



MUNDI
FINANCIAL

FAMILY LOVE LETTER

A Complete Guide to My Financial Well-Being

Dear Family & Friends,
In an attempt to make things easier
for you, I have written this letter to
provide you with information that
will be necessary for you when the
time arises.

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SECTION 1: GENERAL INFORMATION

YOUR INFO

First Name: _____
Last Name: _____
Date of Birth: _____
Social Security #: _____
Passport #: _____
Drivers License #: _____

(If employed, see Section 3: Employers & Military Benefits for details)

Check one: ☐ Retired ☐ Employed

SPOUSE INFO

First Name: _____
Last Name: _____
Date of Birth: _____
Social Security #: _____
Passport #: _____
Drivers License #: _____

(If employed, see Section 3: Employers & Military Benefits for details)

Check one: ☐ Retired ☐ Employed

SECTION 2: IMPORTANT PROFESSIONALS IN MY LIFE

FINANCIAL ADVISOR

Company: _____ Contact Person: _____
Address: _____
Phone #: _____ Email: _____
Other: _____

ACCOUNTANT/CPA

Company: _____ Contact Person: _____
Address: _____
Phone #: _____ Email: _____
Other: _____

ATTORNEY

Company: _____ Contact Person: _____
Address: _____
Phone #: _____ Email: _____
Other: _____

OTHER e.g. Executor / Trusted Contact

Company: _____ Contact Person: _____
Address: _____
Phone #: _____ Email: _____
Other: _____

SECTION 3: EMPLOYERS, PENSIONS & MILITARY BENEFITS

EMPLOYER #1 (SKIP THIS SECTION IF YOU'RE RETIRED)

YOUR INFO

Employer: _____
Address: _____
Supervisor: _____
Contact Number: _____

SPOUSAL INFO

Employer: _____
Address: _____
Supervisor: _____
Contact Number: _____

EMPLOYER #2 (SKIP THIS SECTION IF YOU'RE RETIRED)

YOUR INFO

Employer: _____
Address: _____
Supervisor: _____
Contact Number: _____

SPOUSAL INFO

Employer: _____
Address: _____
Supervisor: _____
Contact Number: _____

PENSION BENEFITS 1

Pension for Whom: ☐ You ☐ Spouse

I have survivor benefits for this pension: ☐ You ☐ No

Benefits Contact Name: _____ Benefits Contact Number: _____

Address: _____

Pension/Company Name: _____

Pension Benefit Amount: \$ _____ Electronically Deposited? ☐ Yes ☐ No

Name of Bank _____ Account Number: _____

Other Important Information: _____

PENSION BENEFITS 2

Pension for Whom: ☐ You ☐ Spouse

I have survivor benefits for this pension: ☐ You ☐ No

Benefits Contact Name: _____ Benefits Contact Number: _____

Address: _____

Pension/Company Name: _____

Pension Benefit Amount: \$ _____ Electronically Deposited? ☐ Yes ☐ No

Name of Bank _____ Account Number: _____

Other Important Information: _____

PENSION BENEFITS 3

I have survivor benefits for this pension: ☐ Yes ☐ No

Address: _____

Pension Benefit Amount: \$ _____ Electronically Deposited? ☐ Yes ☐ No

Other Important Information: _____

PENSION BENEFITS 4

I have survivor benefits for this pension: ☐ Yes ☐ No

Address: _____

Pension Benefit Amount: \$_____ Electronically Deposited? ☐ Yes ☐ No

Other Important Information: _____

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MILITARY RETIREMENT BENEFITS

I am ☐ am not ☐ entitled to receive military benefits. Below is information regarding my military pension benefit:

Military Branch of Service: _____ Dates of Service: _____

SVS# _____ Grade / Rank _____

Monthly Pension Benefit Amount: \$_____ Electronically Deposited? ☐ Yes ☐ No

Name of Bank _____ Account Number: _____

Benefits Contact Name: _____ Benefits Contact Number: _____

Local Benefits Office Address: _____

MILITARY SURVIVOR BENEFITS

The Survivor Benefit Plan (SBP) is an insurance plan that helps pay surviving spouses a monthly payment (annuity) to help make up for the loss of retirement income.

I have a Survivor Benefit Plan. ☐ Yes ☐ No (if "No" skip section)

Military Branch of Service: _____ Dates of Service: _____

SVS# _____ Grade / Rank _____

Monthly Pension Benefit Amount: \$_____ Electronically Deposited? ☐ Yes ☐ No

Name of Bank _____ Account Number: _____

Benefits Contact Name: _____ Benefits Contact Number: _____

Local Benefits Office Address: _____

Notes: _____

SECTION 4: BANKING & SAVINGS

(For website login credentials, see password page)

YOUR INFO

TYPE OF ACCOUNT	NAME OF INSTITUTION	NAME ON ACCT & ACCT #	TELE #	E-STATEMENTS ONLY (Y/N)
CHECKING #1				
CHECKING #2				
SAVINGS #1				
SAVINGS #2				
MMA				
CDs				
OTHER				

SPOUSAL INFO

TYPE OF ACCOUNT	NAME OF INSTITUTION	NAME ON ACCT & ACCT #	TELE #	E-STATEMENTS ONLY (Y/N)
CHECKING #1				
CHECKING #2				
SAVINGS #1				
SAVINGS #2				
MMA				
CDs				
OTHER				

SAFETY DEPOSIT BOX

☐ Yes

☐ No

If Yes, complete below.

Bank Name: _____ Deposit Box Number: _____ Location of Key: _____

Address: _____

PERSONAL SAFE IN HOUSE

☐ Yes

☐ No

If Yes, complete below.

Safe Location: _____ Location of Key: _____ Combination #: _____

SECTION 5: MARKETABLE SECURITIES (For website login credentials, see your password page)

TYPE OF ACCOUNT	INSTITUTION	NAME ON ACCT & ACCT #	CONTACT	TELE #	E-STATEMENTS ONLY (Y/N)
IRA					
IRA #2					
IRA #3					
ROTH IRA					
ROTH IRA #2					
ROTH IRA #3					
BROKERAGE					
BROKERAGE #2					
BROKERAGE #3					
ANNUITY					
ANNUITY #2					
ANNUITY #3					
401(K)					
PENSION					
529 PLAN					
529 PLAN #2					
CUSTODIAL ACCT					
CUSTODIAL ACCT #2					

Notes: _____

SECTION 5: CONTINUED...SPOUSAL INFO. *(For website login credentials, see your password page)*

TYPE OF ACCOUNT	INSTITUTION	NAME ON ACCT & ACCT #	CONTACT	TELE #	E-STATEMENTS ONLY (Y/N)
IRA					
IRA #2					
IRA #3					
ROTH IRA					
ROTH IRA #2					
ROTH IRA #3					
BROKERAGE					
BROKERAGE #2					
BROKERAGE #3					
ANNUITY					
ANNUITY #2					
ANNUITY #3					
401(K)					
PENSION					
529 PLAN					
529 PLAN #2					
CUSTODIAL ACCT					
CUSTODIAL ACCT #2					

Notes:

SECTION 6: INSURANCE (For website login credentials, see your password page)

YOUR INFO

LIFE INSURANCE

CARRIER	OWNER	POLICY #	CONTACT #

DISABILITY INSURANCE

CARRIER	OWNER	POLICY #	CONTACT #

HEALTH INSURANCE

CARRIER	OWNER	POLICY #	CONTACT #

LONG-TERM CARE INSURANCE

CARRIER	OWNER	POLICY #	CONTACT #

Home Care Provided: ☐ Yes ☐ No

Additional Notes:

SECTION 6: CONTINUED...SPOUSAL INFO. *(For website login credentials, see your password page)*

LIFE INSURANCE			
CARRIER	OWNER	POLICY #	CONTACT #

DISABILITY INSURANCE			
CARRIER	OWNER	POLICY #	CONTACT #

HEALTH INSURANCE			
CARRIER	OWNER	POLICY #	CONTACT #

LONG-TERM CARE INSURANCE			
CARRIER	OWNER	POLICY #	CONTACT #

Home Care Provided: ☐ Yes ☐ No

Home Care Provided: ☐ Yes ☐ No

Additional Notes:

OTHER INSURANCE COVERAGE (For website login credentials, see your password page)

YOUR INFO

TYPE	CARRIER	OWNER	POLICY #	CONTACT #
Auto				
Home				
Umbrella				
Boat				
Motorcycle				
Jewelry				
Art				
Other				
Other				
Other				
Other				
Other				
Other				

SPOUSAL INFO

TYPE	CARRIER	OWNER	POLICY #	CONTACT #
Auto				
Home				
Umbrella				
Boat				
Motorcycle				
Jewelry				
Art				
Other				
Other				
Other				
Other				
Other				

Notes: _____

SECTION 7: REAL ESTATE - See individual agreements for further details

TYPE OF REAL ESTATE	TENANTS NAME	DATE OCCUPIED	DEPOSIT	MORTGAGE / RENT	ADDRESS
PRIMARY RESIDENCE					
SECONDARY RESIDENCE					
RENTAL #1					
RENTAL #2					
RENTAL #3					
TIMESHARE #1					
TIMESHARE #2					
COMMERCIAL #1					
COMMERCIAL #2					
OTHER					
OTHER					

SECTION 8: LIABILITIES - CREDIT CARDS & LOANS

[illegible]

SECTION 9: MONEY OWED TO ME

This section is for personal loans made to family or business partners.

BORROWER	ASSETS	PAYMENT	EXPIRATION	PHONE #

Additional Notes:

SECTION 10: BUSINESS INTERESTS I.E. ROYALTIES

I have ownership and/or buy-sell agreements for the following businesses.

	NAME	PARTNERSHIP	ROYALTIES	CONTACT #
ORGANIZATION #1				
ORGANIZATION #2				
ORGANIZATION #3				
OTHER				
OTHER				

Use the note section for additional information regarding your business interests or royalties.

Notes: _____

SECTION II: FAMILY HISTORY

Note: Upon passing of a loved one, we recommend you do have a social security number on file.

FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____
FAMILY MEMBER	Name: _____ Relationship: _____ DOB: _____ DOD: _____ SS#: _____ Phone#: _____ Address: _____

SECTION 12: ARRANGEMENTS

IN THE EVENT OF MY PASSING

I have the following final wishes and special requests:

**Costs associated with my death
have been prepaid / covered**

☐ YES ☐ NO

IN THE EVENT OF MY SPOUSES PASSING

My spouse has the following final wishes and special requests:

**Costs associated with my spouse's
death have been prepaid / covered**

☐ YES ☐ NO

I have signed this family love letter on this _____ day of _____, 20_____.

This document is NOT intended to replace my WILL or other estate planning documents. However, it is my express desire that each family member, friend, Executor, Trustee, and Guardian will use this document to help find and locate my financial information to make things easier upon my passing or disability.

Print Name

Signature

Print Name

Signature

Copies of this document were delivered to: _____

SECTION 13: VITAL DOCUMENT LOCATOR

KEYCHART LOCATIONS

A: **e.g. Home**

B:

C:

D:

E: **Document does not exist**

Check one based on your keychart

DOCUMENTS	A	B	C	D	E
<input type="checkbox"/> Estate Planning Documents e.g. Will/Trust					
<input type="checkbox"/> Living Will					
<input type="checkbox"/> Healthcare Proxy					
<input type="checkbox"/> Durable Power of Attorney (for Finances)					
<input type="checkbox"/> Durable Power of Attorney (for Healthcare)					
<input type="checkbox"/> Deeds of Property					
<input type="checkbox"/> Property Tax Bills					
<input type="checkbox"/> Time Share Deeds					
<input type="checkbox"/> Promissory Notes					
<input type="checkbox"/> Annuities					
<input type="checkbox"/> Stock & Bond Certificates					
<input type="checkbox"/> Checkbooks					
<input type="checkbox"/> Tax Records					
<input type="checkbox"/> CD Certificates					
<input type="checkbox"/> Business or Partnership Papers (Buy/Sell Agreement)					
<input type="checkbox"/> Marriage Certificate					
<input type="checkbox"/> Death Certificate(s)					
<input type="checkbox"/> Birth Certificate(s)					
<input type="checkbox"/> Divorce Papers					
<input type="checkbox"/> Prenuptial Agreement					
<input type="checkbox"/> Prepaid Funeral Plan					
<input type="checkbox"/> Military Pension Documents & Discharge Papers					
<input type="checkbox"/> Social Security Card(s)					
<input type="checkbox"/> Immigration papers					
<input type="checkbox"/> Passports					
<input type="checkbox"/> Vehicle Registration and Title(s)					
<input type="checkbox"/> Adoption Papers					
<input type="checkbox"/> Retirement Plans					
<input type="checkbox"/> Long Term Care Policy					
<input type="checkbox"/> Other					
<input type="checkbox"/> Other					
<input type="checkbox"/> Other					

SECTION 14: PASSWORDS, SECURITY QUESTIONS & PIN

This information can be very sensitive, like all information in this document. We recommend storing this in a safe and secure location. We do recommend that section 14 be kept updated on a regular basis.

[illegible]

SECTION 15: NOTES

Use this section to note important information in your life that's not captured in this document. Other important people in my life e.g. doctors, points of contacts, wishes, valuables/cash hidden, art...

[illegible]

NOTES

[illegible]

NOTES

[illegible]

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Meeting clients in Middletown,
Fishkill, Suffern, and Tarrytown
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