Last

Minute

Instructions

WELCOME----------

This binder is intended to be a place where you can identify all of the information your heirs/estate executor need in order to settle your estate after your death, and/or to handle your affairs if you are incapacitated during your life. This binder is designed to contain information for two people who live at the same address, may use combined checking/savings account, are named together under insurance policies, mortgages, loans, etc. If you live with someone who isn't part of your financial/insurance/mortgage, etc. life, you will each need your own binder.

Before you start filling in the empty spaces in the binder, feel free to go to Office Depot and run the pages through a copier, purchase binders, and make your own copies for members of your family.

There are 3 sheet protectors at the back of the binder to hold your will/living will, power of attorney documents, and your health/medical directive. You can add more sheet protectors (purchase small packages of them at Office Depot) if you want to add your insurance policies, mortgage documents, or any other kind of paperwork to this binder so it is all in one place.

You might also consider making copies of your driver's license, both sides of your credit cards, your passport, and other important documents and add them to this binder, again so all of the information needed by your heirs and/or executor will all be easily found. Make sure the person(s) who will be using this information knows this is available and where to find it at your house; however, it should be in a secure place where other people cannot access this information as it would be easy for them to use your information to create an identity to match yours.

If you have any questions, please feel free to call me, Lorene Roste, at 651-647-9597.

Important Information for _____

As of (Date): _____

The purpose of completing this binder is to provide all pertinent information to next of kin/family members in the event you and/or your spouse/partner are incapacitated and can no longer handle your affairs. This binder will contain all the information your power of attorney, a family member, a friend, an estate executor, or whomever you designate to handle your affairs will need in order to make sure your bills are paid, your assets are protected from unscrupulous actors, etc. As information changes, be sure to update this binder so it is always current. Be sure family members and your estate executor know where to find this binder. If you travel, leave this updated binder with a trusted person since it has very specific personal information, so if you do not return, the information will easily be found to be acted upon.

NAMES

Person #1_____DOB:_____

County/City/State of Birth:_____

Person #2_____DOB:_____

County/City/State of Birth:_____

Current Address: _____

_____

Email Address(es): _____

Phone Numbers:
Person #1_____

Person #2_____

Social Security Numbers:
Person #1_____

Person #2_____

Driver's License Numbers:
Person #1_____

Person #2_____

Children Information: Adult Children

#1 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

#2 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

#3 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

#4 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

Minor Children

#1 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

SSN #_____ Sex_____ Primary Dr. Name/Address_____

_____

#2 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

SSN #_____ Sex_____ Primary Dr. Name/Address_____

_____

#3 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

SSN #_____ Sex_____ Primary Dr. Name/Address_____

_____

#4 Name:_____DOB_____

Address:_____

Phone #/Email Address:_____

SSN #_____ Sex_____ Primary Dr. Name/Address_____

_____

Previous Marriage Information

Name of Previous Spouse_____

Contact Information—Address, Phone, Email (if known)_____

_____

Names of children from this marriage (if different from list above):_____

_____

Reason to Contact:_____

_____

Pet(s)

If you have a pet(s), be sure you have considered what you want to have happen to that pet (s) if you are suddenly unable to care for that pet. Discuss with someone you trust to come and get that pet(s) and get their approval to be listed as the person who will take and care for your pet. If you don't have someone, or can't get someone to agree to take your pet(s), have the phone number and address of a nearby pet shelter where someone can take your pet for safe care.

Nearest Pet Shelter: Phone #_____

Address_____

Personal Information: If you are currently employed, identify below who needs to be notified at your work site.

Name of Company:_____

Name of Person to be Notified:_____

Contact Information (Phone and/or Email):_____

Estate Executor Information: **[ ] Individual** **[ ] Bank/Trust Co.**

Name of Personal\Estate Representative:_____

Contact Information—Phone_____ Email_____

Address: _____

Power of Attorney Name:_____

Contact Information (Address, Phone, Email):_____
_____

Do you have a will? Y N (Include copy at the end of this binder, or indicate where located)_____
_____

Do you have a trust? Y N (Include copy at the end of this binder, or indicate where located)_____
_____

Do you have a prenuptial agreement? Y N (Include copy at the end of this binder, or indicate where located)_____

(Note: If you are a single person with no children, your estate executor/power of attorney may need to be the trust department of your bank or a trusted friend or relative named in your will.)

Other Estate Planning Information:

_____

_____

If the person(s) who completed this binder has passed, and you are the executor/personal representative handling the estate, you may need to call the Social Security Administration at 1-800-772-1213 to report the death and stop any social security/disability payments. If the person who passed was a veteran and you need to know about survivor benefits or death benefits, call the U.S. Dept. of Veteran Affairs at 1-800-827-1000.

United States Post Office (USPS): If there is a surviving spouse/partner, be careful about stopping mail under the deceased's name. You may be cancelling bills you want to pay that don't come in your name. Discuss this with a person at the post office customer service desk. It might also be a good idea to contact those companies who are sending bills/other paperwork to make sure they come in your name. Do any addresses need to be changed on mail that is now coming to an incapacitated/deceased spouse?

Names of Advisors, Agents, Etc.

Anyone who comes into contact with you on a regular basis to provide products or services needs to be notified that their services will no longer be needed, or there will be changes to the schedule/information. In addition to the services listed below, consider whether or not mail needs to be stopped or delivered elsewhere.

Accountant: (Tax Prep)
Name:_____
Phone #/Email_____
Address:_____
_____

Attorney:
Name:_____
Phone #/Email_____
Address:_____
_____

Bank/Credit Union:
Name:_____
Phone #/Email_____
Address:_____
_____

Cleaning Crew:
Name:_____
Phone #/Email_____
Address:_____
_____

Dentist:
Name:_____
Phone #/Email_____
Address:_____
_____

Doctor/Health Plan:
Name:_____

Phone #/Email_____

Address:_____

_____

Financial Advisor: Name:_____

Phone #/Email_____

Address:_____

_____

Gardener: Name:_____

Phone #/Email_____

Address:_____

_____

Insurance Agent: Name:_____

Phone #/Email_____

Address:_____

_____

Irrigation Services: Name:_____

Phone #/Email_____

Address:_____

_____

Lawn Services: Name:_____

Phone #/Email_____

Address:_____

_____

Mgmt/HOA: Name:_____

Phone #/Email_____

Address:_____

_____

Pastor/Priest: Name:_____

Phone #/Email_____

Address:_____

_____

Pharmacy: Name:_____

Phone #/Email_____

Address:_____

_____

Security Company: Name:_____

Phone #/Email_____

Address:_____

_____

Snow Plowing Service: Name:_____

Phone #/Email_____

Address:_____

_____

Other: Name/Purpose:_____

Phone #/Email_____

Address:_____

_____

Other: Name/Purpose:_____

Phone #/Email_____

Address:_____

Business Ownership

If you own a business or are in partnership with others in a business, partnership or corporation, include names, addresses and contact information below as to who the other owners, partners, shareholders are so they can be notified. If the business is yours alone, indicate where your original business documents are located and what kind of succession plans you have. Also indicate if your spouse/partner is involved in the business, and whether or not you owe money to the business, or the business owes you money.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Photos

All of us have a lot of photos—in photo albums, on your phone, on your laptop or computer, etc. Periodically go through your photos and eliminate duplicates, pictures of your feet or the sidewalk, etc., and make sure the photos you are saving are worth saving. You might try to put them into categories—immediate family, siblings, other relatives, trips, etc., so whoever has to go through your photos when you are gone finds it easier to make decisions by category.

Starting on the next page, you will list all of the important information that your executor will need to handle your affairs.

Financial Institutions:

Bank #1: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Bank #2: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Credit Union: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Investment Company: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Other: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Other: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

Other: Name:_____

Phone #/Email_____

Address:_____

_____

Account #_____

Name(s) on Account:_____

NOTES:_____

_____

_____

_____

_____

Insurance Products:

Auto: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Boat: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Business: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Dental: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Health: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Homeowner's: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Life: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Long Term Care: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Umbrella: Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Other: Purpose of Insurance:_____

Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Other: Purpose of Insurance:_____

Policy #_____

Names on Policy:_____

Agent (if different than agent listed on page 2):_____

Agent Contact Info:_____

Where is policy located in your house:_____

Debt/Loans

If you owe any money, list your debts/loans here so anyone handling your affairs would know what and where to pay.

Mortgage
Loan #_____

Held by:_____

Contact Info:_____

_____

Monthly Payment Amount:_____Monthly Due Date:_____

Car Loan:
Loan #_____

Held by:_____

Contact Info:_____

_____

Monthly Payment Amount:_____Monthly Due Date:_____

Other--Purpose: _____

Loan #_____

Held by:_____

Contact Info:_____

_____

Monthly Payment Amount:_____Monthly Due Date:_____

Other--Purpose: _____

Loan #_____

Held by:_____

Contact Info:_____

_____

Monthly Payment Amount:_____Monthly Due Date:_____

INVESTMENTS

Some people have investments scattered in many places. Be sure to include all of your investments to they can all be located. Investments can include, but are not limited to, stocks, bonds, Certificates of Deposit, savings bonds, company pensions, government retirement plans, IRAs, real estate, mutual funds, etc.

Person #1--Company/Governmental Pensions:
Name of Company/Government Branch:_____
Contact Info for Pension Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Person #2--Company/Governmental Pensions:
Name of Company/Government Branch:_____
Contact Info for Pension Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Government Savings Bonds
Contact Info for Redemption:

_____

Approximate Value:_____Location of Bonds:_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

Other Investments:
Kind of Investment:_____
Name of Investment Company:_____
Contact Info for Distributions:

_____

Approximate amount of Distribution:_____ [ ] Check [ ] Direct Deposit

Timing of Distribution (monthly, etc.)_____

ASSETS:

In the event your assets need to be sold to settle your estate, or to pay for medical care, etc., list all of your assets on this page. Be sure to include any business interests/partnerships. Also, if any of these items need keys, labeled originals or copies need to be available.

Home: Address:_____

Cabin: Address:_____

Vehicles: #1—Make and Model_____

#2—Make and Model_____

Boat/Motor/Trailer: Describe Make/Model of each and where located._____

_____

RV/Campers: Describe Make/Model of each and where located._____

_____

Valuable Jewelry: Description and location_____

_____

Storage Unit/Contents: Description and Location_____

_____

Time Share: Description and Location_____

_____

Other Assets: List and describe model, location, etc.

_____

_____

_____

_____

_____

_____

Bills To Be Paid

Cable/TV: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Cell Phone Plan: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Electric/Gas: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Garbage: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Internet: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Magazines: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Newspaper: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Service Protection: Name of Company:_____ Phone :_____
Plan(s):
Approx. amount of Payment:_____ Frequency of Payment:_____

Service Protection: Name of Company:_____ Phone :_____
Plan(s):
Approx. amount of Payment:_____ Frequency of Payment:_____

Sirius Radio: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Water/Sewer: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Other #1: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Other #2: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Other #3: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Other #4: Name of Company:_____ Phone :_____

Approx. amount of Payment:_____ Frequency of Payment:_____

Some of your bills listed on the previous page may be paid by automatic charges to your credit card, or automatic deductions from your checking account, or some other automatic method. List below any of these automatic payments so that when the service is cancelled, the payments can also be cancelled.

Automatic Payments/Deductions:

List all automatic payments/subscriptions—manual or online--which may be charged to your credit card and/or deducted from your checking account, or any other method which would need to be stopped/cancelled.

Purpose:_____Amount:_____Bank/Phone:_____

Purpose:_____Amount:_____Bank/Phone:_____

Purpose:_____Amount:_____Bank/Phone:_____

Purpose:_____Amount:_____Bank/Phone:_____

Purpose:_____Amount:_____Bank/Phone:_____

Purpose:_____Amount:_____Bank/Phone:_____

Debit/Credit Cards to be Cancelled

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

Company Name: _____
Account #: _____
Phone #: _____
Name on Card: _____

(Include copies of the front and back of your credit cards at the back of this binder.)

Memberships

Memberships in any kind of organization, club, etc., will need to be cancelled. List all memberships on this page.

AAA: Membership #_____ Phone/Email:_____

Church: Phone/Email:_____

Golf Club/Country Club: Name_____Phone #_____

Fitness/YMCA: Name_____Phone #_____

Other Memberships:

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Social/Volunteer Groups:

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Business Groups:

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Name of Group:_____Person to Notify:_____Phone:_____

Social Media

Social media has become a big part of many peoples' lives. It may be impossible to note all the different forms where you may have a presence online, but some obvious ones are listed below.

Passwords

If you are using a password manager on line to keep track of your passwords, your estate executor will need to know how to access that to eliminate your passwords. If you are not using a password manager, you will need to list all of your passwords and the accounts they are for so they can be eliminated/stopped. You don't want to chance someone coming across your password and using it without anyone else's knowledge. You may also use passwords, PIN numbers, etc., to access your phone, your ATM, your laptop/computer, etc. If access to your phone or any other media requires a 2-stage authentication, be sure to include that information.

Social Media Sites

If you are active on Facebook, TikTok, Linked In, Instagram, prediction markets, purchasing from Amazon or other online sites, and/or other social media sites, list them with any password information needed for your estate rep to eliminate your presence on those sites and/or deactivate your accounts/passwords.

Active Social Media Sites for You	**Password/PIN #, etc.**

Death and Burial

Since everyone's plans are different, include separate pages with your plans, including the following pieces of information:

Casket or Cremation
Location of Funeral
List of people to be notified of your death (neighbors, relatives, friends, etc.)
Prepaid/Preplanned funeral/burial plans (include names of places, phone numbers, etc.)
Funeral Service desires—i.e., hymns, soloists, speakers, favorite Bible readings, etc.
Possible names of Pallbearers
Possible obituary language
Gifts you want made from your estate

==========

IMPORTANT DOCUMENTS

In the back of this binder, put appropriate documents in the page protectors labeled "Will," "Power of Attorney," and "Advanced Health Care/Medical Directive." If you have other papers you would like to include, i.e., copies of insurance policies, you can add more page protectors with labels. Alternatively, you may choose to keep these kinds of documents in a safety deposit box, or in a fireproof document box somewhere in your house. If you choose an alternative storage location, be sure to document location, address, code numbers, etc., on a separate page in this binder.

IMPORTANT NUMBERS

If you have important numbers that people would need to know, write a list and add it to this binder. These could include number combinations to safes or padlocks, number to a safety deposit box, numbers to get into a storage unit, etc. Make copies of the front and back of all of your credit cards and the front and back of your driver's license and include the pages at the back of this binder. Include location of safes, safety deposit boxes, etc. related to any of the numbers. If you pay any bills on-line, include any information your estate representative might need to cancel entry to the bank accounts used to make these payments.

IMPORTANT PASSWORDS

If you have passwords that you use for various accounts on line to order merchandise (i.e., Amazon), to access your cell phone, to access your computer, to access credit accounts, etc., include a list at the end of this binder so the person handling your estate can access and cancel these accounts. (See page 23 on social media.)

Records Retention General Guidelines

These are general guidelines and should not be relied upon for legal/financial advice. Always check with your attorney and/or accountant/tax preparer if you have any doubts about what to keep and for how long. If you are storing records on your computer, be sure to erase your hard drive before you dispose/recycle your computer.

There are many kinds of paper that you can dispose of as soon as you are finished with it—think garbage bill, utility bills, credit card receipts, etc.—because you have used up what you paid for and there's no need to keep the paper. Obviously if there is a dispute about a purchase or payment or a warranty involved, you want to keep the paperwork involved until the dispute is resolved or the warranty period is finished. Keep in mind that nearly every business has electronic records from which they can produce copies if you need one. If a type of record you have is not listed below, a good rule of thumb is 10 years of saving. If you have kept a certain kind of paper for many years and never referred to it, you may want to consider whether or not you need to save it.

Records to Keep Permanently:

- Vital Records (Birth Certificates, Death Certificates, Marriage Licenses)
- Wills, Trusts, Durable Power of Attorney, Living Wills
- Medical records, Medical Directives
- Retirement Plan documents/paperwork
- Divorce documents
- Estate planning documents
- Military discharge papers
- Tax returns (complicated)
- Important Correspondence
- Life Insurance Policies

Records to Keep for 7 Years: (Note: Federal tax returns can generally be audited for up to three years after filing and up to six years if the IRS suspects underreported income; therefore it's wise to keep tax records at least 7 years after a return is filed.)

- Death Cerficiates of Family Members as well as any wills, trusts, of a decedent and the decedent's estate tax, inheritance tax returns, tax clearance certificates, final accounting
- Tax returns (uncomplicated) plus underlying documentation such as W-2s, 1099s, receipts, etc.
- Bank statements and bank deposit slips
- Charitable contributions documentation

Records to Keep for Ownership Period + 7 years:

- Investment Purchase and Sales Information
- Dividend reinvestment records
- Year-end brokerage statements
- Mutual fund annual Statements
- Investment property purchase documents
- Home purchase/mortgage documents
- Home improvement receipts and cancelled checks for same

- Loan Paperwork—term of loan + 7 years
- Insurance policies—Life of policy + 3 years (check with your agent, liability for prior years can vary)
- Home and car insurance Policies—until you get your next renewal policy
- Employment Records—as long as you are employed, plus 1 to 2 years after employment ends
- Warranties—length of warranty
- Home repair receipts and cancelled checks for same—warranty period for item
- Credit reports—until you get your next credit report

De-Junk Your Life

Reducing Telemarketing Calls:

To get your name off of telephone lists for telemarketing calls:

Call 1-888-382-1222 OR Go to www.donotcall.gov

Give them all of the cell/landline numbers you want put on the list; telemarketers are supposed to consult this list before placing phone calls. However putting your numbers on this list will NOT eliminate calls from the following:

- Charities
- Political groups
- Debt collectors
- Organizations conducting surveys
- Any business where you have already made purchases

On your cell phone, you also have the option of blocking calls from specific numbers. When you receive a call from a number you don't want to receive further calls from, use the block feature on your phone to prevent future calls.

Reducing Junk Mail:

To reduce the amount of junk mail you receive, follow the instructions on the following 2 pages.

FEDERAL TRADE COMMISSION
CONSUMER ADVICE

Article

How To Stop Junk Mail

Tired of having your mailbox crammed with ads and other mail you didn't ask for, like preapproved credit card applications? The good news is that there are ways to cut down on how much unsolicited mail you get.

How To Get Less Mail From Marketers

How To Stop Credit Card and Insurance Offers

How To Get Less Mail From Marketers

To decide what types of mail you do and don't want from marketers, register at the Direct Marketing Association's (DMA) consumer website DMAchoice.org, and choose what catalogs, magazine offers, and other mail you want to get. DMAchoice will stop most, but not all, promotional mail. You'll have to pay a $4 processing fee, and your registration will last for 10 years.

If you do not have online access, register by sending your name and address (with signature), along with a $5 processing fee (check or money order payable to the Association of National Advertisers or ANA) to:

DMAchoice
Consumer Preferences
P.O. Box 900
Cos Cob, CT 06807

The site also offers the no-cost option to stop mail from being sent to someone who's deceased (Deceased Do Not Contact List) or to a dependent in your care (Do Not Contact for Caretakers List). Registration for the Caretakers

List will last for 10 years.

DMAchoice.org also has an Email Preference Service that lets you get less unsolicited commercial email. Registration is free and will last for six years. To learn more about what options you have for dealing with unwanted email, read this article on email spam.

For comments or questions about DMAchoice, visit dmachoice.org/report/initReport.php.

Learn more about stopping unwanted calls at ftc.gov/calls.

How To Stop Credit Card and Insurance Offers

If you don't want to get prescreened offers of credit and insurance in the mail, you have two choices for opting out of those offers:

- opt out of getting them for five years
- opt out of getting them permanently

To opt out for five years: Go to optoutprescreen.com or call 1-888-5-OPT-OUT (1-888-567-8688). The phone number and website are operated by the major credit bureaus.

To opt out permanently: Go to optoutprescreen.com or call 1-888-5-OPT-OUT (1-888-567-8688) to start the process. **But to complete your request, you'll need to sign and return the Permanent Opt-Out Election form you'll get after you've started the process.**

When you call or visit optoutprescreen.com, they'll ask for your personal information, including your name, address, Social Security number, and date of birth. Sharing your Social Security number and date of birth is optional, but the website says that giving this information can help them ensure that they can successfully process your request. It says the information you give is confidential and will be used only to process your request to opt out.

Search Terms: mail, opt out

Topics: Unwanted Calls, Emails, and Texts, Unwanted Emails, Texts, and Mail

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