



For My Family

Important information for my loved ones about my financial documents and my final requests.

Ensure your loved ones know where to find this document and be sure to keep it in a safe place as it may contain personal financial information.

Date: _____

Full name: _____
First Middle Surname

Birthplace: _____
City State

Social Security number: _____

Date of birth: _____
Year Month Day

Current address: _____
City State Zip

Employer(s): _____

Employer(s) Contact: _____

Employer(s) Phone No.: _____

Employer(s) Email: _____

Veteran's Section (if applicable)

Branch of service: _____

Serial number: _____

Dates served: _____ to _____

Courtesy of

Funeral Preferences

Funeral home pre-arrangements made at: _____

Contact person: _____

Phone number: _____

Email: _____

If no pre-arrangements have been made, the following is my preference:

Funeral home: _____

Place of service: _____

Type of service: _____

Leader of service: _____

Special requests (eulogy, music, viewings, donations, etc.): _____

Burial or cremation: _____

Pallbearers: _____

Name of cemetery or mausoleum, if plot purchased: _____

Location: _____

Instructions: _____

Location of Important Papers

Will: _____

Trust: _____

Power of Attorney: _____

Living Will/Health Care Directives/Other: _____

Birth and marriage certificates: _____

Naturalization or residency papers: _____

Military/discharge papers: _____

Religious records: _____

Other: _____

Insurance

Foresters insurance certificate(s):

Certificate No.: _____

Location: _____

Certificate No.: _____

Location: _____

- Don't forget to ask about other benefits – beyond any death benefit payable under a Foresters life insurance certificate – that may be available to my dependent children from my Foresters membership.^{1,2}

Other insurance policies: _____

Banking

Checking accounts

Financial Institution: _____

Account No.: _____

Location: _____

Financial Institution: _____

Account No.: _____

Location: _____

Savings accounts

Financial Institution: _____

Account No.: _____

Location: _____

Financial Institution: _____

Account No.: _____

Location: _____

Investments

Investment accounts

Financial Institution: _____

Account No.: _____

Location: _____

Financial Institution: _____

Account No.: _____

Location: _____

Other

Financial Institution: _____

Account No.: _____

Location: _____

Financial Institution: _____

Account No.: _____

Location: _____

Other Financial

Credit card accounts

Financial Institution: _____

Account No.: _____

Location: _____

Retirement plans

Financial Institution: _____

Account No.: _____

Location: _____

Other pensions

Financial Institution: _____

Account No.: _____

Location: _____

Trust fund

Financial Institution: _____

Account No.: _____

Location: _____

Significant Assets and Property: _____

Location: _____

Automobile titles: _____

Location: _____

Properties: _____

Location: _____

Deeds: _____

Location: _____

Other: _____

Location: _____

Other: _____

Location: _____

Debts

Automobile loans/leases

Financial Institution: _____

Due Dates.: _____

Contact: _____

Mortgage papers

Financial Institution: _____

Due Dates.: _____

Contact: _____

Other

Financial Institution: _____

Due Dates.: _____

Contact: _____

Other

Income tax documents: _____

Location: _____

Safe deposit box number: _____

Location: _____

Safe deposit box Key number: _____

Location: _____

Key Contacts & Advisors

Attorney: _____

Phone: _____

Email: _____

*Power of Attorney: _____

Phone: _____

Email: _____

*Executor of estate: _____

Phone: _____

Email: _____

Bankers: _____

Phone: _____

Email: _____

Accountant: _____

Phone: _____

Email: _____

Life insurance agent: _____

Phone: _____

Email: _____

Auto & Home insurance agent: _____

Phone: _____

Email: _____

Investment broker: _____

Phone: _____

Email: _____

Physician: _____

Phone: _____

Email: _____

Please Notify

Name: _____

City: _____ State: _____

Phone: _____ Relationship: _____

Email: _____

Name: _____

City: _____ State: _____

Phone: _____ Relationship: _____

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Name: _____

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Phone: _____ Relationship: _____

Email: _____

Name: _____

City: _____ State: _____

Phone: _____ Relationship: _____

Email: _____

Name: _____

City: _____ State: _____

Phone: _____ Relationship: _____

Email: _____

Notes: _____

Foresters™ is more than a life insurance provider. We don't have shareholders. Instead, we invest in you, your family and the community where you live. Our purpose is to champion the well-being of families through quality life insurance, unique member benefits and inspiring community activities. As long as you remain a Foresters member, you will have access to Foresters Benefits of Membership².

To access your benefits call: 800 444 3043

For other member inquiries: 800 828 1540

Foresters™ is the trade name and a trademark of The Independent Order of Foresters, a fraternal benefit society, 789 Don Mills Road, Toronto, Canada M3C 1T9

¹Assumes Foresters certificate and membership in effect on date of death.

²Foresters member benefits are non-contractual, subject to benefit specific eligibility requirements and limitations and may be changed or canceled without notice.