



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

- VEHICLE VIN.#: _____ YEAR: _____
 MAKE: _____ MODEL: _____
- VEHICLE VIN.#: _____ YEAR: _____
 MAKE: _____ MODEL: _____

INSURANCES

POLICIES LOCATION: _____

- POLICY TYPE:** _____ **INSURANCE COMPANY:** _____
 POLICY NUMBER: _____ POLICY AMOUNT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____
- POLICY TYPE:** _____ **INSURANCE COMPANY:** _____
 POLICY NUMBER: _____ POLICY AMOUNT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____
- POLICY TYPE:** _____ **INSURANCE COMPANY:** _____
 POLICY NUMBER: _____ POLICY AMOUNT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____
- POLICY TYPE:** _____ **INSURANCE COMPANY:** _____
 POLICY NUMBER: _____ POLICY AMOUNT: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____

EXPENSES**I. CAR LOANS, MORTGAGES, STUDENT LOANS, PERSONAL LOANS, ETC.**

DEBT TYPE: _____ **COMPANY:** _____
 ACCOUNT NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____

DEBT TYPE: _____ **COMPANY:** _____
 ACCOUNT NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____

DEBT TYPE: _____ **COMPANY:** _____
 ACCOUNT NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ CONTACT: _____

2. STANDARD MONTHLY EXPENSES**UTILITIES**

COMPANY: _____ COMPANY: _____
 ACCOUNT NUMBER: _____ ACCOUNT NUMBER: _____
 PHONE: _____ PHONE: _____

3. MOBILE PHONE

COMPANY: _____
 ACCOUNT NUMBER: _____
 PHONE: _____

CABLE / INTERNET

COMPANY: _____
 ACCOUNT NUMBER: _____
 PHONE: _____

PETS

PET'S NAME: _____ PET'S NAME: _____
 BREED: _____ BREED: _____
 MEDICATION: _____ MEDICATION: _____

ANIMAL HOSPITAL: _____
 VETERINARIAN'S NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____

