

LIFE EVENT SERVICES

LIFE PLANNER



Information for your loved ones

Courtesy of:

Investment and Insurance Products:

Not Insured by FDIC or any Federal Government Agency	May Lose Value	Not a Deposit of or Guaranteed by the Bank or any Bank affiliate
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Wells Fargo Advisors, LLC is a registered broker-dealer and separate non-bank affiliate of Wells Fargo & Company

Month Day, Year

The Life Planner was designed to help you and your loved ones prepare for what may happen in the event of your incapacitation or death. Completing the Organizer allows you to make dealing with your incapacitation or death easier for your loved ones and help make sure your wishes are carried out.

Once you have completed this document, you will want to keep a copy with your other important documents. You may also want to provide a copy to your executor and other trusted advisors such as your accountant and estate planning attorney.

In addition to what is included in the Life Planner, you will want to provide the following information to your executor and other trusted advisors:

- Social Security Number(s)
- ATM and Credit Card Number(s)
- Safety Deposit Location & Keys
- Safe Combination
- Computer Passwords

The Life Planner is not meant to take the place of legally drafted estate documents and will not hold up in court. It is important to draft necessary documents with an attorney who specializes in estate planning.

Please Note: Once the Life Planning Organizer is completed, it will contain personal and sensitive information. In order to protect yourself from identity theft, you should guard it and give it only to people you trust will do the same.

This document is being sent to you as a courtesy and is not intended to be sent back to your Financial Advisor.

Sincerely,

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The information you provide for this organizer does not supersede the information on your account statements, and/or trade confirmation, which are considered to be the official and accurate records of your account activity. The information you provide in this profile may not reflect all holdings or transactions, their cost, or proceeds in your account. Furthermore, if personal information on your account profile needs to be revised, please address this with your Financial Advisor. Please contact your Financial Advisor for further information.

Wells Fargo Advisors does not provide tax or legal advice. Be sure to consult with your own tax or legal advisors before taking any action that would have tax or legal implications.

Part 1: Personal Data**Self**

Full legal name: _____ Cell phone: _____
 Street address: _____ City, State & ZIP Code: _____
 Birth date: _____ Birth place: _____ Organ donor: Yes No Undecided
 Primary care physician name & phone: _____
 Health insurance plan name & ID #: _____
 Medicare #: _____ Medigap #: _____
 Blood type: _____ Allergies: _____
 Medications and dosage: _____
 Dentist name & phone: _____
 Employer & address: _____ Work phone: _____
 HR contact name & phone: _____
 Supervisor name & phone: _____

Spouse

Full legal name: _____ Cell phone: _____
 Street address: _____ City, State & ZIP Code: _____
 Birth date: _____ Birth place: _____ Organ donor: Yes No Undecided
 Primary care physician name & phone: _____
 Health insurance plan name & ID #: _____
 Medicare #: _____ Medigap #: _____
 Blood type: _____ Allergies: _____
 Medications and dosage: _____
 Dentist name & phone: _____
 Employer & address: _____ Work phone: _____
 HR contact name & phone: _____
 Supervisor name & phone: _____

Emergency Contact List

Name: _____ **Relationship:** _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Street address: _____ City, State & ZIP Code: _____

Name: _____ **Relationship:** _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Street address: _____ City, State & ZIP Code: _____

Name: _____ **Relationship:** _____
 Home phone: _____ Cell phone: _____ Work phone: _____
 Street address: _____ City, State & ZIP Code: _____

Children

Name: _____ Birth Date: _____ Gender: Male Female
School name / Work place: _____ School / Work phone: _____
Health insurance plan name & ID #: _____
Medications & dosage: _____
Allergies: _____ Blood type: _____

Name: _____ Birth Date: _____ Gender: Male Female
School name / Work place: _____ School / Work phone: _____
Health insurance plan name & ID #: _____
Medications & dosage: _____
Allergies: _____ Blood type: _____

Name: _____ Birth Date: _____ Gender: Male Female
School name / Work place: _____ School / Work phone: _____
Health insurance plan name & ID #: _____
Medications & dosage: _____
Allergies: _____ Blood type: _____

Name: _____ Birth Date: _____ Gender: Male Female
School name / Work place: _____ School / Work phone: _____
Health insurance plan name & ID #: _____
Medications & dosage: _____
Allergies: _____ Blood type: _____

Doctor name & phone: _____
Dentist name & phone: _____
Specialist name & phone: _____
Daycare provider & phone: _____

Pets

Veterinarian name & phone: _____
Pet name: _____ Pet type: _____
Special considerations: _____

Pet name: _____ Pet type: _____
Special considerations: _____

Heirs

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street address: _____ City, State & ZIP Code: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Street address: _____ City, State & ZIP Code: _____

Charities

Name: _____ Phone: _____

Street address: _____ City, State & ZIP Code: _____

Name: _____ Phone: _____

Street address: _____ City, State & ZIP Code: _____

Part 2: Financial Data

Advisors

Protection

Insurance company name: _____

Agent: _____ Phone: _____

Life insurance policy #: _____ Disability policy #: _____

Long-term care policy #: _____ Other: _____

Household

Insurance company name: _____

Agent: _____ Phone: _____

Homeowner policy #: _____ Auto policy #: _____

Umbrella policy #: _____ Other: _____

Financial

Financial Advisor name: _____ Firm Name: _____

Phone: _____ E-mail: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Financial Advisor name: _____ **Firm Name:** _____

Phone: _____ E-mail: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Financial Advisor name: _____ **Firm Name:** _____

Phone: _____ E-mail: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Account #: _____ Account Title: _____ Current Value \$: _____ Beneficiary: _____

Other Professionals

Attorney name: _____ **Firm Name:** _____

Phone: _____ E-mail: _____

Accountant name: _____ **Firm Name:** _____

Phone: _____ E-mail: _____

Other: _____

Other: _____

Assets

Here is a list of all my other investments including real property. I have listed a contact person and telephone number for each item, as well as the location of any documentation.

Investment / Description: _____

Contact: _____

Phone: _____

Title / Documents are located: _____

Investment / Description: _____

Contact: _____

Phone: _____

Title / Documents are located: _____

Investment / Description: _____

Contact: _____

Phone: _____

Title / Documents are located: _____

Investment / Description: _____
 Contact: _____
 Phone: _____
 Title / Documents are located: _____

Money is owed to us by: _____
 Name: _____
 Address: _____
 Phone: _____
 Amount: _____
 Loan is in a signed writing: Yes No Documents are located: _____

Money is owed to us by: _____
 Name: _____
 Address: _____
 Phone: _____
 Amount: _____
 Loan is in a signed writing: Yes No Documents are located: _____

Loaned and Stored Assets

I have assets stored at the following locations: _____

I have loaned the following personal property (furniture, art, collectibles etc.):

Objects	Person Holding Them
_____	_____
_____	_____
_____	_____
_____	_____

Other Assets Not Mentioned: _____

Bank

Bank name: _____ Branch address _____ Phone: _____

Checking #: _____ Beneficiary: _____

Savings #: _____ Beneficiary: _____

Certificates of Deposit:

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Bank name: _____ Branch address: _____ Phone: _____

Checking #: _____ Beneficiary: _____

Savings #: _____ Beneficiary: _____

Certificates of Deposit:

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Amount: _____ Interest rate: _____ Maturity: _____ Beneficiary: _____

Insurance & Benefits

Life Insurance Coverage

Type	Owner	Beneficiary	Face	Loans	Cash Value	Carrier	Policy Number	Annual Premium

Disability Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

If I'm disabled, my disability insurance policy allows does not allow you to stop making premium payments.

Health Insurance Policies

Carrier	Policy Located At	Policy Number	Annual Premium	Premium Paid By

I have the following other policies:

Type	Carrier	Policy Location	Policy Number	Annual Premium
Auto				
Umbrella				
Home				
Boat/Airplane				
Long Term Care				
Jewelry				
Other				

The following insurance premiums are paid automatically from my bank account. Please make sure you do not close my account without making sure the premiums are still being paid.

Employment Benefits

I have the following disability and/or death benefits where I work or worked:

Retirement Plan(s): _____

Military Retirement Benefits: _____

Military Survivor Benefits: _____

Life Insurance: _____

Health Insurance: _____

Long Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Cafeteria Plan: _____

Flexible Spending Accounts: _____

Other: _____

Loans and Credit

Mortgage holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Second mortgage holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Home equity loan holder: _____

Phone: _____ Account #: _____ Interest Rate: _____

Car loan: _____

Phone: _____ Account #: _____ Interest Rate: _____

Car loan: _____

Phone: _____ Account #: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Credit Card: _____ Phone: _____ Interest Rate: _____

Other loan: _____ Phone: _____ Interest Rate: _____

Part 3: Personal Document Locator

Document	Location	Other information/Who to contact
Personal Papers		
My will (original)	_____	_____
Spouse's will	_____	_____
Trust agreements	_____	_____
Power of attorney	_____	_____
Living will/medical POA	_____	_____
Birth certificate	_____	_____
Passports	_____	_____
Social Security card	_____	_____
Marriage certificate	_____	_____
Divorce/separation papers	_____	_____
Adoption papers	_____	_____
Military papers	_____	_____
Family death certificates	_____	_____
Employment record	_____	_____

Document	Location	Other information/Who to contact
Property Papers		
Vehicle titles		
Property deeds		
Appraisals		
Financial Papers		
Bank accounts		
Credit card accounts		
Home & property loans		
Tax returns		
Previously filed Form 706		
Insurance Policies		
Home		
Health		
Vehicle		
Retirement and Life Insurance		
Pension benefit information		
IRAs, 401(k), 457, 403(b)		
Life insurance		
Social Security		
Other		

Document	Location	Other information/Who to contact

I do do not have a safe deposit box.

It can be found at: _____

The following people have signature authority on the box: _____

I do do not have a personal safe. The safe can be found: _____

Part 4: General Information

My e-mail address is: _____

My Internet account is with: _____ Account Number: _____

Emergency numbers

Local police: _____

Local fire department: _____

Local hospital: _____

Household emergency

Plumber: _____ Phone: _____

Electrician: _____ Phone: _____

Heating provider: _____ Phone: _____

Telephone company: _____ Phone: _____

Electric company: _____ Phone: _____

Cable company: _____ Phone: _____

Town Hall: _____ Phone: _____

AAA/Towing: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Nearest neighbors

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Government organizations

Social Security Administration
 1-800-772-1213
www.ssa.gov

IRS
 1-800-829-1040
www.irs.gov

FEMA (Federal Emergency Management Agency)
 1-800-621-FEMA (3362)
www.fema.gov

Part 5: Funeral Arrangements: Instructions for My Survivors

Religious affiliations, if any: _____

Place of worship, of any: _____

Clergy to contact: _____

Address: _____

I prefer: Burial Cremation Bequeathal

I prefer: Funeral Service Memorial Service No Ceremony

Funeral Home: _____

Address: _____ Phone: _____

Memorial Society: _____

Address: _____ Phone: _____

Bequeathal Arrangements with: _____

Address: _____ Phone: _____

Other Arrangements: _____

If Funeral

Cemetery preferred: _____

Address: _____ Phone: _____

I would like the following pallbearers: _____

I prefer: A Viewing No Viewing No Casket
 Open Casket Closed Casket
 Embalming No Embalming
 Flowers No Flowers
 Donations (if any) to: _____

If Service Will Be Held, I Prefer the Following:

Music: _____

Readings: _____

Participants: _____

If Cremation:

I would like my ashes to be handled as follows:

I prefer no more than \$ _____ be spent on my funeral, if possible. Prepaid Funeral: Yes No

Burial Plot: Yes No Title is located: _____

Biographical Data (for Obituaries and Death Notices)

Educational: _____

Civic Affiliations: _____

Political Affiliations: _____

Religious Affiliations: _____

Military Service: _____

Honors/Awards/Achievements: _____

Employment Highlights: _____

Survivors (Immediate Family): _____
