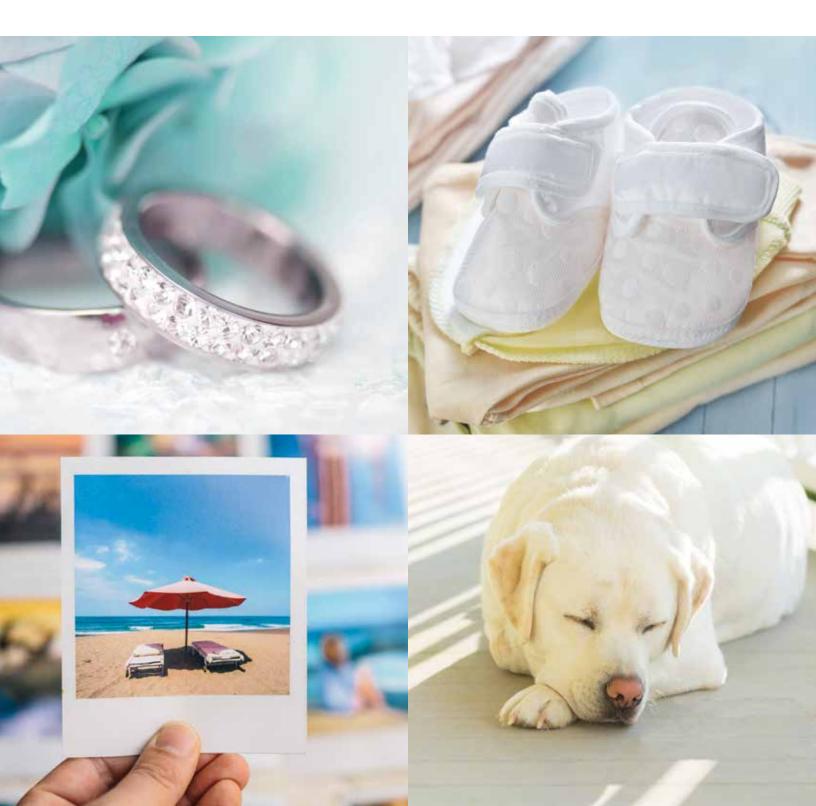


Planning Guide



Because you care enough to plan ahead for those you love

Using this planning guide to record your final wishes and organize life's many details assures that those closest to you have all they need to handle your affairs, recognize your wishes, and celebrate your life.

Your preparation today means greater peace of mind for loved ones later. As you complete this planner, know that you are giving your family a most thoughtful gift. This simple, caring gesture will help ensure a more meaningful tribute and provide comfort to those you love. Thanks to your actions today, the people you care about won't ever have to worry if they made the right choices.

Please let those close to you know about this document, and keep it in a safe place that is easily accessible. You may also want to provide a copy to a loved one who lives outside your home.

To my loved ones

It's out of pure and simple love that I leave you with this gift to guide and assist you through the period ahead.

My wish is to spare you any unnecessary expense and the burden of having to make decisions under pressure of time and emotion. That's why I have expressed my wishes and provided the



information you'll need to answer the many questions you'll be asked. I have also shared my personal thoughts and memories. May you find as much comfort and meaning in receiving these pages as I found in preparing them.

Signed			
Data			
Date			

Personal record

First name	Middle	Last nam	ne	
Street address	City		_State	Zip
Social Security number	Phone num	ber	Ye	ears at address
Seasonal residence	City		_State	Zip
Place of birth	Date of birth	Country of cit	izenship _	
Primary care physician		Phone	number _	
Marital status 🔲 Single	□ Married □ Divorced □ W	idowed		
Maiden name	Spouse	e's name		
Date and place of marriage				
Father				
First name	Middle	Last	name	
Father's birthplace				
Mother				
First name	Middle	Last	name	
Mother's birthplace				
Education				
Highest grade completed	☐ Elementary/Secondary (C)-12)	(1-4 or 5+)	
College/university names _		Degr	ee	
Career				
Occupation				
Type of business/industry _				
Employer		Phone nu	mber	
Military				
Branch				
Rank	Serial number			
Location of military dischar	ge papers (DD-214)			
Date and place of induction	1			
	e			

Genealogy/Family

Jse this space to record grandparents, siblings, spous	e(s), children, step-children, grandchildren, etc.

Final arrangements

This sheet enables you and your family to know exactly which arrangements have been made and which ones remain to be determined.

OUTER BURIAL CONTAINER Date Selected —/—/—	INTERMENT RIGHTS Mausoleum Ground Burial Niche Cremation Garden Date Selected —/—/—	FUNERAL/ MEMORIAL SERVICE Date Selected —/—/—
MEMORIALIZATION Date Selected —/—/—		CASKET/URN Date Selected —/—/—
OPENING AND CLOSING Date Selected —/—/—	PERSONAL PREFERENCES Flowers Readings Music Additional Date Selected	TRANSPORTATION AND RELOCATION PROTECTION PLAN Date Selected//
20/20/20	—/—/—	*

Final wishes

Funeral home to co	ontact	
Name		Counselor/Advisor
Address		Phone
Funeral preference	s	
Place of service		
☐ Church	Name	
☐ Funeral Home	Name	
☐ Cemetery	Name	
Person to officiate		Special instructions
Music selections		
Readings		
Obituary		
Name of newspape	er(s)	
Name of website _		Other
Visitation: \(\square\)	□ No □ Dublic □ Drive	eto Caskat: D Open D Closed

Final wishes (continued)

Final disposition

☐ Earth burial	☐ Mausoleum entombment	☐ Cremation/Inurnment
☐ Other (please	specify)	
Name of cemete	ry/mausoleum	
Address		Phone
Description of bu	urial property	
Casket selection		Urn selection
Vault selection _		Personalization choices
Permane	ent memorial	
Туре		
Inscription		
Flowers		
Personal touches	s/items to display	
		spiritual, etc.)

Personal instruction

Clothing	Stays on	☐ Return to family
Glasses	Stays on	☐ Return to family
Jewelry	Stays on	☐ Return to family
Other	☐ Stays on	☐ Return to family
Religious items		
Suggested memorial contributions		
Pallbearers		
	Other requests	

Special notes regarding personal memorial

Financial information

Banking Bank Name/branch Username ______ Password _____ Bank Name/branch _____ Type of account: Checking Savings Username ______ Password _____ Bank Name/branch Type of account: ☐ Checking ☐ Savings Username ______ Password _____ **Credit cards** ☐ Visa ☐ Mastercard ☐ American Express ☐ Other _____ Account number _____ Expiration date _____ Username _____ Password _____ ☐ Visa ☐ Mastercard ☐ American Express ☐ Other _____ Account number _____ Expiration date _____ Username ______ Password _____ ☐ Visa ☐ Mastercard ☐ American Express ☐ Other_____

Account number _____ Expiration date _____

Username ______ Password ______

Financial information (continued)

Mortgage

Lender		Account number	
Phone number	Location		
Pension/Retirement plans			
Company name		Account number	
Phone number	Location		
Company name		Account number	
Phone number	Location		
Company name		Account number	
Phone number	Location		
Company name		Account number	
Phone number	Location		
Company name		Account number	
Phone number	Location		
Company name		Account number	
Phone number	Location		

Financial information (continued)

Insurance (homeowners, health, auto, other)

Company		Agent		
Phone number	Policy number		Beneficiary	
Company		Agent		
Phone number	Policy number		Beneficiary	
Company		Agent		
Phone Number	Policy number		Beneficiary	
Company		Agent		
Phone Number	Policy number		Beneficiary	
Location of important docum Safe deposit box location		Roy	number	
Key(s) location				
Birth certificate				
Children's birth certificate(s) _				
Last will and testament				
Funeral and cemetery arrange	ement documents			
Real estate deeds				
Income tax records				
Auto registration/title				
Other documents				

Online profiles

List your email, social media accounts or other important login information

Account name	Web address/URL	
Username	Password	
Other information		
Account name	Web address/URL	
Username	Password	
Other information		
Account name	Web address/URL	
Username	Password	
Other information		
Account name	Web address/URL	
Username	Password	
Other information		
Account name	Web address/URL	
Username	Password	
Other information		
Account name	Web address/URL	
Username	Password	
Other information		

Personal notes and thoughts	
	The state of the s
	L

Please be sure to notify these people of my passing:

Name	Name	
Relationship	Relationship	
Address		
Phone	Phone	
Email	Email	
Name	Name	
Relationship		
Address		
Phone	Phone	
Email	Email	
Name	Name	
Relationship	Relationship	
Address	Address	
Dhana		
Phone		
Email	Email	
Name	Name	
Relationship	Relationship	
Address	Address	
Phone	Phone	
Email	Email	



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