



WHAT MY LOVED ONES NEED TO KNOW CONTACTS

A financial planning guide for
after you're gone

GWS&A

GLOBAL
WEALTH
STRATEGIES &
ASSOCIATES

MY PERSONAL INFORMATION

My Key Contacts

On the following pages, please enter the names of the key contacts who play an important role in your life.

My Spouse/Partner

Name: _____

Address: _____

Email Address: _____

Social Security Number: _____

Telephone/Cell: _____

U.S. Citizen? Yes No

Date of Birth: _____

Did Spouse/Partner Serve in the Military? Yes No

Branch of Service: _____ Years Served: _____

Date of Marriage: _____

Place of Marriage (city/state): _____

My Former Spouses/Partners

Prior Marriage(s)? Yes No

Former Spouse/Partner 1

Name: _____

Address: _____

Telephone: _____

Former Spouse/Partner 2

Name: _____

Address: _____

Telephone: _____

List any additional spouses/partners in the Notes section of this guide.

Additional former spouses/partners listed in the Notes section of this guide? Yes No

My Children

Complete this section to provide important information on each of your children, as well as their children (your grandchildren), if applicable.

Do You Have Children? Yes No

Child 1

Living Deceased

Name: _____

Address: _____

Telephone/Cell: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 2

Living Deceased

Name: _____

Address: _____

Telephone/Cell: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 3

Living Deceased

Name: _____

Address: _____

Telephone/Cell: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 4

Living Deceased

Name: _____

Address: _____

Telephone/Cell: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

List any additional children and/or grandchildren in the Notes section of this guide.

Additional children and/or grandchildren listed in the Notes section of this guide? Yes No

MY PERSONAL INFORMATION

My Key Contacts (continued)

My pets

Complete this section to provide important information on each of your pets.

Pet 1

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

Pet 2

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

Pet 3

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

Veterinarian

Name: _____

Address: _____

Telephone: _____

Pet Sitter/Caregiver

Name: _____

Address: _____

Email Address: _____

Telephone: _____

List any additional pets, veterinarians and caregivers in the Notes section of this guide.

Additional pets, veterinarians, caregivers listed in the Notes section of this guide? Yes No

Other Important Family/Friends/Business Contacts

Complete this section to provide information about other family members, close friends and business contacts.

Name: _____

Address: _____

Email Address: _____

Telephone/Cell: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone/Cell: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone/Cell: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone/Cell: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

List any additional contacts in the Notes section of this guide.

Additional key contacts listed in the Notes section of this guide? Yes No

MY PERSONAL INFORMATION

My Executors and Trustees

Complete this section to provide information about your executor(s) and your trustee(s), if applicable.

Executor 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Executor 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Trustee 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Trustee 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

My Advisors

Complete this section to provide contact information for each of your trusted advisors.

Attorney 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Legal Work Performed (check all that apply):

- Estate Planning Tax Planning
 Personal Business

Accountant 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Accounting Work Performed (check all that apply):

- Personal Business

Attorney 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Legal Work Performed (check all that apply):

- Estate Planning Tax Planning
 Personal Business

Accountant 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Accounting Work Performed (check all that apply):

- Personal Business

MY PERSONAL INFORMATION

My Executors and Trustees (continued)

Complete this section to provide information about your executor(s) and your trustee(s), if applicable.

My Advisors (continued)

Financial professional 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Area(s) of Expertise (check all that apply):

- Financial Planning
- Estate Planning
- Retirement Planning
- Life Insurance
- Disability Insurance
- Long-Term Care Insurance
- Annuities
- Mutual Funds
- Stocks
- Bonds
- Other (specify): _____

Financial professional 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Area(s) of Expertise (check all that apply):

- Financial Planning
- Estate Planning
- Retirement Planning
- Life Insurance
- Disability Insurance
- Long-Term Care Insurance
- Annuities
- Mutual Funds
- Stocks
- Bonds
- Other (specify): _____

Property & Casualty Advisor

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell Phone: _____

Email Address: _____

Area(s) of Expertise (check all that apply):

- Personal Auto Insurance
- Homeowners Insurance
- Business Vehicle Insurance
- Business Owner's Insurance
- Business Liability Insurance
- Workers Compensation
- Personal Umbrella
- Business Umbrella
- Business Overhead Insurance
- Errors and Omissions Insurance
- Other (specify): _____

List any additional executors, trustees or advisors in the Notes section of this guide.

Additional executors, trustees or advisors listed in the Notes section of this guide? Yes No



NOTES

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NOTES

Lined area for notes, consisting of multiple horizontal lines.

You've helped your family feel more comfortable about tomorrow.

By completing the planning guide, you're sharing your final wishes and providing loved ones with the information they need to make decisions. It's important to review this guide annually and update it as needed. Your GWS&A financial professional can help you with these updates and offer guidance in tandem with your other trusted advisors.

Important!

Please be sure to keep this highly personal and sensitive information in a safe and secure place. And let your family members, executor and attorney know where that place is. If you need assistance, feel free to contact your GWS&A financial professional at any time.



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