



- Each adult should complete a copy of this document individually.
- This record should be kept in a secure location, updated annually (or whenever significant changes are made).
- Its location should be known to key family members and other pertinent individuals.

Planning for the Future

Individuals and couples can benefit from assembling their records in one place. These completed pages can help you organize and record current information. If, or when, you need assistance with your financial affairs, the person(s) you identify will have accurate information. It will also help your survivor(s) in the event of your death.

It is also important to keep this information up to date. To update this particular document, you can access it on the web at www.aldersgate.org. Under Ministries at Aldersgate, click on Congregational Care, then Family Records.

General Information

Name: _____ SSN: _____

I have made a living will: Yes _____ No _____

The following should be contacted in the event of my death:

1. Clergy: _____

Church: _____ Phone: _____

2. Attorney: _____ Phone: _____

Address: _____

3. Accountant: _____ Phone: _____

Address: _____

4. Executor: _____ Phone: _____

Address: _____

5. Trustee: _____ Phone: _____

Address: _____

6. Employee Benefit Manager: _____

Address: _____ Phone: _____

Burial Instructions: _____

***Banking* (Attach additional pages if needed)**

Checking Account Number: _____ Bank: _____

Address: _____

Other signers/joint owners: _____

Savings Account Number: _____ Bank: _____

Address: _____

Other signers/joint owners: _____

Certificates of Deposit: _____ Bank: _____

Address: _____

Joint owners: _____

Certificates of Deposit: _____ Bank: _____

Address: _____

Joint owners: _____

Other Accounts (with Bank, Addresses, & Other signers): _____

Safe Deposit Box Location: _____

Key Locations: _____

Others with ability to access boxes: _____

Credit/ATM Cards (include list of Account Numbers, Other holders, Banks, & Addresses):

Bills scheduled for automatic payment & method of payment (i.e. checking account, credit card):

Tangible Assets

House (value, ownership, condition): _____

Cars (value, ownership, condition): _____

Other significant tangible assets: _____

Pension

Employment Pension: _____

Social Security: _____

Insurance (Carrier & policy number)

Primary Health: _____

Secondary Health: _____

Long Term Care: _____

Life: _____

Home: _____

Cars: _____

Legal Documents (held by whom and/or location)

Please note if there are conformed copies in another location.

Will: _____

Powers of Attorney: _____

Living Will: _____

Trust: _____

Guardianship: _____

Deeds: _____

Mortgage: _____

Cemetery Plot: _____

Car Title & Registration Number: _____

Income Tax Returns for the most recent 3 years: _____

Birth Certificate: _____

Marriage Certificate: _____

Other: _____

Securities/Investments

Financial Advisor: _____ Phone: _____

Address: _____

Attach a list of stock certificates held, including company, number of shares, & location.

Attach a copy of recent statements from brokerage accounts.

Attach a copy of recent statements from IRA/401(k) accounts.

Attach a copy of recent statements from money market funds.