MY PERSONAL BENEFICIARY PLANNER

compliments of

American SENIOR BENEFITS
Putting people back into the people business
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
- Important Documents
- Insurance Policies
- Financial Information

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

Using your personal beneficiary planner

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
- Important Documents
- Insurance Policies
- Financial Information

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 # ___________________________
CURRENT EMPLOYMENT STATUS:  
- ACTIVELY WORKING
- RETIRED

CURRENT OR LAST EMPLOYER’S NAME: ________________________________

ADDRESS _______________________________________________________

CITY ___________________________ STATE _______ ZIP __________________

PHONE # ________________________ FAX # _____________________________

EMAIL ___________________________________________________________

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? _______________________

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 $ ____________
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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 ___________________________
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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 ____________________________
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 _______________________
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COMPANY/Broker ______________________ CONTACT _______________________
ADDRESS _______________________________________________________________
CITY__________________________ STATE ______ ZIP __________
PHONE #______________________ USER ID _______________________
WEBSITE ______________________ PASSWORD _______________________
RETIREEMENT 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 __________________

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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?**

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<tr>
<th>PROPERTY TYPE</th>
<th>ACCOUNT #</th>
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**YOUR VEHICLES**

**Be sure to include all recreational vehicles.**

**WHERE IS YOUR REGISTRATION/INSPECTION/TITLE?**

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