

Personal Information

Name of Insured _____
FIRST MIDDLE LAST

Name at Birth _____
FIRST MIDDLE LAST

Date of Birth _____
MONTH DAY YEAR

Place of Birth _____
CITY STATE COUNTRY

Present Address _____
STREET CITY STATE

Married to _____
PRESENT NAME MAIDEN OR FORMER NAME

Spouse's Date of Birth _____
MONTH DAY YEAR

Spouse's Place of Birth _____
CITY STATE COUNTRY

Previous Marriage(s): _____

NAME DATE OF DEATH OR DIVORCE

NAME DATE OF DEATH OR DIVORCE

Additional Information

Children From Marriage To _____

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

Children From Marriage To _____

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

Personal Information (continued)

Citizen of _____ By Birth By Naturalization

Naturalized _____
MONTH DAY YEAR

Location _____

Additional Information _____

Parental Information

Father _____
FULL NAME BIRTH DATE

DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information

Mother _____
FULL NAME BIRTH DATE

DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information

Record Locator

Record

- Birth Certificates _____
- Marriage Certificates _____
- Divorce Papers _____
- Tax Records _____
- W-2 Forms _____
- Mortgage _____
- Title House(s) _____
- Title Car(s) _____
- Title Miscellaneous _____
- Military Records _____
- Household Records (Bills, etc.) _____
- Guardianship Letters _____
- Power of Attorney _____
- Living Will _____
- Loan Papers _____
- Keys _____
- Other Important Documents _____

Personal Advisors

GWS&A Representative _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Attorney _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Personal Representative/Executor/Executrix _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Accountant _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Stockbroker _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Financial Advisor _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Religious Contact _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Other _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Other _____
NAME

STREET _____ CITY _____ STATE _____ TELEPHONE NO. _____

Wills & Trusts

I have a will. I do not have a will.

Location of Original and Copies of Will _____

Date of Will _____
MONTH DAY YEAR

Location of Original Codicil _____ Date of Codicil _____

Executor's Name and Address

NAME STREET CITY STATE

Witnesses (to Will) Name and Address

NAME STREET CITY STATE

NAME STREET CITY STATE

Guardian (for Children) Name and Address

NAME STREET CITY STATE

I have a trust.

Name and Date of Trust _____
NAME MONTH DAY YEAR

Location of Trust _____

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

My Spouse has a trust.

Name and Date of Trust _____
NAME MONTH DAY YEAR

Location of Trust _____

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

Insurance Policies

Life Insurance

Name of Company	Amount of Coverage

Location of Policies

Disability Insurance

Name of Company	Amount of Coverage

Location of Policies

Health Insurance

(Medical and Hospitalization, Accident and Travel, etc.)

Name of Company	Amount of Coverage

Location of Policies

Insurance Policies (continued)

Long Term Care Insurance

Name of Company	Type of Coverage

Location of Policies

Property/Casualty Insurance

(Auto Coverage, Homeowner's and Rental Coverage, Personal Liability/Umbrella Policies, etc.)

Name of Company	Type of Coverage	Broker/Agent

Other Sources

Organization Benefits

Benefits may be available to your survivors based on membership in certain organizations, such as professional organizations, trade associations, unions, etc.

Organization	Type of Benefits

Information is located at _____

Government Life Insurance

Branch of Military		
Date of Service		

Information is located at _____

Other Potential Government Coverage

	Amount
Veterans	
Civil Service	
Railroad Retirement	
Active Military	
Local/State Employment	

Information is located at _____

Employment Benefits

Current Employer

Current Employer Name and Address Present Address

COMPANY	STREET	CITY	STATE
POSITION/TITLE			DATE OF HIRE

Potential eligible benefits available in the event of my death:

- Group Life Insurance
- Group Health Insurance (death benefit)
- Unpaid Salary
- Pension (survivor's benefits)
- Workers' Compensation
- Deferred Compensation
- Profit Sharing (survivor's benefits)
- Other

Information is located at _____

Contact person at work _____

Pensions/Retirement

Pension Plans

Name and Address of Employer (Current and Prior)

Individual Retirement Account (IRA)

Name and Address of Company

Pensions/Retirement continued

KEOGH Plan

Name and Address of Company

401(k) Plans

Name and Address of Company

Other Retirement/Pension Plans

Name and Address of Company

Pension/Retirement Information located at

Business Interest

Business Ownership

I have an ownership interest in the following business(es):

Name and Address of Business	Type of Business	% Ownership Interest

Legal Action

Uncollected legal judgment, pending lawsuit or claim, etc.:

Name and Address	Description

Credit Cards

Name of Company	Address

Debts

I have the following debts:

Name and Address of Debtor	Reason

Final Wishes

I would like my body to be:

- Cremated Entombed Used as an Organ Donor
 Buried Given to Science Any of the preceding as selected by my heirs

I would like:

- A Funeral Service No Service
 A Memorial Service Any of the preceding as selected by my heirs

I would like the funeral, memorial or service to take place at:

- House of Worship My Home Any of the preceding as selected by my heirs
 Funeral Home Other

My preference are:

Name of House of Worship _____

Name of Religious Leader _____

Name of Funeral Home/Funeral Director _____

Other requests for my Funeral/Memorial Service

Additional personal preferences and wishes

I have made funeral prearrangements. The information is as follows

Other items not covered on these forms that are important to me