

Final Thoughts and Information for

Loved Ones ...

From (Name)

Date

STIFEL
Investment Services Since 1890

RECORDS

My important records are located: _____

ADVISORS

Some of the people you may need to contact are:

Stifel Financial Advisor:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Accountant:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Estate Planning Attorney:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Insurance Advisor:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Other:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Other:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Other:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Other:

Name: _____
Address: _____
Phone: _____
E-mail: _____

DOCUMENTS

	Date Signed	Location
Will	_____	_____
Medical Power of Attorney	_____	_____
Medical Directive	_____	_____
General Power of Attorney	_____	_____
Living Trust	_____	_____
Insurance Trust	_____	_____
Charitable Trust	_____	_____
Minor's Trust	_____	_____
Pre-Nuptial Agreement	_____	_____
Post-Nuptial Agreement	_____	_____
Citizenship Papers	_____	_____
Retirement Plan Beneficiary Designation	_____	_____

I have appointed (in the above documents) the following fiduciaries to act on my behalf:

Personal Representative/Executor:

1st _____ 2nd _____

Successor Trustee:

1st _____ 2nd _____

Power of Attorney for Financial Decisions:

1st _____ 2nd _____

Power of Attorney for Medical Decisions:

1st _____ 2nd _____

Guardian Over My Property:

1st _____ 2nd _____

Guardian for Me Personally:

1st _____ 2nd _____

Guardian Over My Minor Children:

1st _____ 2nd _____

INCOME SOURCES

I work at:

Company Name: _____

Contact Name: _____ Contact Phone: _____

I have the following benefits where I currently or previously worked (briefly describe):

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Other Benefits to Which I Am Entitled: _____

Benefits Office Contact: _____

I am an owner of the following business:

Business Name: _____ Ownership Percentage: _____

Other Owner(s): Name: _____ Contact Phone: _____

Name: _____ Contact Phone: _____

Benefits Contact: Name: _____ Contact Phone: _____

I am retired and have the following pension income:

Company	Contact Phone	Monthly Income	Survivor Benefit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Income: _____

I receive monthly income from the following immediate annuities:

Company: _____ Company: _____

Policy Number: _____ Policy Number: _____

Monthly Income: _____ Monthly Income: _____

Phone: _____ Phone: _____

I am entitled to veteran's benefits due to the following military service:

Description of Service: _____

Years of Service: From: _____ To: _____

Contact the Veterans Administration at: _____

ASSETS

The following is a list of contact information for all my investments and property that I may own.

Where possible, a financial statement is attached.

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

Asset: _____ **Asset:** _____

Name: _____ Name: _____

Phone: _____ Phone: _____

Location: _____ Location: _____

DIGITAL ASSETS

I. Electronic Device Access

Device	Website	Username	Pin	Password
Computer – home				
Computer – office				
Operating System				
Voice mail – home				
Voice mail – work				
Voice mail – cell				
Security system				
Tablet				
e-Reader				
GPS				
Router				
DVR				
Television				

II. E-mail Accounts

Description	E-mail Address	Username	Pin	Password	Disposition Desires

III. Domain Names

Website/Domain Name	Web Host	Username	Pin	Password

IV. Online Storage (e.g., Google Drive, Dropbox)

Website/Domain Name	Website	Username	Pin	Password

V. Financial Software (e.g., Quicken, TurboTax)

Website/Domain Name	Web Host	Username	Pin	Password

DIGITAL ASSETS

VI. Banking

Institution	Website	Username	Password	ATM Pin	Security Images
Checking					
Savings					
PayPal					

VII. Stocks, bonds, securities

Institution	Website	Username	Password	Other Information

VIII. Income Taxes

Item	Website	Username	Pin	Password
Federal income tax payment	www.eftps.com/eftps			
State income tax payment				
Prior computerized tax returns				

IX. Retirement

Institution	Website	Username	Password	Other Information

X. Insurance

Institution	Website	Username	Password	Other Information
Health				
Life				
Property				

XI. Credit Cards (e.g., AMEX, Visa)

Institution	Website	Username	Password	Pin

DIGITAL ASSETS

XII. Debts (e.g., Mortgage, car loan)

Institution	Website	Username	Password	Other Information

XIII. Utilities

Institution	Website	Username	Password	Other Information
Electric				
Gas				
Internet				
TV.				
Phone (landline)				
Cell phone				
Sewer				
Water				
Trash				

XIV. Online Shopping (e.g., Amazon.com)

Institution	Website	Username	Password	Other Information

DIGITAL ASSETS

XV. Social Networks (e.g., Facebook, LinkedIn)

Institution	Website	Username	Password	Disposition Desires

XVI. Digital Media Accounts

Institution	Website	Username	Password	Other Information
Netflix				
iTunes				
YouTube				
Hulu				
Nook				
Kindle				

XVII. Loyalty Programs (e.g., Airline rewards)

Name	Website	Username	Password

XVIII. Other Accounts (e.g., Skype, Instagram)

Name	Website	Username	Password



LIABILITIES

The following is a list of contact information for all my creditors.

Where possible, a statement is attached.

Primary Mortgage:

Auto:

Lender: _____

Lender: _____

Phone: _____

Phone: _____

Location: _____

Location: _____

Secondary Mortgage:

Auto:

Lender: _____

Lender: _____

Phone: _____

Phone: _____

Location: _____

Location: _____

Home Equity Line of Credit:

Auto:

Lender: _____

Lender: _____

Phone: _____

Phone: _____

Location: _____

Location: _____

Business Loan:

Other:

Lender: _____

Lender: _____

Phone: _____

Phone: _____

Location: _____

Location: _____

Education Loan:

Other:

Lender: _____

Lender: _____

Phone: _____

Phone: _____

Location: _____

Location: _____

INSURANCE COVERAGE

I have the following **LIFE INSURANCE** policies:

Type: _____ Type: _____

Owner: _____ Owner: _____

Beneficiary: _____ Beneficiary: _____

Face Amount _____ Face Amount _____

Company: _____ Company: _____

Phone: _____ Phone: _____

Policy Location: _____ Policy Location: _____

Type: _____ Type: _____

Owner: _____ Owner: _____

Beneficiary: _____ Beneficiary: _____

Face Amount _____ Face Amount _____

Company: _____ Company: _____

Phone: _____ Phone: _____

Policy Location: _____ Policy Location: _____

I have the following **OTHER INSURANCE** policies:

Disability

Company: _____ Policy No.: _____ Location: _____

Long-Term Care

Company: _____ Policy No.: _____ Location: _____

Health Insurance

Company: _____ Policy No.: _____ Location: _____

Umbrella Liability

Company: _____ Policy No.: _____ Location: _____

Homeowners

Company: _____ Policy No.: _____ Location: _____

Auto

Company: _____ Policy No.: _____ Location: _____

Other

Company: _____ Policy No.: _____ Location: _____





GENERAL INFORMATION

My safe deposit box is located: _____

The key is located: _____

The following persons have signature authority on my safe deposit box: _____

My personal safe is located: _____

The combination/key is: _____

Upon my death, my heirs will/ will not receive a distribution or benefits from a trust.

If yes, the trust document was created by: _____

The trust is located: _____

I am currently the trustee for a trust. The trust document is located: _____

I am a beneficiary of a trust. The trust document is located: _____

I am entitled to military, government, or fraternal benefits. The benefits are: _____

I am entitled to other benefits. The benefits are: _____

I am a member of the following religious group: _____

I am a member of the following fraternal groups: _____

AT MY DEATH

People to Contact:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-mail: _____ E-mail: _____

Funeral Home: _____

Address: _____

Phone: _____

E-mail: _____

Prepaid Cemetery Plot: _____

Address: _____

Plot/Drawer No.: _____

Location of Information: _____

I am an organ donor. My donor information is located: _____

I, _____, wish to be buried next to my deceased (spouse or significant other/ parent/
 child) at _____ (name of cemetery).

I do / do not wish to be cremated.

Crematory: _____

Ashes to be buried or scattered: _____

Religious/other representative to perform service: _____

I am / am not a Veteran. What branch of armed services? _____

I do / do not wish to have military funeral honors.





AT MY MEMORIAL

- At any memorial service for me, I want to include the following music, songs, readings, or other plans for that service: _____

- Tombstone engraving: _____

- In lieu of flowers, please request donations to: _____

- Other special requests: _____

FINAL THOUGHTS

- Some reflections and desires to help provide direction for those I cherish:
- I hope my loved ones will learn the following from my experiences: _____

 - I believe the most important things in life are: _____

 - The most significant thing I have done in my life is: _____

 - My hope is that the recipients will use their inheritance to accomplish the following: _____

 - I would like to be remembered for: _____





STIFEL

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