

Important Family Information

The Elephant in the Room

Your Financial 'Plan B' Survivor Guide



Elephant in the Room: Financial 'Plan B' Essentials

No one wants to talk about the unexpected. It's the proverbial "elephant in the room." But a financial 'Plan B' for your own incapacity or death is one of the most important things you can do for your family and friends. Take some time and complete this booklet for yourself ... your trusted advisors ... and your loved ones. **And, since this contains sensitive information, be sure to keep it in a secure place and share it only with trusted persons.**

Your Personal Information	
Date:	My Full Legal Name:
Other Names I Have Used (Maiden, etc.):	
Birth Date:	Place of Birth:
Social Security Number:	Present Address:
Spouse's Full Legal Name:	
Other Names Spouse Has Used (Maiden, etc.):	
Spouse's Social Security Number:	
Spouse's Birth Date:	Spouse's Place of Birth:

Children	
1. Full Legal Name:	
Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Special Needs <input type="checkbox"/> Dependent <input type="checkbox"/> Exclude	
Phone:	Address:
Origin: <input type="checkbox"/> Child of Present Marriage <input type="checkbox"/> Child of Past Marriage or Relationship <input type="checkbox"/> Deceased	
2. Full Legal Name:	
Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Special Needs <input type="checkbox"/> Dependent <input type="checkbox"/> Exclude	
Phone:	Address:
Origin: <input type="checkbox"/> Child of Present Marriage <input type="checkbox"/> Child of Past Marriage or Relationship <input type="checkbox"/> Deceased	
3. Full Legal Name:	
Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Special Needs <input type="checkbox"/> Dependent <input type="checkbox"/> Exclude	
Phone:	Address:
Origin: <input type="checkbox"/> Child of Present Marriage <input type="checkbox"/> Child of Past Marriage or Relationship <input type="checkbox"/> Deceased	
4. Full Legal Name:	
Date of Birth:	Social Security Number:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Special Needs <input type="checkbox"/> Dependent <input type="checkbox"/> Exclude	
Phone:	Address:
Origin: <input type="checkbox"/> Child of Present Marriage <input type="checkbox"/> Child of Past Marriage or Relationship <input type="checkbox"/> Deceased	

Key Contacts

Estate Executor
Name:
Relationship:
Address:
Phone:
Email Address:

Successor Estate Executor
Name:
Relationship:
Address:
Phone:
Email Address:

Financial Planner
Name:
Company:
Address:
Phone:
Email Address:

Accountant
Name:
Company:
Address:
Phone:
Email Address:

Attorney
Name:
Company:
Address:
Phone:
Email Address:

Life & Health Insurance Agent
Name:
Company:
Address:
Phone:
Email Address:

Property & Casualty Insurance Agent
Name:
Company:
Address:
Phone:
Email Address:

Clergy
Name:
Institution:
Address:
Phone:
Email Address:

Important Documents

Documents		
	Date Signed	Location
Will		
Living Will		
Medical Directive		
Medical Power of Attorney		
General Power of Attorney		
Medical/Dental Records		
Medicare Card		
Trust Agreement		
Income Tax Returns		
Marriage License		
Pre-Nuptial Agreement		
Post-Nuptial Agreement		
Divorce Decree or Settlement		
Birth Certificate(s)		
Social Security Card		
Driver's License		
Passport		
Citizenship Papers		
Child Adoption Papers		
Baptism/Religious Certificate(s)		
Retirement Plan Beneficiary Designation		
Life Insurance Beneficiary Designation		
Military Service/Discharge Papers		

Assets

Bank Accounts				
Name of Bank	Account #	Type of Account (Savings/Checking/CD)	Location of Statements	Contact Information

Assets (Continued)

Securities				
Financial Institution	Account #	Investment Type (Stocks/Bonds/Mutual Funds)	Location of Certificates/Statements	Contact Information

IRAs			
Name of Financial Institution	Account #	Location of Statements	Contact Information

401(k)s			
Name of Financial Institution	Account #	Location of Statements	Contact Information

Annuities			
Name of Financial Institution	Account #	Location of Statements	Contact Information

Employer Benefits			
Name of Employer	Benefit (Pension/Savings/Group Insurance)	Location of Statements	Contact Information

Assets (Continued)

Real Estate Papers		
	Address	Location of Deeds/Records
Primary Residence		
Secondary Residence		
Investment Property		
Investment Property		

Automobiles	
Description of Vehicle	Location of Title/Registration/Finance Agreement

Mortgages Held or Notes Receivable			
Name of Debtor	Address of Debtor and Amount Due	Location of Documents	Contact Information

Business Interests Owned			
Name of Business	Address	Location of Documents	Contact Information

Insurance Coverage

Life Insurance			
Name of Policy and Type	Account #	Location of Contracts	Contact Information

Disability Insurance			
Name of Policy and Type	Account #	Location of Contracts	Contact Information

Insurance Coverage (Continued)

Long-Term Care Insurance			
Name of Policy and Type	Account #	Location of Contracts	Contact Information

Health Insurance			
Name of Policy and Type	Account #	Location of Contracts	Contact Information

Debt

Credit Cards			
Name of Issuer	Account #	Address	Contact Information

Loans				
Name of Lender	Account #	Address	Type of Account (Loan/Lease)	Contact Information

Mortgage Loans			
Name of Lender	Account #	Address of Property	Contact Information

Other

Safe Deposit Box			
Name of Bank	Box #	Contents of Box	Location of Key

Safe			
Personal Safe		Combination #	Location of Safe
<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Other (Continued)

My Computer		
Many Documents of Mine Can Be Found on My Computer	Login ID	Login Password
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My Internet Account is with:		Account Number:
My Email Address is:		

My Home		
Security System	Passcode to Set/Disarm the System	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Final Arrangements

Funeral		
Funeral Home:	Address:	
Cemetery:	Address:	
Burial Plot:	I wish to be buried next to:	
Officiant to perform service:		
Pre-Paid Burial Program	Company	Amount
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact:		
Wish to be Cremated	Crematory	Special Requests
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Tombstone Engraving:		
In lieu of flowers, please ask for donations to:		

Thanks for acknowledging the "elephant" in the room.

The information in this booklet is highly sensitive. We strongly advise you to keep it in a secure location which is only accessible by people you fully trust. Also, please provide copies of the organizer only to persons whom you are confident can be trusted to maintain its security.



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