

# 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 \_\_\_\_\_

Date \_\_\_\_\_

# Personal record

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last name \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security number \_\_\_\_\_ Phone number \_\_\_\_\_ Years at address \_\_\_\_\_

Seasonal residence \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of birth \_\_\_\_\_ Date of birth \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Primary care physician \_\_\_\_\_ Phone number \_\_\_\_\_

Marital status  Single  Married  Divorced  Widowed

Maiden name \_\_\_\_\_ Spouse'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 (0-12)  College (1-4 or 5+)

College/university names \_\_\_\_\_ Degree \_\_\_\_\_

## Career

Occupation \_\_\_\_\_

Type of business/industry \_\_\_\_\_

Employer \_\_\_\_\_ Phone number \_\_\_\_\_

## Military

Branch \_\_\_\_\_

Rank \_\_\_\_\_ Serial number \_\_\_\_\_

Location of military discharge papers (DD-214) \_\_\_\_\_

Date and place of induction \_\_\_\_\_

Date and place of discharge \_\_\_\_\_



# 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  
 Lawn Crypt  
Date Selected  
—/—/—  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**FUNERAL/MEMORIAL SERVICE**  
Date Selected  
—/—/—  
**MEMORIALIZATION**  
Date Selected  
—/—/—  
**CASKET/URN**  
Date Selected  
—/—/—  
**OPENING AND CLOSING**  
Date Selected  
—/—/—  
**TRANSPORTATION AND RELOCATION PROTECTION PLAN**  
Date Selected  
—/—/—  
**PERSONAL PREFERENCES**  
 Flowers         Readings  
 Music            Additional  
Date Selected  
—/—/—

# Final wishes

Funeral home to contact \_\_\_\_\_

Name \_\_\_\_\_ Counselor/Advisor \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Funeral preferences

Place of service

Church Name \_\_\_\_\_

Funeral Home Name \_\_\_\_\_

Cemetery Name \_\_\_\_\_

Other Name \_\_\_\_\_

Person to officiate \_\_\_\_\_ Special instructions \_\_\_\_\_

Music selections \_\_\_\_\_

Readings \_\_\_\_\_

## Obituary

Name of newspaper(s) \_\_\_\_\_

Name of website \_\_\_\_\_ Other \_\_\_\_\_

Visitation:  Yes  No  Public  Private

Casket:  Open  Closed

# Final wishes *(continued)*

## Final disposition

Earth burial     Mausoleum entombment     Cremation/Inurnment

Other (please specify) \_\_\_\_\_

Name of cemetery/mausoleum \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Description of burial property \_\_\_\_\_

Casket selection \_\_\_\_\_ Urn selection \_\_\_\_\_

Vault selection \_\_\_\_\_ Personalization choices \_\_\_\_\_

# Permanent memorial

Type \_\_\_\_\_

Inscription \_\_\_\_\_

Flowers \_\_\_\_\_

Personal touches/items to display \_\_\_\_\_

Special services/ceremonies (fraternal, military, 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# Financial information

## Banking

Bank Name/branch \_\_\_\_\_

Type of account:  Checking  Savings

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 documents

Safe deposit box location \_\_\_\_\_ Box number \_\_\_\_\_

Key(s) location \_\_\_\_\_

Birth certificate \_\_\_\_\_

Children's birth certificate(s) \_\_\_\_\_

Last will and testament \_\_\_\_\_

Funeral and cemetery arrangement 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 \_\_\_\_\_



Please be sure to notify these people of my passing:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

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