



EQUITABLE

Share Your Love Family Discussion Guide®



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Equitable Financial Life Insurance Company (NY, NY)



Share your love

For over 160 years, we've been working with clients across generations, helping them live their lives with courage, strength and wisdom. We've used those traits to help clients like you achieve your goals and live fulfilling lives. And, we will rely on those attributes to help you create a legacy that's most meaningful for you and your loved ones.

Preparing for the inevitable is a tough discussion. It's one that many people find difficult to have, especially with those closest to them. The Share Your Love Family Discussion Guide® is intended to help initiate an open, thoughtful dialogue with your family as you plan for your future and how to honor your final requests. It's more than a simple list of instructions. It covers many topics such as: where to find important documents and key contacts; who should care for loved ones and minors; and who you want to handle decision-making if you become incapacitated.

Planning now may lessen burdens down the road for your loved ones as they ensure your wishes are carried out as you want. It can also help your executor(s) and beneficiary(ies) avoid added stress or pain because it gives them detailed directions for distributing your assets, thus minimizing any possible conflicts. Within this guide we outline a short list of documents and tasks that your loved ones will need to handle according to your wishes:



- Contact funeral home for burial arrangements and associated costs.
- Contact attorney to obtain will and/or trust documents.
- Contact accountant and collect all tax information.
- Contact the county or state vital records office to get copies of the death certificate (typically between 10 to 25 copies).
- Contact bank and all financial institutions for account information.
- Have the location and keys to all safety deposit boxes and/or safes.
- Get the list of all credit cards, monthly bills (e.g., utility, phone, cable), outstanding debts.
- Get the list of key phone numbers, access codes and passwords to shut down services and social media accounts.
- Collect all insurance policies.

We hope this Share Your Love Family Discussion Guide® helps you create a plan that will put your mind at ease so you, and your family, can live your lives with courage, strength and wisdom.

A blueprint rooted in courage, strength and wisdom

Taking inventory of a life can be daunting. We can help you by developing a roadmap, which breaks down this potentially overwhelming project into priority-driven, manageable tasks, starting with having:

- **A will or living trust** — A will is a legal document that designates your executor(s) and directs how your assets should be distributed after you have passed on. If you have minor dependents, it also names the guardians for those individuals. A living trust is also a legal document. However, the designated person or trustee is given responsibility for managing your assets for the benefit of your beneficiary(ies).
- **Living will** — This is a written statement that expresses what you want regarding your medical treatment if you are no longer able to express informed consent.
- **Medical power of attorney (also called a durable healthcare power of attorney or healthcare proxy)** — This grants someone the power to make medical decisions for you if you become incapacitated.
- **Durable general power of attorney** — This document gives authority to a trusted friend or relative to manage your assets if you are unable to do so.
- **This booklet of information** — Helps prepare your family for your later life by providing the information they need to make important decisions.

Keep this booklet safe

Make sure to keep this booklet in a locked location, such as a fire-resistant safe or bank safety deposit box. You should only give it to people you can trust with your most personal information.

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Key contacts and advisors

About you and your spouse/partner

Your full name	Birthday	Current address
Spouse/partner full name		
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Key contacts

In an emergency, please contact:

Name	Phone #	Email	Relationship
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Phone numbers and access codes

Include your cell phones, computers, tablets, work and home landlines, home and office alarm codes, Wi-Fi access, etc.

Item	Number (if applicable)	Access code or password
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Your medical doctors

Include medical doctors, specialists, dentists, physical therapists, etc.

Doctor's name	Specialty	Phone #	Location
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

Your pharmacy

Name	Address	Phone #
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Mail-in pharmacy

Name	Address	Phone #
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



Your assets

Your retirement assets

Include Social Security, IRAs, 401(k)s or other qualified retirement plans, stock options, deferred compensation plans, military retirement benefits,* military survivor benefits** and annuities.

For details, you should include a recent statement.

Type of plan	Institution	Account #	Primary beneficiary	Secondary beneficiary	Customer service #

Please note: You should review your beneficiary designations to ensure they reflect your wishes regarding how you would like your retirement assets to pass at your death.



For military veterans

Military Onesource, run by the Department of Defense, offers military families free assistance 24/7. For more information, you can call (800) 342-9647 or visit military.com/benefits.

***If you are a veteran of wartime service, 65 years or older, and on a limited income, you may qualify for a Veterans Disability Pension or a Veterans Pension, even if you are not disabled.**

****When a military retiree dies, their retirement pay stops. To provide your surviving spouse with income after you die, you might want to consider a Survivor Benefit Plan, which is an insurance plan that pays a monthly sum to a military retiree's surviving spouse.**

Personal property

Include belongings such as artwork, collectibles, antiques, jewelry, etc. and how you'd like them to be distributed. If you can, and where appropriate, include appraisals and photos.

Description	Location	Photo?	Appraisal?	Person to receive property

Rewards programs

Program name/company	Account #	Password	Phone #

Other assets

Include partnerships/business ownerships, as well as any foreign and unclaimed assets.

Type of asset	Company/location	Account #	Phone #

Please note: To check for unclaimed assets, you can visit unclaimed.org.

Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become **In Memorial** pages. As you consider your legacy, you should discuss with family and friends whether you want to live on in social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	User ID	Password or PIN	Security questions/answers

Safety deposit box

Location	Key location

The following people have authority to open the box:

Storage unit/facility

Location	Site contact

The following people have authorization to access the unit/facility:

Personal safe

Location

Combination

Location	Combination

Assets you've loaned to others

Object

Person/place holding object

Phone #

Object	Person/place holding object	Phone #

Money owed to you

Include debts that are owed to you and if you plan to forgive them.

Who owes you/phone #

Amount loaned

Balance due (as of)

Details

Who owes you/phone #	Amount loaned	Balance due (as of)	Details



Your financial responsibilities

Liabilities

Include mortgages, loans such as home equity loans, lines of credit and student loans, liens and borrowed items. For details, include a copy of a statement.

Type of debt	Creditor	Amount owed (as of)	Payment due date

Credit/debit cards

Include whether each card is your own or a joint card with someone else. Also, include a statement for each card.

Creditor	Account #	Website	ID/password	Phone #	Joint?

If you have automatic debits from any of these cards, list them here (which card/debit details):

Please note: Some credit cards may include a policy that pays off the balance at your death. You should investigate this before cancelling a card.

Leases

Include any assets you currently lease from others.

Asset	Leased from	Payment/ due date	Expiration date	Contact/phone #

Other financial obligations

Include any ongoing personal financial responsibilities you have.

Obligation for	Amount owed/ payment method	Payment frequency	Details

Subscriptions

Include memberships, professional services, online or print newspapers, magazines, periodicals, ID protection, software and backup services, movie/TV streaming, etc.

Subscription for	Expiration date	Account #	ID/password	Phone #

Lawsuits

Include information about any lawsuits in which you are currently involved.

- I am a plaintiff I am a defendant

Case details:

Attorney's contact information:

Name	Phone #	Email
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>



Insurance and other benefits

Advances in medicine have increased average life expectancy dramatically. Our mission is to help you live a long, fulfilling life. Our wish is that it's a healthy one. However, life is filled with uncertainty. Living where you want and being self-sufficient is ideal. Having a backup plan in case that changes is smart. We can help you design a financial strategy that protects you and your family if your circumstances shift so that everything you have built over your lifetime is secure.

Life insurance

Include what happens if you are disabled or need long-term care. Can you use a portion of the death benefit for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include a copy of the policy.

Carrier	Policy #	Benefit amount	Primary beneficiary	Secondary beneficiary	Cost/how paid*	What happens if I am disabled?

* You should confirm whether the policy is paid annually by check, monthly by debit from a bank account (list bank account number, too), etc.

Other insurance coverage

Include long- and short-term disability, long-term care, medical, dental, vision, prescription drug and Medicare and Medigap policies you have.

Carrier	Policy #	Premium	Cost/how paid	Phone #

Household insurance

Include policies you own to cover your auto, home, boat, airplane, valuables (art, jewelry, wine), as well as umbrella (excess liability), etc.

Type of policy/carrier	Policy #	Premium	Cost/how paid	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employer benefits

Include any benefits you have through a current or previous employer.

Type of benefit/amount	Employer	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Veteran (VA) or government benefits

For a list of National Service Officers (Veteran Advocates) in your state, you can visit www.purpleheart.org. For information on Veterans Compensation and Benefits, you can visit www.va.gov.

Military branch of service	SVS#	Grade or rank	Dates of service
_____	_____	_____	_____

Military status: Veteran Retired veteran

Copy of separation or military discharge form (DD214) is located: _____

Your military records are located: _____

If you have a National Service Officer to assist you with VA benefits, you can list their information here:

Name: _____ Contact information: _____

If you receive other government benefits, you can list them here: _____

Business documents

If you are an owner or co-owner in a business, please include information about any ownership or buy-sell agreements.

Business	Date signed	Location of business	Partner(s)/ co-owners	Contact info
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For buy-sell or buy-out and overhead expense agreements, please list the life insurance used.

Carrier	Policy #	On the life of...	Primary beneficiary	Secondary beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you become incapacitated

Appointment	Name	Phone #
Power of attorney for medical decisions: _____	_____	_____
Power of attorney over my assets: _____	_____	_____
Guardian of my person: _____	_____	_____
Guardian of my property: _____	_____	_____

Would you like to live in your own home as long as possible? Yes No

Additional information or instructions: _____



Loved ones who will need care

Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently care. Include information about that person below.

Name	Relationship to you	Nature of disability
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Services they receive	From whom?	Phone #
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Primary physician	Phone #
<hr/>	<hr/>

Is there a trust set up for this person? Yes No

Location of trust documents:

If you are the legal guardian for this person, who is your successor guardian?

Name:

 Phone #:

Accounts you handle for this person	Information
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Pets

Include information about the pets you currently own.

Type of pet	Pet name	Age as of (date)	Notes, dietary needs, medical concerns, etc.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Veterinarian name	Address	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pet insurance information

Who will take care of your pets

Name	Phone #
_____	_____
_____	_____
_____	_____



Funeral arrangements

It's natural for people to focus solely on their loved ones and providing for them, but there are costs associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement details	Name/location	Phone #
Funeral home		
Cemetery, if you wish to be buried		
Cemetery, if you wish to be cremated		

Item	Cost
Plot	
Casket	
Headstone and engraving	
Plaque	

Military funeral honors

Military branch of service	SVS#	SS#	Dates of service	Military status

Medal of honor: Recipient General

Upon my death, I would like the American flag presented to: _____

People you'd like to attend your service

Name	Phone #	Name	Phone #
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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<hr/>	<hr/>	<hr/>	<hr/>
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People you prefer NOT to attend your service

Name	Name
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Attaining the death certificate

Funeral director or county clerk's office

Your executor(s) and beneficiary(ies) will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns and even to close some social media accounts.

Ethical will

One of the most meaningful tasks you'll do as you plan for your future is to define your legacy. How do you want family, friends and even someone new to know you? This is an opportunity to tell your story. It's a chance to express to your loved ones what you want them to share about your connection with them. Include your thoughts and feelings on topics that you'd like your family to know and understand after you're gone.

The most important things in life are:

I am most grateful for:

The most important things I've done in my life are:

I'd like my heirs to use their inheritance to:

The most important values I'd like to pass on to my loved ones are:

The most important traditions I'd like my loved ones to continue are:

I'd like to be remembered as:

The people who have influenced me the most are:

I'd like my loved ones to learn from my experiences:

Children

Name	Address	Phone #	Birth date

Grandchildren

Name	Address	Phone #	Birth date

Great-grandchildren

Name	Address	Phone #	Birth date

Memberships and affiliations

Additional facts about my family history

Family mission statement

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