

A close-up photograph of a hand holding a pencil, poised to write on a spiral-bound notebook. The notebook has a grid pattern on the page. The background is a soft, out-of-focus white.

MY PERSONAL BENEFICIARY PLANNER

compliments of

American

SENIOR BENEFITS

Putting people back into the people business

USING YOUR PERSONAL BENEFICIARY PLANNER

How to use this planning tool to keep everything your loved ones will need in one place:

This unique beneficiary planner has been designed to help you keep the right information available for a family member or friend. It organizes:

- Important Contacts
- Insurance Policies
- Important Documents
- Financial Information

FIRST NAME _____	MIDDLE NAME _____
LAST NAME _____	
CURRENT ADDRESS _____	
CITY _____	STATE _____ ZIP _____
DRIVER'S LIC. NO. _____	SOCIAL SECURITY NO. _____
WHERE ARE YOUR LICENSE AND SSN CARD? _____	
DATE OF BIRTH _____	PLACE OF BIRTH _____
WHERE IS YOUR BIRTH CERTIFICATE? _____	
HOME PHONE # _____	CELL PHONE # _____
EMAIL _____	PASSWORD _____

MARITAL AND FAMILY STATUS

SINGLE MARRIED WIDOW/WIDOWER DIVORCED

WHERE IS YOUR MARRIAGE CERTIFICATE? _____

MAIDEN NAME _____

SPOUSE'S NAME _____

PHONE # _____ EMAIL _____

NUMBER OF CHILDREN _____

CHILDREN'S NAMES: _____ PHONE # _____

_____ PHONE # _____

_____ PHONE # _____

_____ PHONE # _____

EMPLOYMENT

CURRENT EMPLOYMENT STATUS:

ACTIVELY WORKING

RETIRED

CURRENT OR LAST EMPLOYER'S NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

EMAIL _____

MILITARY SERVICE

ARE YOU A VETERAN?

VETERAN

NON-VETERAN

IF YOU ARE A VETERAN, PROVIDE SERIAL # _____

BRANCH OF SERVICE _____

RANK AT DISCHARGE _____

DISCHARGE DATE _____

DISCHARGE PLACE _____

WHERE ARE YOUR MILITARY DISCHARGE PAPERS? _____

PETS

PET'S NAME _____

TYPE OF ANIMAL/BREED _____

MEDICATION _____

PET'S NAME _____ TYPE OF ANIMAL/BREED _____

MEDICATION _____

OTHER IMPORTANT INFORMATION AND COMMENTS:

ANIMAL HOSPITAL _____

WHERE ARE YOUR PET'S MEDICAL RECORDS? _____

VETERINARIAN'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

EMAIL _____

ATTORNEY

WHERE ARE YOUR LEGAL DOCUMENTS? _____

ATTORNEY'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

EMAIL _____

DID THIS ATTORNEY HANDLE YOUR WILL? YES NO

**PRIMARY CARE
PHYSICIAN**

WHERE ARE YOUR MEDICAL RECORDS? _____

DOCTOR'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

EMAIL _____

ACCOUNTANT

WHERE ARE YOUR TAX FORMS? _____

ACCOUNTANT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

EMAIL _____

**IMPORTANT
DOCUMENTS**

DO YOU HAVE A WILL? YES NO

WHERE IS YOUR WILL? _____

DO YOU HAVE A SAFE DEPOSIT BOX? YES NO BOX # _____

WHERE IS YOUR SAFE DEPOSIT BOX? _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WHERE IS YOUR BOX KEY? _____

INSURANCE

List all Life, Health, Disability, Homeowner's and Auto Policies

WHERE ARE YOUR POLICIES? _____

INSURANCE CO. _____ CONTACT _____

TYPE OF POLICY _____ POLICY # _____ AMOUNT \$ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

INSURANCE CO. _____ CONTACT _____

TYPE OF POLICY _____ POLICY # _____ AMOUNT \$ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

INSURANCE CO. _____ CONTACT _____

TYPE OF POLICY _____ POLICY # _____ AMOUNT \$ _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

BANK ACCOUNTS

List all Checking, Savings, Money Market and CDs

WHERE ARE YOUR STATEMENTS AND ACCOUNT INFORMATION? _____

BANK/CREDIT UNION _____ CONTACT _____

TYPE OF ACCOUNT _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

BANK/CREDIT UNION _____ CONTACT _____

TYPE OF ACCOUNT _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

CREDIT CARDS

List All Major and Department Store Credit Cards

WHERE ARE YOUR CREDIT CARDS AND STATEMENTS? _____

COMPANY _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

COMPANY _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

COMPANY _____ ACCOUNT # _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

RECEIVABLES

WHERE ARE YOUR STATEMENTS AND ACCOUNT INFORMATION? _____

TYPE _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

TYPE _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

DEBTS

WHERE ARE YOUR STATEMENTS AND ACCOUNT INFORMATION? _____

DEBT TYPE _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

DEBT TYPE _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

INVESTMENTS — STOCKS, BONDS & MUTUAL FUNDS

WHERE ARE YOUR STATEMENTS AND ACCOUNT INFORMATION? _____

INVESTMENT TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

INVESTMENT TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

INVESTMENT TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

RETIREMENT PLANS, INVESTMENTS & PENSION PLANS

WHERE ARE YOUR STATEMENTS AND ACCOUNT INFORMATION? _____

PLAN TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

PLAN TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

PLAN TYPE _____ ACCOUNT # _____

COMPANY/BROKER _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ USER ID _____

WEBSITE _____ PASSWORD _____

REAL ESTATE

WHERE IS YOUR MORTGAGE/LEASE AGREEMENT/DEED? _____

PRIMARY RESIDENCE RENT OWN

SELECT ONE: LANDLORD BANK OR MORTGAGE CO.

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

WEBSITE _____

USER ID _____ PASSWORD _____

OTHER REAL ESTATE

WHERE IS YOUR MORTGAGE/LEASE AGREEMENT/DEED? _____

PROPERTY TYPE: _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

WEBSITE _____

USER ID _____ PASSWORD _____

PROPERTY TYPE _____ ACCOUNT # _____

COMPANY _____ CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____

WEBSITE _____

USER ID _____ PASSWORD _____

YOUR VEHICLES

Be sure to include all recreational vehicles.

WHERE IS YOUR REGISTRATION/INSPECTION/TITLE? _____

VEHICLE _____

MAKE _____ MODEL _____ YEAR _____

LOCATED AT _____

VEHICLE _____

MAKE _____ MODEL _____ YEAR _____

LOCATED AT _____

VEHICLE _____

MAKE _____ MODEL _____ YEAR _____

LOCATED AT _____

SPECIAL REQUESTS OR WISHES

Funeral Wishes, People to Notify, etc.

NOTES: [Ruled lines for notes]