

Your Legacy Family Discussion Guide

Caring for your family after you're gone

Preparing Your Family

Most people you love don't want to think or talk about what to do when you die. This guide is intended to help initiate an open, thoughtful dialogue with your family as you plan for your future and how they can honor your final requests. It's more than a simple list of instructions. It covers many topics such as: where to find important documents and key contacts, who should care for loved ones and minors, and who you want to handle decision-making if you become incapacitated.

Planning now can lessen burdens down the road for your loved ones as they ensure your wishes are carried out. It will also help your executor(s) and beneficiary(ies) avoid added stress, pain, or any possible conflicts by giving them detailed directions for distributing your assets. Within this guide we outline a short list of documents and tasks that your loved ones will need to handle according to your wishes.



We hope this guide helps you create a plan that will put your mind at ease so you, and your family, can live your lives with courage, strength and wisdom.

A blueprint rooted in

courage, strength and wisdom

Taking inventory of your life can be daunting. We can help you develop a roadmap, which breaks down this potentially overwhelming project into priority-driven and manageable tasks, starting with having:

- A will or living trust A will is a legal document that designates your executor(s) and directs how your assets should be distributed after you have passed on. If you have minor dependents, it also names the guardians for those individuals. A living trust is also a legal document. However, the designated person or trustee is given responsibility for managing your assets for the benefit of your beneficiary(ies).
- Living will This is a written statement that expresses what you want regarding your medical treatment if you are no longer able to express informed consent.
- Medical power of attorney (also called a durable healthcare power of attorney or healthcare proxy) — This grants someone the power to make medical decisions for you if you become incapacitated.
- Durable general power of attorney This
 document gives authority to a trusted friend or
 relative to manage your assets if you are unable
 to do so.
- This booklet of information Helps prepare your family for your later life by providing the information they need to make important decisions.

Keep this booklet safe

Make sure to keep this original booklet in a locked location, such as a fire-resistant safe or bank safety deposit box. You should only give a copy to people you can trust with your most personal information.

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Key contacts and advisors

About	you	and	your	spouse/	par	ner

Your full name and s Spouse/partner full r		Birthday	Current add	Iress
Key contacts In an emergency, plea	se contact:			
Name	Phone #	Em	ail	Relationship
My phone number			ındlines, home ar	nd office alarm codes, Wi-Fi
access, etc. Item	Numbe	er (if applicable) Acce	ess code or password

Passwords

Website	Username	Password

Important number Include Social Security, of	driver's license, Medicare and	passport.	
ltem	Number —	Loca	tion of original documen
	nd asset advisors rofessional, attorneys, CPA/ac	countant, employers (past/	present), where applicable.
Type of advisor	Advisor's name	Company name	Phone #

Your medical doctors

Include medical doctors, specialists, dentists, physical therapists, etc	Include medic	al doctors.	specialists.	dentists.	physical ther	rapists, etc.
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Doctor's name	Specialty —	Phone #		Location
	_			
	_			
Waxay ya bayyya ayay				
Your pharmacy				
Name	Address		Phone	e #
Mail-in pharmacy				
Name	Address		Phone	e #



Your retirement assets

Include Social Security, IRAs, 401(k)s or other qualified retirement plans, stock options, deferred compensation plans, military retirement benefits,* military survivor benefits** and annuities.

For details, you should include a recent statement.

Type of plan	Institution	Account #	Customer service #
	_		
	_		
	_		
	_		

Please note: You should review your beneficiary designations to ensure they reflect your wishes regarding how you would like your retirement assets to pass at your death.



For military veterans

Military Onesource, run by the Department of Defense, offers military families free assistance 24/7. For more information, you can call (800) 342-9647 or visit www.military.com/benefits.

- *If you are a veteran of wartime service, 65 years or older, and on a limited income, you may qualify for a Veterans Disability Pension or a Veterans Pension, even if you are not disabled.
- **When a military retiree dies, his or her retirement pay stops. To provide your surviving spouse with income after you die, you might want to consider a Survivor Benefit Plan, which is an insurance plan that pays a monthly sum to a military retiree's surviving spouse.

Your stocks, securities, bank and custodial accounts

For each of the accounts listed below, you should include a recent statement that shows the actual investments or assets you own.

ancial hitution/web	Accoun	t # Owner(s) ID/Passwo	ord Custome service #
ase note: You	ı should have name	d a beneficiary on ead	ch financial account.	
al estate				
pe of operty	Owner(s)	Address	Est. value	Location of documents
				_

Personal	pro	pertv
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Include belongings such as artwork, collectibles, antiques, jewelry, etc. and how you'd like them to be distributed. If you can, and where appropriate, include appraisals and photos. We suggest you label each photo.

Description	Location	Photo?	Appraisal?	Person to receive property
Rewards programs		Decoverd		Phone #
Program name/company	ACCOUNT#	Password		FIIOTIE #
Other assets Include partnerships/business	ownerships, as well as any	r foreign and u	nclaimed asse	ts.
Type of asset	Company/location	Account #		Phone #

Please note: To check for unclaimed assets, you can visit www.unclaimed.org.

Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become "In Memorial" pages. As you consider your legacy, you should discuss with family and friends whether you want to live on in social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	User ID	Password or PIN	Security questions/answers
Safety deposit	box		
Location		Key loca	ition
The following peo	ple have auth	ority to open the box:	
Storage unit/fo	icility		
Location		Site cont	act
The following pec	ople have auth	orization to access the u	unit/facility:
The following pec	pple have auth	orization to access the u	unit/facility:

Personal sate				
Location		Combination		
Assets you've loaned	to others			
Object	Person/place	e holding object	Phone #	
Money owed to you Include debts that are owed to	you and if you plan to	o forgive them.		
Who owes you/phone #	Amount loaned	Balance due (as of)	Details	

Your financial responsibilities

Liabilities

Include mortgages, loans such as home equity loans, lines of credit and student loans, liens and borrowed items. For details, include a copy of a statement.

Type of debt		Credito	r	Amount owed (as of)	Payment	due date
				_			
				_			
				_			
Credit/deb	nit carde						
		your own	n or a joint card w	vith someone else. Also,	include a	statement	for each card.
Creditor	Accou	nt #	Website	ID/Password	Phor	ne #	Joint?
					_		
					_		
If you have a sur							
ıı you nave au	tomatic debit	s or payı	ments from any	of these cards, list ther	m here (w	hich card/	debit details)

Leases				
Include any assets ye	ou currently lease from ot	ners.		
Asset	Leased from	Payment/ due date	Expiration date	Contact/phone #
Other financial		neibilitios vou bavo		
include any ongoing	g personal financial respo	nsibilities you nave.		
Obligation for	Amount owed payment met	•	frequency D	Details
Subscriptions				
Include membership	s, professional services, or and backup services, mo		ers, magazines, p	periodicals, ID

Lawsuits

Include information about any lo	awsuits in which you are currently in	ivolved.	
○ I am a plaintiff ○ I ar	n a defendant		
Case details:			
Attorney's contact information:			
Name	Phone #	Email	

Insurance and other benefits

Life insurance

Include what happens if you are disabled or need long-term care; can you use a portion of the death benefit
for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include
a copy of the policy.

Carrier	Policy #	Benefit amount	Cost/how paid*	What happens if I am disabled?
	onfirm whether the polic number, too), etc.	cy is paid annually by ch	neck, monthly by debit	from a bank account (I
Other insure	ance coverage			
Include long- ar	•	long-term care, medica nave.	ıl, dental, vision, prescri	ption drug and
Carrier	Policy #	Premium	Cost/how paid	Phone #
			_	
			_	

Household insurance

Type of policy/carrier	Policy #	Premium —	Cost/how pa	id Phone #
imployer benefits nclude any benefits you h	ave through a c	urrent or previous er	nployer.	
Type of benefit/amoun	t En	nployer	Pho	ne #
For a list of National Service	Officers (Vetera	n Advocates) in you		vw.purpleheart.org.
For a list of National Service For information on Veterans	Officers (Veteral s Compensation	n Advocates) in you and Benefits, you c	an visit www.va.gov.	w.purpleheart.org. Dates of service
For a list of National Service For information on Veterans Military branch of servi	Officers (Veteral s Compensation ce SVS#	n Advocates) in you and Benefits, you co Gr	an visit www.va.gov.	
For a list of National Service For information on Veterans Military branch of servi Military status: Veteran Copy of separation or military	Officers (Veteral s Compensation Ce SVS# Retired veteral discharge form (D	n Advocates) in your and Benefits, you con Gran Gran D214) is located:	an visit www.va.gov.	Dates of service
Veteran (VA) or go For a list of National Service For information on Veterans Military branch of servi Military status: Veteran Copy of separation or military Your military records are locat If you have a National Serv	Officers (Veteral s Compensation Ce SVS# Retired veteral discharge form (D	n Advocates) in your and Benefits, you con and Benefits, you con and Benefits, you con an an D214) is located:	an visit www.va.gov.	Dates of service

| Important documents

Wills, trusts and power of attorney

Include any of the following: last will and testament, living trust, living will, medical, general and/or limited power of attorney, life insurance trust, charitable trust, minor's trust and other medical directives.

	Date signed	Location (of original)	Contact	Phone #
		_		
			_	
counts, deed	ds and titles			
	r other education	al plans, custodial acc property, automobile t	•	

Family forms

Include marriage license, domestic partner agreement, cohabitation agreement, pre- or post-nuptial agreement, divorce or separation agreement, child support agreement, birth certificates, adoption papers, guardianship papers, citizenship papers, burial or pre-need agreement, and life insurance beneficiary forms.

Document	Date signed —	Location (of original)	Contact	Phone #
		_		
	_	_	_	
		_		
Employment or cor	ntractor contro	ıct		
Tax returns				
Additional information	or instructions:			
They are: OPersonal	l returns O Busi	ness returns		
My tax accountant is:				
Name		Address		Phone #
				_
		_		_

Business documents

f١	you are an owner or co-ow	ner in a business.	please include in	nformation about a	nv ownership or bu	v-sell agreements

	Date signed	Location of business	Partner(s)/ co-owners	Contact info
For buy-sell or buy-ou	ut and overhead expen	se agreements, pleas	e list the life insuranc	ce used.
Carrier	Policy #	On the life of	Primary beneficiary	Secondary beneficiary
If you become	incapacitated			
_	-	ame		Phone #
Who has:	No.	ame		Phone #
Who has: Power of attorney for	medical decisions:	ame		Phone #
Who has: Power of attorney for Power of attorney ov	medical decisions:	ame		Phone #
Who has: Power of attorney for Power of attorney ov Guardian of my pers	medical decisions: er my assets: son:	ame		Phone #
Who has: Power of attorney for Power of attorney ov Guardian of my pers Guardian of my prop	medical decisions: er my assets: son:		○No	Phone #

Monthly budget and expenses

List your monthly income and where it comes from.

Income source		Net amour	nt		natic deposit? at account?
List monthly expense	s that will nee	d to be paid. (E	xamples include gas, e Automatic withdr From what accor	awals?	ent, mortgage, phone, etc.; Pay online? Website/ password

O Loved ones who will need care

Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently care. Include information about that person below.

Name	Relationship to you	Nature of disability
Services they receive	From whom?	Phone #
Primary physician		Phone #
Is there a trust set up for this person? Cocation of trust documents:	Yes ONo	
If you are the legal guardian for this p	person, who is your successor ç	
Accounts you handle for this po		Information

Pets Include information	n about the pets yo	ou currently own	
Type of pet	Pet name	Date of Birth (MM/YY)	Notes, dietary needs, medical concerns, etc.
Veterinarian na	me	Address	Phone #
Pet insurance in	ıformation		
Who will take	e care of you	r pets	
Name		Pho	one #

Funeral arrangements

It's natural for people to focus solely on their loved ones and providing for them, but there are costs associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement details	;	Name/I	ocation		Pho	ne #
Funeral home						
Cemetery, if you wish to be	e buried					
Cemetery, if you wish to be	e cremated	d				
ltem		Cost				
Plot						
Casket						
Headstone and engravi	ing					
Plaque						
Military funeral h	onors					
Military branch of service	SVS#		SS#	Dates of serv	ice	Military status
Medal of honor: ○ Recip	pient 0	General				
Upon my death, I would	like the Am	nerican flag p	resented to:			

People you'd like to be involved

t/Minister/Rabl	pi/Master of ceremonies			
earers				
	_			
	-			
	-			
	-			
	-			
ve eulogy at	my service			
07	,			
eu of flowers, c	ask for donations to			
eu of flowers, c	ask for donations to			
ople who ude friends, fo	should be notifie mily, as well as persona	l care profession	als.	Name/Phone #
ple who de friends, fo	should be notifie	l care profession		Name/Phone #
ple who de friends, fo	should be notifie mily, as well as persona	l care profession	als.	Name/Phone #
pple who de friends, fo	should be notifie mily, as well as persona	l care profession	als.	Name/Phone #
ople who de friends, fa ationship	should be notifiemily, as well as persona Name/Phone #	l care profession	als.	Name/Phone #
ple who de friends, fo	should be notifie mily, as well as persona	l care profession	als.	Name/Phone #
ple who de friends, fo	should be notifiemily, as well as persona Name/Phone #	l care profession	als.	Name/Phone #
ple who de friends, fo	should be notifiemily, as well as persona Name/Phone #	l care profession	als.	Name/Phone #

Name	Phone #	Name —	Phone #
People you pref	er NOT to attend yo	our service	
lame		Name	

People you'd like to attend your service if you are having a private service

Attaining the death certificate

Funeral director or county clerk's office.

Your executor(s) and beneficiary(ies) will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns and even to close some social media accounts. You should get at least 8 copies.

Ethical will

One of the most meaningful tasks you'll do as you plan for your future is to define your legacy. How do you want family, friends and even someone new to know you? This is an opportunity to tell your story. It's a chance to express to your loved ones what you want them to share about your connection with them. Include your thoughts and feelings on topics that you'd like your family to know and understand after you're gone.

The most important things in life are:
I am most grateful for:
The most important things I've done in my life are:
I'd like my heirs to use their inheritance to:

The most important values I'd like to pass on to my loved ones are:			
The most important traditions I'd like my loved ones to continue are:			
I'd like to be remembered as:			
The people who have influenced me the most are:			
I'd like my loved ones to learn from these experiences on mine:			

About your family

Place of your birth		Date	
Parents' names			
Mother's maiden r	name		
Maternal grandpo	ırents' names	Paternal grandparents'	names
Maternal grandmo	other's maiden name	Paternal grandmother's	maiden name
Brothers and sis	ters (including step a	nd half-siblings)	
Name	Address	Phone #	Birth date

Children

Name	Address	Phone #	Birth date
Grandchildren			
Name	Address	Phone #	Birth date
Great-grandchildren			
Name	Address	Phone #	Birth date

Memberships and affiliations
Additional facts about my family history
Family mission statement



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