



**CENTER FOR FINANCIAL PLANNING, INC.**

Independent Registered Investment Advisor

## PERSONAL FINANCIAL RECORD SYSTEM & LETTER OF LAST INSTRUCTION

**CLIENT NAME:**

\_\_\_\_\_

**SPOUSE / SIGNIFICANT OTHER NAME:**

\_\_\_\_\_

The Center for Financial Planning has prepared these two forms (together) to assist you in your financial record keeping. You may use this system two ways. The first is simply to print off this PDF document and fill in the information by hand. We encourage you to use the second method, which is to save the document in your own computer where you may then fill it in and more easily update it periodically.

This PDF document is an interactive form, which means you can simply open the document in Adobe Acrobat Reader which is a free program and can be downloaded at [www.adobe.com](http://www.adobe.com). We do recommend having the latest available download when completing this form.

We suggest you update this information at least annually. Many clients find tax time is an opportune time to do this. The Center would be happy to securely store this document along with your other financial records.

Good luck and congratulations for taking this step!



**PERSONAL FINANCIAL RECORD SYSTEM**

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## PERSONAL FINANCIAL RECORD SYSTEM

This Personal Financial Record System is not a legal document but is intended to be a practical listing of personal and financial information and the whereabouts of documents that would be needed by an executor or other person called upon to administer the client(s)'s affairs in the event of a prolonged absence, illness or death. It is the client's responsibility to update this document as circumstances warrant. If the client desires his/her planner to have a copy of the document, please forward to the Center for Financial Planning.

**Note: See Letter of Last Instruction section for information regarding Safe Deposit Box, name of Attorney, Name of CPA, Name of Financial Planner**

### COPIES OF DOCUMENTS

Client name: \_\_\_\_\_

Spouse / Significant other name: \_\_\_\_\_

This revision date(mm/dd/yyyy): \_\_\_\_\_

Location of original Personal Financial Record System: \_\_\_\_\_

#### Copies are held by:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### DURABLE POWERS OF ATTORNEY Regarding Health Care & Life-sustaining Treatment

Location of original(s): \_\_\_\_\_

Copy(ies) also on file at Health Care Provider(s): \_\_\_\_\_

I have created no such document.



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## PERSONAL FINANCIAL RECORD SYSTEM

### PHYSICIANS AND HEALTH CARE PROVIDERS

#### Client's primary physician

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Spouse/Significant other's primary physician

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### INCOME TAX Where Financial Records are Kept

#### State & Federal Tax Returns (and supporting documentation)

Most recent year: \_\_\_\_\_

Previous years: \_\_\_\_\_

Ongoing/pre tax filing information: \_\_\_\_\_

### CREDIT CARDS

Type (Visa, etc)	Name on Card	Account Number	Exp	Phone Number



## PERSONAL FINANCIAL RECORD SYSTEM

### CREDIT CARDS Continued

Type (Visa, etc)	Name on Card	Account Number	Exp	Phone Number

### MORTGAGE AND OTHER DEBT

Type	Institution / Person	Pay-off Date	Phone Number



## PERSONAL FINANCIAL RECORD SYSTEM

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### AUTO AND PROPERTY TITLES

**Car title and registration:**

1. Year / Make / Model: \_\_\_\_\_

Title location: \_\_\_\_\_

Registration name: \_\_\_\_\_

2. Year / Make / Model: \_\_\_\_\_

Title location: \_\_\_\_\_

Registration name: \_\_\_\_\_

3. Year / Make / Model: \_\_\_\_\_

Title location: \_\_\_\_\_

Registration name: \_\_\_\_\_

4. Year / Make / Model: \_\_\_\_\_

Title location: \_\_\_\_\_

Registration name: \_\_\_\_\_

**Driver's license numbers:**

Client: \_\_\_\_\_

DL#: \_\_\_\_\_

Spouse (Significant other): \_\_\_\_\_

DL#: \_\_\_\_\_

**Location of property title(s) and deed(s):**

Primary residence: \_\_\_\_\_

Other: \_\_\_\_\_

Other: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### ESTATE DOCUMENTS

#### WILLS

**Client** Dated: \_\_\_\_\_

Location of original: \_\_\_\_\_

Location of copy(ies): \_\_\_\_\_

**Spouse / Significant other** Dated: \_\_\_\_\_

Location of original: \_\_\_\_\_

Location of copy(ies): \_\_\_\_\_

#### TRUSTS

Name of trust (include date): \_\_\_\_\_

Location of original: \_\_\_\_\_

Location of copy(ies): \_\_\_\_\_

Name of trust (include date): \_\_\_\_\_

Location of original: \_\_\_\_\_

Location of copy(ies): \_\_\_\_\_

#### DURABLE POWER OF ATTORNEY

**Client** Dated: \_\_\_\_\_

Location: \_\_\_\_\_

**Spouse/Significant other** Dated: \_\_\_\_\_

Location: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### LIFE INSURANCE POLICIES

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_





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## PERSONAL FINANCIAL RECORD SYSTEM

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### LIFE INSURANCE POLICIES Continued

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_

Face Amount (\$\$): \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name (if any): \_\_\_\_\_ Phone: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### HOMEOWNERS INSURANCE Primary residence

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

### HOMEOWNERS INSURANCE Second home

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

### HOMEOWNERS INSURANCE Third home

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

### AUTO INSURANCE

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### AUTO INSURANCE Continued

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

### LONG TERM CARE INSURANCE

Company name: \_\_\_\_\_

For whom: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

For whom: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

### HEALTH INSURANCE

Company name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### DISABILITY INSURANCE

Company name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Person covered: \_\_\_\_\_

Company name: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_

Person covered: \_\_\_\_\_

### OTHER INSURANCE Property / Umbrella liability / Boats / RV's, etc:

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_

Company name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Agent name: \_\_\_\_\_ Agent Phone: \_\_\_\_\_



## PERSONAL FINANCIAL RECORD SYSTEM

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### SOCIAL SECURITY NUMBERS & CARDS

**Client**

Number: \_\_\_\_\_ Location of card: \_\_\_\_\_

**Spouse/Significant other**

Number: \_\_\_\_\_ Location of card: \_\_\_\_\_

### BANK ACCOUNTS / CREDIT UNIONS / CDS

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Acct #: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### INVESTMENTS Brokerage Accounts

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### INVESTMENTS Brokerage Accounts Continued

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Financial Planner / Broker Name: \_\_\_\_\_

Brokerage Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account owner(s) and number(s): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

### PENSION AND RETIREMENT BENEFITS

Client Retirement ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Client Retirement ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### PENSION AND RETIREMENT BENEFITS Continued

Spouse/Significant other Retirement ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Spouse/Significant other Retirement ID: \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

### DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_





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## PERSONAL FINANCIAL RECORD SYSTEM

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### DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES Continued

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

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40 Oak Hollow Street, Suite 125 Southfield, MI 48033 Fax (248) 948-1008 Phone (248) 948-7900  
[www.CenterFinPlan.com](http://www.CenterFinPlan.com)

SECURITIES OFFERED THROUGH **RAYMOND JAMES FINANCIAL SERVICES, INC.** MEMBER FINRA/SIPC



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## PERSONAL FINANCIAL RECORD SYSTEM

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### DIRECTLY-OWNED INVESTMENTS / STOCK CERTIFICATES Continued

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Name of investment: \_\_\_\_\_

Type of investment: \_\_\_\_\_

Phone #: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

### 401(K) / 403 (B) RETIREMENT ACCOUNTS

#### Client

Plan Administrator (name of company): \_\_\_\_\_

Phone #: \_\_\_\_\_ PIN #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Account number(s) if applicable: \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

### 401(K) / 403 (B) RETIREMENT ACCOUNTS Continued

Plan Administrator (name of company): \_\_\_\_\_

Phone #: \_\_\_\_\_ PIN #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Account number(s) if applicable: \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

#### **Spouse/ Significant Other**

Plan Administrator (name of company): \_\_\_\_\_

Phone #: \_\_\_\_\_ PIN #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Account number(s) if applicable: \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_

Plan Administrator (name of company): \_\_\_\_\_

Phone #: \_\_\_\_\_ PIN #: \_\_\_\_\_ Website: \_\_\_\_\_

Contact person (if any): \_\_\_\_\_

Account number(s) if applicable: \_\_\_\_\_

Location of statements / documents: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

### OTHER IMPORTANT INFORMATION/DOCUMENTS

Information about automatic payments/cash transfers: \_\_\_\_\_

Cell phone provider: \_\_\_\_\_

Cell phone account (or phone)#: \_\_\_\_\_

ISP/e-mail account info: \_\_\_\_\_

#### Important usernames and passwords

e-Mail address: \_\_\_\_\_ Password: \_\_\_\_\_

e-Mail address: \_\_\_\_\_ Password: \_\_\_\_\_

e-Mail address: \_\_\_\_\_ Password: \_\_\_\_\_

e-Mail address: \_\_\_\_\_ Password: \_\_\_\_\_

Bank account username: \_\_\_\_\_ Password: \_\_\_\_\_

Bank account username: \_\_\_\_\_ Password: \_\_\_\_\_

Bank account username: \_\_\_\_\_ Password: \_\_\_\_\_

Bank account username: \_\_\_\_\_ Password: \_\_\_\_\_

Credit card account username: \_\_\_\_\_ Password: \_\_\_\_\_

Credit card account username: \_\_\_\_\_ Password: \_\_\_\_\_

Credit card account username: \_\_\_\_\_ Password: \_\_\_\_\_

Credit card account username: \_\_\_\_\_ Password: \_\_\_\_\_

Other username: \_\_\_\_\_ Password: \_\_\_\_\_

Other username: \_\_\_\_\_ Password: \_\_\_\_\_

Other username: \_\_\_\_\_ Password: \_\_\_\_\_



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## PERSONAL FINANCIAL RECORD SYSTEM

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### Passport

#### Client

Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Passport #: \_\_\_\_\_ Country issued: \_\_\_\_\_

#### Spouse or significant other

Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Passport #: \_\_\_\_\_ Country issued: \_\_\_\_\_

Professional License/Registration #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Professional License/Registration #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

If you wish to donate accumulated "frequent flyer" miles, Account #: \_\_\_\_\_

Contact info: \_\_\_\_\_

### Miscellaneous memberships/ information (COSTCO, AAA, etc)

Name of membership: \_\_\_\_\_

Account/membership number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of membership: \_\_\_\_\_

Account/membership number: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of membership: \_\_\_\_\_

Account/membership number: \_\_\_\_\_ Phone number: \_\_\_\_\_



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## LETTER OF LAST INSTRUCTION

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This Letter of Last Instruction is not a legal document but is intended to be a practical listing of personal and financial wishes for the use of family members in the event of a prolonged absence, illness or death.

### COPIES OF DOCUMENTS

Client name: \_\_\_\_\_

Spouse / Significant other name: \_\_\_\_\_

This revision date(mm/dd/yyyy): \_\_\_\_\_

Location of original Letter of Last Instruction: \_\_\_\_\_

#### **Copies are held by:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

### FIRST ACTION IN CASE OF DEATH

#### ORGAN DONATION(S)

No      Yes; see donor card and/or driver's license

Location of donor card: \_\_\_\_\_



## LETTER OF LAST INSTRUCTION

### SAFETY DEPOSIT BOX

Box #: \_\_\_\_\_ Located at: \_\_\_\_\_

Telephone #: \_\_\_\_\_

#### Authorized Signers

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Location of keys: \_\_\_\_\_

Summary of Safety Deposit Contents: (enter in Addendum A)

### PERSONS TO CONTACT IN CASE OF DEATH

#### Call family members\*\*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

*\*\* If necessary, delegate this task to a primary family member.*



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## LETTER OF LAST INSTRUCTION

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### PERSONS TO CONTACT IN CASE OF DEATH Continued

#### Call church pastor to begin plans for funeral service

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Contact funeral home

Name of home: \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone: \_\_\_\_\_

Arrangements      have      have not    been prepaid.

#### Attorney

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### CPA

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Financial Planner

Name: \_\_\_\_\_

Phone: \_\_\_\_\_





**FUNERAL PLANS - CLIENT**

**Upon my death, my desires are as follows:**

- Embalming followed with burial
- Embalming followed with cremation
- Immediate cremation
- Immediate burial
- No preference

**Complete this section if there will be a funeral or memorial service:**

Favorite flowers: \_\_\_\_\_

Preferred charities: \_\_\_\_\_

Favorite songs or hymns: \_\_\_\_\_

Organist / Pianist / Other: \_\_\_\_\_

Vocalist(s) / Other Musicians: \_\_\_\_\_

Preference regarding open / closed casket: \_\_\_\_\_

**Pallbearers (if any)**

Active Pallbearers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



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## LETTER OF LAST INSTRUCTION

### FUNERAL PLANS - CLIENT Continued

Honorary Pallbearers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Disposition of Cremated Remains (if applicable): \_\_\_\_\_

Cemetery of choice (if applicable)

Name: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

If plot / mausoleum purchased, location of paperwork: \_\_\_\_\_

Grave marker selected / paid for:                      Yes                      No

If no, preference: \_\_\_\_\_



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## LETTER OF LAST INSTRUCTION

### DEATH CERTIFICATE INFORMATION - CLIENT

Full name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of years in occupation: \_\_\_\_\_

Education (last completed): \_\_\_\_\_

Number of years in county: \_\_\_\_\_

Military service:           None; From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Served where: \_\_\_\_\_



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Independent Registered Investment Advisor

## LETTER OF LAST INSTRUCTION

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### OBITUARY INFORMATION - CLIENT

Special achievements, titles, honors, awards:

Church affiliation and involvement:

Public or community service involvement:

Hobbies or special interests:

Survivors' names:

If you would like your picture to appear with the obituary, designate which picture you would prefer:

Are there other newspapers, other than the local papers, in which you would like the obituary to appear?

Other special requests:



## LETTER OF LAST INSTRUCTION

### FUNERAL PLANS - SPOUSE OR SIGNIFICANT OTHER

**Upon my death, my desires are as follows:**

- Embalming followed with burial
- Embalming followed with cremation
- Immediate cremation
- Immediate burial
- No preference

**Complete this section if there will be a funeral or memorial service:**

Favorite flowers: \_\_\_\_\_

Preferred charities: \_\_\_\_\_

Favorite songs or hymns: \_\_\_\_\_

Organist / Pianist / Other: \_\_\_\_\_

Vocalist(s) / Other Musicians: \_\_\_\_\_

Preference regarding open / closed casket: \_\_\_\_\_

**Pallbearers (if any)**

Active Pallbearers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



## LETTER OF LAST INSTRUCTION

### FUNERAL PLANS - SPOUSE OR SIGNIFICANT OTHER Continued

Honorary Pallbearers:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Disposition of Cremated Remains (if applicable): \_\_\_\_\_

Cemetery of choice (if applicable)

Name: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

If plot / mausoleum purchased, location of paperwork: \_\_\_\_\_

Grave marker selected / paid for:                      Yes                      No

If no, preference: \_\_\_\_\_



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## LETTER OF LAST INSTRUCTION

### DEATH CERTIFICATE INFORMATION - SPOUSE OR SIGNIFICANT OTHER

Full name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Date of birth (mm/dd/yyyy): \_\_\_\_\_ Social Security #: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Marital status: \_\_\_\_\_

Name of spouse: \_\_\_\_\_

Full name of father: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Full name of mother: \_\_\_\_\_

Birthplace: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of business: \_\_\_\_\_

Employer: \_\_\_\_\_

Number of years in occupation: \_\_\_\_\_

Education (last completed): \_\_\_\_\_

Number of years in county: \_\_\_\_\_

Military service:      None; From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

Served where: \_\_\_\_\_



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### SPECIAL BEQUESTS AND WISHES