stock purchases

1)

Company name
Servicing company
Phone
Website
Account #
Username
Password

2)

Company name
Servicing company
Phone
Website
Account #
Username
Password

3)

Company name
Servicing company
Phone
Website
Account #
Username
Password

Deferred compensation

1)

Owner name
Company name
Contact person, phone and email
Website
Account #
Username
Password

2)

Owner name
Company name
Contact person, phone and email
Website
Account #
Username
Password





Military retirement benefits

Military branch of service

Date of service: From _____ to _____

SVS #

Grade or rank

Local benefits office address

Benefits contact number

Monthly pension amount (if applicable) \$

Electronically deposited (yes or no)

Name of bank/account number

Survivor benefit plan (yes or no)

Beneficiary

Additional notes on retirement plans/executive compensation – self

d) Retirement plans/executive compensation – Spouse/partner

401(k) accounts

1)

401(k) plan name

Website

Username

Password

Beneficiary

2)

401(k) plan name

Website

Username

Password

Beneficiary

3)

401(k) plan name

Website

Username

Password

Beneficiary





Pensions

1)

Pension – employer name
Company/plan sponsor
Contact name, phone and email
Website
Username
Password
Beneficiary

2)

Pension – employer name
Company/plan sponsor
Contact name, phone and email
Website
Username
Password
Beneficiary

Equity plans – Stocks, stock options, stock purchases

1)

Company name
Servicing company
Phone
Website
Account #
Username
Password

2)

Company name
Servicing company
Phone
Website
Account #
Username
Password

3)

Company name
Servicing company
Phone
Website
Account #
Username
Password





Deferred compensation

1)

Owner name

Company name

Contact person, phone and email

Website

Account #

Username

Password

2)

Owner name

Company name

Contact person, phone and email

Website

Account #

Username

Password

Military retirement benefits

Military branch of service

Date of service: From _____ to _____

SVS #

Grade or rank

Local benefits office address

Benefits contact number

Monthly pension amount (if applicable) \$

Electronically deposited (yes or no)

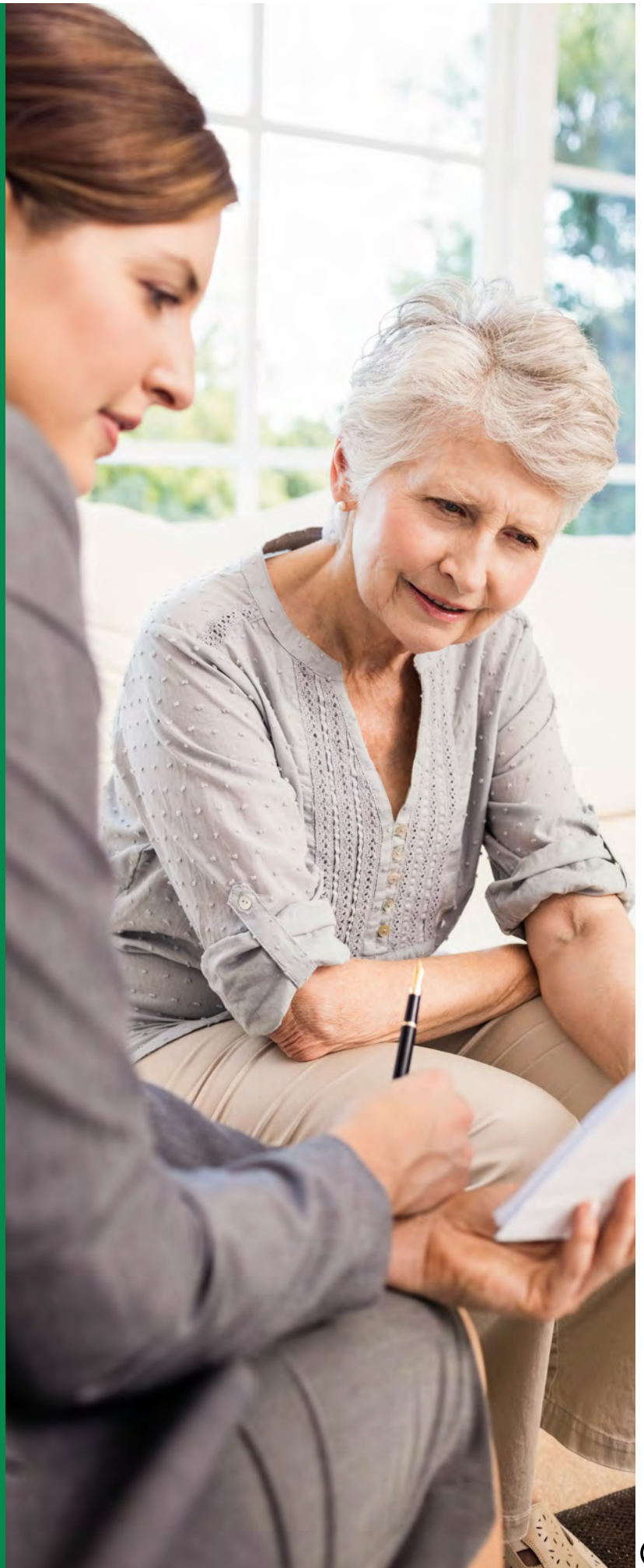
Name of bank/account number

Survivor benefit plan (yes or no)

Additional notes on retirement plans/executive compensation – spouse/partner



Section 8:
Insurance





Section 8: Insurance

Please keep in mind that annuities and life insurance also pass outside of the will directly to named beneficiaries. Please note the beneficiaries on these accounts. Just as with your other financial assets, please make sure that your loved ones understand that the only person who has the right to access your financial assets is the person who you have designated as your Power of Attorney. That person will need to deal with each institution's regulations in setting up their legal access to the accounts based on the legal Power of Attorney document.

a) Annuities

1)

Annuity company name
Contract/policy number
Policy service phone number
Owner name
Annuitant name
Website
Username
Password
Current distributions and frequency
Primary beneficiary
Contingent beneficiary
Beneficiary option

2)

Annuity company name
Contract/policy number
Policy service phone number
Owner name
Annuitant name
Website
Username
Password
Current distributions and frequency
Primary beneficiary
Contingent beneficiary
Beneficiary option

3)

Annuity company name
Contract/policy number
Policy service phone number
Owner name
Annuitant name
Website
Username
Password
Current distributions and frequency
Primary beneficiary





Contingent beneficiary
Beneficiary option

4)

Annuity company name
Contract/policy number
Policy service phone number
Owner name
Annuitant name
Website
Username
Password
Current distributions and frequency
Primary beneficiary
Contingent beneficiary
Beneficiary option

b) Life/disability/long-term care – Self

Life insurance

1)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

2)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location





3)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

4)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

Disability insurance

Insurer
Policy #
Contact name and phone
Benefit amount
Website
Username
Password

Long-term care insurance

Insurer
Policy #
Contact name and phone
Benefit amount
Website
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)





c) Life/disability/long-term care – Spouse/partner

Life insurance

1)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

2)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

3)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount
Primary beneficiary
Contingent beneficiary
Policy location

4)

Insurance company
Policy #
Agent name and phone
Website
Username
Password
Face amount





Primary beneficiary
Contingent beneficiary
Policy location

Disability insurance

Insurer
Policy #
Contact name and phone
Benefit amount
Website
Username
Password

Long-term care insurance

Insurer
Policy #
Contact name and phone
Benefit amount
Website
Username
Password
Primary beneficiary (if applicable)
Contingent beneficiary (if applicable)

d) Property and casualty insurance

Homeowners

1)

Homeowners insurance company
Policy #
Property address
Agent name and phone
Coverage type and amount
Website
Username
Password

2)

Homeowners insurance company
Policy #
Property address
Agent name and phone
Coverage type and amount
Website
Username
Password





3)

Homeowners insurance company

Policy #

Property address

Agent name and phone

Coverage type and amount

Website

Username

Password

Umbrella coverage

Insurance company

Policy #

Agent name and phone

Coverage amount

Website

Username

Password

Vehicle insurance

1)

Insurance company

Policy #

Make and model of vehicle

License plate #

Agent name and number

Website

Username

Password

2)

Insurance company

Policy #

Make and model of vehicle

License plate #

Agent name and number

Website

Username

Password

3)

Insurance company

Policy #

Make and model of vehicle

License plate #

Agent name and number

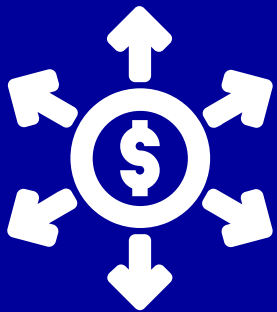
Website

Username

Password



Section 9:
Liabilities





Section 9: Liabilities

In this section you will be detailing your liabilities, specifically your credit cards and loans. This will help the person who has stepped in to handle your affairs in the event of your incapacity ensure that these obligations continue to be paid or help your Executor or Trustee discharge these obligations in the event of your death.

a) Credit cards

1)

Name of credit card holder

Issuer

Account #

Expiration date

Website

Username

Password/PIN

2)

Name of credit card holder

Issuer

Account #

Expiration date

Website

Username

Password/PIN

3)

Name of credit card holder

Issuer

Account #

Expiration date

Website

Username

Password/PIN

4)

Name of credit card holder

Issuer

Account #

Expiration date

Website

Username

Password/PIN





5)

Name of credit card holder
Issuer
Account #
Expiration date
Website
Username
Password/PIN

6)

Name of credit card holder
Issuer
Account #
Expiration date
Website
Username
Password/PIN

7)

Name of credit card holder
Issuer
Account #
Expiration date
Website
Username
Password/PIN

b) Loans

1)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password

2)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password





3)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password

4)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password

5)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password

6)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password

7)

Name of loan holder
Account #
Loan balance
Monthly payment
Website
Username
Password





8)

Name of loan holder

Account #

Loan balance

Monthly payment

Website

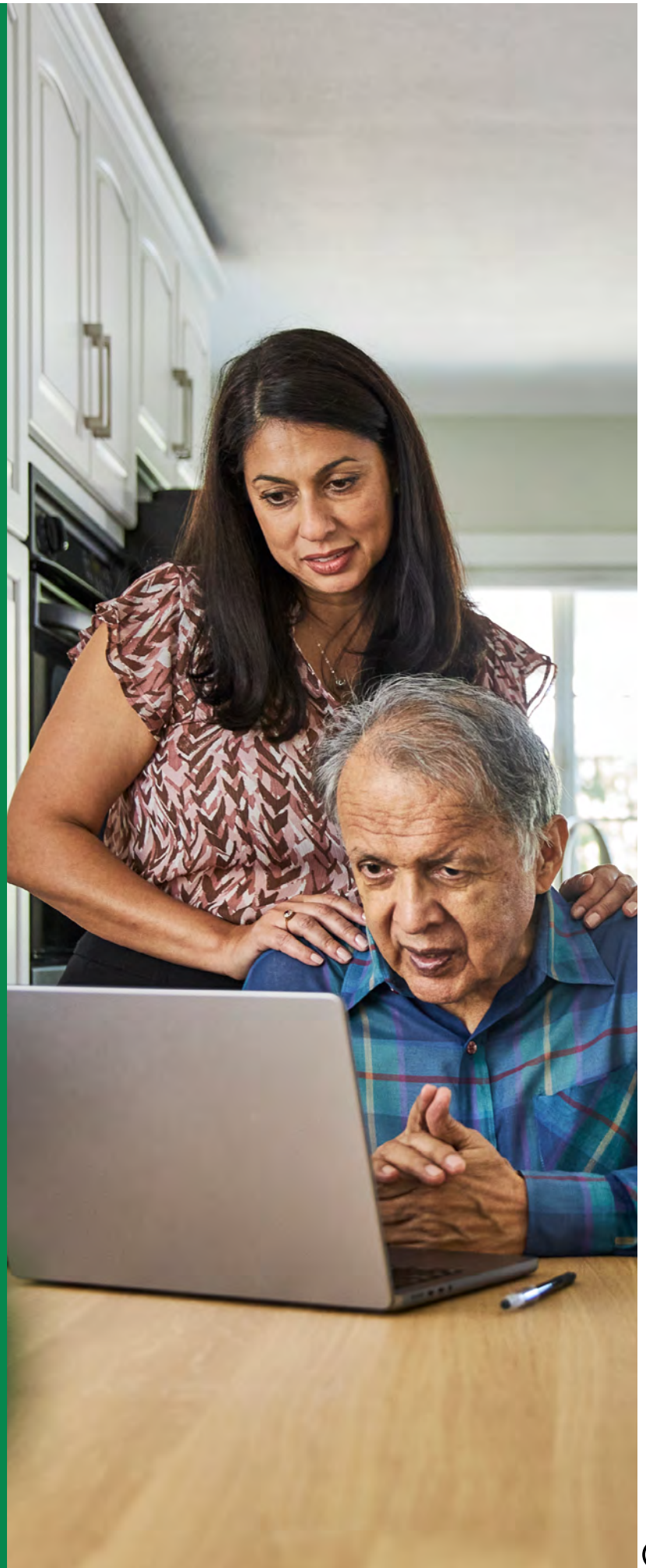
Username

Password

Additional notes on liabilities



Section 10:
Digital assets





Section 10: Digital assets

Digital fiduciary (may also be called a digital executor, or may be your Power of Attorney (agent))

a) Digital wallets

1)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet

2)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet

3)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet





4)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet

5)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet

6)

Digital wallet (for cryptocurrencies and NFTs)

Wallet type (hot or cold)

Wallet location

Key (*Warning: Providing this “key” gives the keyholder access to the asset.)

Assets contained in wallet





b) Data with monetary value (e.g., domain names you own, e-commerce accounts, income generating websites, digital intellectual property, such as copyrights, trademarks or patents, online payment systems, rewards accounts, such as airline and hotel)





c) Data without monetary value (e.g., personal photographs, music, documents on your devices or stored remotely, game accounts, social media accounts, shopping accounts, etc.)



Section 11:
Social media
accounts





Section 11: Social media accounts

Often, in today's technological world, when you are ill, incapacitated or pass away, a family member will post on your social media accounts to inform your "friends" (have you ever seen the black ribbon?). It informs your "friends" and also allows them to leave condolence messages. While this is a nice practice, ultimately you want your social media accounts closed down because identity thieves will search for these types of opportunities.

a) Self

1)

Social media site
Username
Password

2)

Social media site
Username
Password

3)

Social media site
Username
Password

4)

Social media site
Username
Password

b) Spouse/partner

1)

Social media site
Username
Password

2)

Social media site
Username
Password

3)

Social media site
Username
Password

4)

Social media site
Username
Password



Section 12:
Funeral
instructions





Section 12: Funeral instructions

Have you ever had to plan a funeral for a loved one? If not, imagine walking into the funeral home a day or two after your loss (this is typically after you have spent time calling various funeral homes to try to figure out what you need to know in order to choose one). You are grieving and emotional. Funeral Directors are very kind and skilled at handling people in this emotional state but in order to help you, they will need information. What type of service do you want? At the funeral home or in a house of worship? Burial or cremation? Will there be a wake? Has a burial site been purchased? Is your loved one former military? Do you want prayer cards? What kind of music? Flowers or donations?

You get the picture. One of the greatest gifts you can give your loved ones is to either plan (and pay for) your funeral or, at minimum, provide them with the following information so that they are not trying to guess what you would have wanted.

a) Self

Preferred funeral home

Address

Phone and email

Location of papers if pre-paid

Burial or cremation

Wake (yes or no)

Service at house of worship

Service at funeral home

With body or without (memorial service)

Burial site

Disposition of ashes

Burial in military cemetery

Special requests (prayer cards, music, flowers, contributions in lieu of, readings, plans for sitting Shiva (Jewish faith), attendance of gravesite for year before Unveiling (Jewish faith), plans for Unveiling (Jewish faith))





b) Spouse/partner

Preferred funeral home

Address

Phone and email

Location of papers if pre-paid

Burial or cremation

Wake (yes or no)

Service at house of worship

Service at funeral home

With body or without (memorial service)

Burial site

Disposition of ashes

Burial in military cemetery

Special requests (prayer cards, music, flowers, contributions in lieu of, readings, plans for sitting Shiva (Jewish faith), attendance of gravesite for year before Unveiling (Jewish faith), plans for Unveiling (Jewish faith))





Additional notes











This material does not constitute tax, legal, or accounting advice, and neither John Hancock nor any of its agents, employees, or registered representatives are in the business of offering such advice. It was not intended or written for use, and cannot be used, by any taxpayer for the purpose of avoiding any IRS penalty. It was written to support the marketing of the transactions or topics it addresses. Anyone interested in these transactions or topics should seek advice based on his or her particular circumstances from independent professional advisors.

For more information, contact Manulife John Hancock Investments at 800-225-6020 or visit jhinvestments.com.



John Hancock Investment Management Distributors LLC, Member FINRA, SIPC, 200 Berkeley Street, Boston, MA 02116, 800-225-6020, jhinvestments.com

Manulife, Manulife Investments, Stylized M Design, and Manulife Investments & Stylized M Design are trademarks of The Manufacturers Life Insurance Company, and John Hancock and the Stylized John Hancock Design are trademarks of John Hancock Life Insurance Company (U.S.A.). Each are used by it and by its affiliates under license.

NOT FDIC INSURED. MAY LOSE VALUE. NO BANK GUARANTEE. NOT INSURED BY ANY GOVERNMENT AGENCY.

