

What My Family Should Know

A GUIDE FOR GETTING YOUR FINANCIAL AFFAIRS
IN ORDER

Name: _____

Date Completed: _____

Foreword

We cannot stress too often the importance of getting your personal affairs in order. This process is important for everyone, but even more important for those who often find themselves living away from family and friends. Throughout your life, you have tried to protect your loved ones and now you have a chance to help them at a time when they will need that help the most. Taking the time to plan now and record information for your loved ones will be the most unselfish gifts of love you can give.

What My Family Should Know

Although many of us are efficient in our daily lives and keep meticulous records in our professions, most of us leave inadequate and incomplete records of our economic and personal affairs when we die.

When and how your benefits will be paid and how your estate will be settled are many questions that must be answered. This guide has been compiled to help you record the necessary facts for your family, your attorney and your executor.

We suggest you complete this record and store it in a safe place so it will be available for possible revisions by you and later use by your family. It is not recommended that you keep this guide in your safety deposit box since most are sealed after death.

PERSONAL INFORMATION

Name:					
Social Security No.					
Date of Birth:				Place of Birth:	
Current Home Address:					
Home Telephone #:			Work Telephone #:	Supervisor's Telephone #:	
Prior or Permanent Address:					
Marital Status:	Married:	Divorced:	Widowed:	Single:	Separated:
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Place of Birth	SSN	Address	

Current as of:

PERSONAL INFORMATION - SPOUSE

Name:					
Social Security No.					
Date of Birth:			Place of Birth:		
Current Home Address:					
Home Telephone #:			Work Telephone #:		
Supervisor's Telephone #:					
Prior or Permanent Address:					
Marital Status:	Married	Divorced	Widowed	Single	Separated
Date and Place of Marriage:					
Name of Spouse:					
(Please complete if different than above)					
Current Home Address:					
Telephone #:					
Spouse's Employer:					
Address of Employer:					
Work Telephone #:					
Name of Former Spouse:					
Current Home Address:					
Work Telephone #:					
Date & Place of Marriage:					
Date & Place of Divorce:					
Registry of Children:					
Given Name	Date of Birth	Place of Birth	SSN	Address	

Current as of:

FAMILY REGISTRY

Grandchildren				
Name	Date of Birth	Place of Birth	SSN	Their Parents
Husband's Family				
Name of Father:				SSN:
Current Home Address:				
Telephone #:				
Work Telephone #:				
Name of Mother:				SSN:
Current Home Address:				
Telephone #:				
Work Telephone #:				
Registry of Brothers and Sisters				
Given Name	Date of Birth	Place of Birth	Address	
Wife's Family				
Name of Father:				SSN:
Current Home Address:				
Telephone #:				
Work Telephone #:				
Name of Mother:				SSN:
Current Home Address:				
Telephone #:				
Work Telephone #:				
Registry of Brothers and Sisters				
Given Name	Date of Birth	Place of Birth	Address	

Current as of:

IN CASE OF EMERGENCY
THESE PEOPLE MUST BE NOTIFIED

Name:	Relationship: Friend
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone: 202-898-1619
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:
Name:	Relationship:
Address:	
Home Phone:	Work Phone:

Current as of:

**IMPORTANT BUSINESS AND PERSONAL CONTACTS
TO BE NOTIFIED**

Immediate Supervisor:		
Office Phone:		Home Phone:
Spouse's Supervisor:		
Office Phone:		Home Phone:
Personal Physician:		
Address:		
Office Phone:		Home Phone:
Clergy:		
Address:		
Office Phone:		Home Phone:
Attorney:		
Address:		
Office Phone:		Home Phone:
Dentist:		
Address:		
Office Phone:		Home Phone:
Accountant:		
Address:		
Office Phone:		Home Phone:
Insurance Agent:		Insurance Agency:
Address:		
Office Phone:		
Banker:		
Bank Name:		
Address:		
Office Phone:		
Broker:		
Investment Co.		
Address:		
Office Phone:		
Other:		Relationship:
Address:		
Home Phone:		Work Phone:

Current as of:

PERSONAL FINANCE INFORMATION

Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Bank:		
Checking Account No.:		Is Account Joint?
Savings Account No.:		Is Account Joint?
Certificate of Deposit #:	Bank:	
Certificate is kept at:		
Safety Deposit Box #:	Bank:	
Address of Bank/Branch:		
Safe Deposit Box is accessible by:		
Key is kept at:		
DD214 – Record of Military Service is located at:		
Other Important Bank info:		
Credit Card Accounts		
Name:	Account Number:	
Issued by:	Is Account Balance Insured?	
Name:	Account Number:	
Issued by:	Is Account Balance Insured?	
Name:	Account Number:	
Issued by:	Is Account Balance Insured?	
Name:	Account Number:	
Issued by:	Is Account Balance Insured?	

Current as of:

RETIREMENT & INVESTMENT INFORMATION

Primary Investment Account held at:		
Account No.:	Is Account Joint?	
Qualified or Non-Qualified?		
Secondary Investment Account held at:		
Account No.:	Is Account Joint?	
Qualified or Non-Qualified?		
Additional Investment Account held at:		
Account No.:	Is Account Joint?	
Qualified or Non-Qualified?		
401(k) or 403(b) plan held at:		Account #:
401(k) or 403(b) plan held at (Spouse):		Account #:
ROTH IRA held at:		Account #:
ROTH IRA held at (Spouse):		Account #:
IRA/ SIMPLE IRA/ SEP held at:		Account #:
KEOGH Plan held at:		
Additional Investments:		
Annuities held at:		Account #s:
Annuities held at:		Account #s:
REIT (Real Estate Investment Trust) held at:		Account #:
REIT held at:		Account #:
Children/Dependents Accounts (529, Coverdell, UTMA/UGMA)		
Child Name:		Account Number:
Held at:		Education Plan?
Child Name:		Account Number:
Held at:		Education Plan?
Child Name:		Account Number:
Held at:		Education Plan?

REAL ESTATE

We/I own the property located at:	
Mortgage on the property is held by:	
Address:	
Monthly Payments:	Balance of Loan:
Value of Property:	
Homeowners Insurance Held by:	
Homeowners Insurance Policy is located at:	
Mortgage Insurance if any:	
Mortgage Insurance Policy located at:	

I/We own other real estate at: (List addresses and same info as above):

Deeds, tax documents and pay records are located at:

AUTOMOBILE AND AUTO INSURANCE

Make	Model	Year	Registered To	Status of Ownership

TRAILERS AND OTHER MOTOR VEHICLES

Make	Model	Year	Registered To	Status of Ownership

OTHER IMPORTANT INFORMATION

Current as of:

A SUMMARY OF MY EMPLOYEE BENEFITS

Health Insurance			
I have Self Only	Or Family	Coverage with the following health plan:	
This is a federal plan	YES:	NO:	
I/We have additional coverage under my spouse's health plan	YES:	NO:	
That plan is	And is provided by:		
Life Insurance (1)			
I have Life Insurance in the amount of \$			
With	Company.		
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
Life Insurance (2)			
I have Life Insurance in the amount of \$			
With	Company		
I have a designation of beneficiary on file:	YES:	NO:	
The beneficiary named is:			
He/She is aware of this designation:	YES:	NO:	
I am enrolled in other employee sponsored supplemental insurance plans:			
	Yes:	No:	
Plan Names:			
Leaves Balances/Leave Programs:			
As of (date):	Hours of annual leave:	Hours of sick leave:	
I am a member of a Medical Leave Sharing Program:	Yes:	No:	
The beneficiary names is:			
He/She is aware of this designation:	Yes:	No:	
Investment Plans:			
I am a member of Thrift:	Yes:	No:	If yes, current balance:
I have a designation of beneficiary on file:	Yes:	No:	
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	
I am a member of another employee investment plan			
	Yes:	No:	
I have a designation of beneficiary on file:	Yes:	No:	
The beneficiary named is:			
He/She is aware of this designation:	Yes:	No:	

Current as of:

RETIREMENT

I am a federal employee	Yes:	No:
If federal employee, I am under the:		
Civil Service Retirement System (CSRS)		
Federal Employees Retirement System (FERS)		
Other		
I am eligible for retirement as of:		
Due to prior military service or federal service, I have been advised that I may need to pay either a deposit or a re-deposit to fully receive credit for that service. Yes: _____ No: _____		
Have deposits/re-deposits been paid?	Yes:	No:
If my death occurs before retirement, my spouse is aware that he/she may be eligible for a survivor annuity? Yes: _____ No: _____		
Amount: \$	Per month. Restrictions/Limitations:	
Social Security:		
If I am a federal employee under FERS, is my spouse aware he/she and the children may qualify for benefits under Social Security. Yes: _____ No: _____		
Additional Benefits Information:		

Current as of:

FINAL WISHES

Name:			
Church Preference:		Religious Affiliation:	
Clergy:			Phone:
Funeral Home Preference:			
Address:			
Phone:			
I have a Pre-Paid Burial Plan:		YES	NO:
I would prefer to have funeral services held at:			
Funeral Home		Name of Funeral Home:	
Church:	Name of Church:	Address:	
		Phone #:	
I prefer:		Internment	Entombment
			Cremation
My choice of cemetery is:			
I have not purchased a lot.		I have purchased a lot.	
The lot is in the name of:			
Location of deed for lot:			
I would like to have the following persons act as pallbearers:			
If cremated, what do you wish done with your ashes?			
Would you want an obituary published?		YES:	NO:
Please list the following in my obituary:			
I am entitled to Veterans Benefits:		YES:	NO:
I am entitled to Military Honors:		YES:	NO:
Musical Selections:			

Special Requests for Service:

TRUSTS AND POWERS OF ATTORNEY

An attorney can best advise you if you need to execute a Will. While it is possible to do Wills using various software packages, it is not advisable to do so without having it reviewed by an attorney. Even coping and old Will could be a problem, if you have changed your home of record or have any changes in your family or your assets. You should also rely on your attorney to advise you regarding a power of attorney. While many can be done without the use of an attorney, again the money is well spent if it ensures you and your family that your affairs are in order.

I have a Will that is located at:	
The attorney who handled my Will is:	
At the Law Firm of:	
Phone Number:	
My last Will is dated:	
The Executor is:	
Legal Guardianship Documents are located at:	

TRUST FUNDS

You may wish to seek the advice of your attorney and investment counselor to determine if establishing a Trust Fund would be beneficial. There are many types of Trust Funds for various purposes and each must be done by an attorney. Just remember that if you are setting up a trust fund and want your employee benefits to be paid into the trust, than you must update your beneficiary forms to reflect this.

LIVING WILL OR HEALTH CARE POWER OF ATTORNEY

Individuals may also wish to execute a Living Will or Health Care Power of Attorney that instructs family members and physicians what steps they may want taken should they become unable to make health care decisions for themselves. Since copies of these documents may not be accepted by a physician, you should ensure that signed originals should be given to your private physician, your family members and possibly your attorney.

I have NOT executed a "living Will"	I have executed a "living Will"
My "living Will" is located at:	

ORGAN DONATION

I DO NOT want any of my organs donated.	
I would like to donate ANY organs needed for transplant.	
I would like to donate only the following organs for transplant/research:	
I would like to donate my body for research.	

DISCLAIMER

The financial information provided in this article is for informational purposes only and not for the purpose of providing specific financial advice. Investing carries the risk that you can potentially lose part or all of your money. Investors must independently and thoroughly research and analyze each and every investment prior to investing. Use of the information contained in this article does not create any financial advisory relationship with us. We are not responsible for your use or misuse of the educational material presented or any consequences thereof. You should contact a qualified financial advisor to obtain advice with respect to any specific financial investing questions or concerns. Pursuant to IRS circular 230, any tax advice provided in this article may not be used to avoid tax penalties or to promote, market, or recommend any matter herein. The author expressly disclaims liability for any direct, indirect, incidental, special, or consequential damages or lost profits that result directly or indirectly from the use of the material herein. Always use caution and wisdom before investing.

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PODCASTS

- Women and investing
- Stock and the Stock Market
- Investing
- Annuities
- Mutual Funds
- Getting Your Financial House in Order
- How to Get Sound Investment Advice
- Bonds
- Exchange Traded Funds
- Asset Allocation
- Real Estate Investment Trusts
- Behave Yourself
- Long Term Care
- What Ever Happened to the Promised Land?
- Ramsey vs. Reality
- How to Be a Great Investor
- 6 Ways to Increase Your Monthly Income and 5 Ways to Lower Portfolio Taxes
- Retirement Planning
- Timeless Principles to Become a Better Investor

FREE DOWNLOADS

- 20 Most Common Mistakes Retirees Make ----and How to Avoid Them
- The Women, Money + Power study
- Balancing God's Checkbook
- Investing 101
- Retirement Money Deserves a Good Home
- What My Family Should Know
- 31 Timeless Principles for Investing Success
- Common Sense Principles for Achieving Financial Independence
- 20 Practical and Easy Ways to Save Real Money
- A Retirees Guide to a Secure and Worry-Free Retirement
- The Bible and Investing
- 6 Ways to Lower the Taxes on Investment Portfolios
- God is in the Multiplication Business
- 6 Ways to Increase Your Monthly Income
- A Critique on Primerica
- Ten Thought Provoking Ideas on What To Do With Your Required Minimum Distributions
- A Dave Ramsey Manifesto
- Blogs
- Financial newsletters

- Risk analysis
- Financial tools
- Investment Recovery Service

BOOKS

How to Be a Great Investor – Investment Techniques for Christians