

MY PERSONAL

**BENEFICIARY
PLANNER**

USING YOUR PERSONAL BENEFICIARY PLANNER

This beneficiary guide is intended to help you manage your personal and financial life details while also making it easy for your loved ones to manage your affairs if you are unable to do so.

Take some time to complete this guide and put it in a safe place. Review this information and location with a trusted family member.

FULL NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **PLACE OF BIRTH:** _____

BIRTH CERTIFICATE LOCATION: _____

SOCIAL SECURITY NUMBER: _____

LOCATION OF SOCIAL SECURITY CARD: _____

MOTHER'S MAIDEN NAME: _____

HOME PHONE #: _____ **CELL PHONE #:** _____

EMAIL: _____ **PASSWORD:** _____

YOUR FAMILY

MARITAL STATUS: SINGLE MARRIED WIDOW/WIDOWER DIVORCED

SPOUSE'S NAME: _____

DATE OF MARRIAGE: _____

PLACE OF MARRIAGE: _____

LOCATION OF MARRIAGE CERTIFICATE: _____

NUMBER OF CHILDREN _____

CHILDREN'S NAMES (INCLUDE SPOUSES):

1. _____ PHONE # _____

2. _____ PHONE # _____

3. _____ PHONE # _____

4. _____ PHONE # _____

5. _____ PHONE # _____

GRANDCHILDREN: _____

EMERGENCY CONTACTS

1. **NAME:** _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

2. **NAME:** _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

3. **NAME:** _____ **RELATIONSHIP:** _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN: _____

PHONE NUMBER: _____

ALLERGIES: _____

LIVING WILL: YES NO

I AM AN ORGAN DONOR: YES NO

LOCATION OF LIVING WILL: _____

EMPLOYMENT

EMPLOYMENT STATUS: CURRENTLY WORKING RETIRED

OCCUPATION: _____

EMPLOYER: _____ MANAGER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

MILITARY SERVICE

DATE(S) OF SERVICE: _____

BRANCH OF SERVICE: _____

RANK: _____ SERIAL NUMBER: _____

LOCATION OF PAPERS: _____

PROFESSIONALS

ATTORNEY: _____ **PHONE:** _____

ACCOUNTANT: _____ **PHONE:** _____

SPECIALTY DOCTOR: _____ **PHONE:** _____

SPECIALTY DOCTOR: _____ **PHONE:** _____

FINANCES

BANKING

1. TYPE OF ACCOUNT: _____ **BANK:** _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

2. TYPE OF ACCOUNT: _____ **BANK:** _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

3. TYPE OF ACCOUNT: _____ **BANK:** _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

CREDIT CARD(S)

1. CREDIT CARD COMPANY: _____

ACCOUNT NUMBER: _____

TOLL-FREE PHONE: _____

2. CREDIT CARD COMPANY: _____

ACCOUNT NUMBER: _____

TOLL-FREE PHONE: _____

3. CREDIT CARD COMPANY: _____

ACCOUNT NUMBER: _____

TOLL-FREE PHONE: _____

INVESTMENTS

1. INVESTMENT TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

2. INVESTMENT TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

3. INVESTMENT TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

RETIREMENT PLANS, BONDS, MUTUAL FUNDS

1. PLAN TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

2. PLAN TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

3. PLAN TYPE: _____ **COMPANY/BROKER:** _____

ACCOUNT NUMBER: _____ CONTACT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

USER ID: _____ PASSWORD: _____

REAL ESTATE

PRIMARY RESIDENCE: OWN RENT

DEED LOCATION: BANK OR MORTGAGE COMPANY LANDLORD

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

OTHER REAL ESTATE: PROPERTY TYPE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

YOUR VEHICLES

1. VEHICLE VIN.#: _____ YEAR: _____

MAKE: _____ MODEL: _____

2. VEHICLE VIN.#: _____ YEAR: _____

MAKE: _____ MODEL: _____

INSURANCES

POLICIES LOCATION: _____

1. **POLICY TYPE:** _____ **INSURANCE COMPANY:** _____

POLICY NUMBER: _____ POLICY AMOUNT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

2. **POLICY TYPE:** _____ **INSURANCE COMPANY:** _____

POLICY NUMBER: _____ POLICY AMOUNT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

3. **POLICY TYPE:** _____ **INSURANCE COMPANY:** _____

POLICY NUMBER: _____ POLICY AMOUNT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

INSURANCES

4. POLICY TYPE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____ POLICY AMOUNT: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

EXPENSES

CAR LOANS, MORTGAGES, STUDENT LOANS, PERSONAL LOANS, ETC.

1. DEBT TYPE: _____ COMPANY: _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

2. DEBT TYPE: _____ COMPANY: _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

3. DEBT TYPE: _____ COMPANY: _____

ACCOUNT NUMBER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ CONTACT: _____

STANDARD MONTHLY EXPENSES

UTILITIES

COMPANY: _____ COMPANY: _____

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

PHONE: _____ PHONE: _____

MOBILE PHONE

COMPANY: _____ COMPANY: _____

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

PHONE: _____ PHONE: _____

CABLE / INTERNET

COMPANY: _____ COMPANY: _____

ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____

PHONE: _____ PHONE: _____

PETS

PET'S NAME: _____

PET'S NAME: _____

BREED: _____

BREED: _____

MEDICATION: _____

MEDICATION: _____

ANIMAL HOSPITAL: _____

VETERINARIAN'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

ADDITIONAL INFORMATION

NOTES: _____
