Planning for Change
I’ve completed this booklet in the hopes that it will help you handle my affairs.

Signed: ___________________________

Date: _____________________________

WoodmenLife® is pleased to provide this booklet as a guide to help you identify and organize your important records. It is not intended to replace the advice of your legal and financial advisors.

We hope that it will serve as a helpful reference for you and your family.
Planning for Change

Advance planning makes change – even the difficult change involved in illness or death – easier to cope with. Planning will give you the peace of mind knowing that your affairs are in order. Communicating your plans will also ease the burden on your survivors who will handle your affairs after you’ve died.

This planning booklet should not be used in place of a will, an inventory of personal possessions or any kind of agreement between you and others. It is intended to help you collect important information in one place for planning and reference. It can help you plan for life changes, and it can serve as a convenient record book to help your heirs handle your estate.

Review it with your family so they know where to find your important papers and are aware of your wishes.

Pages in this booklet are a starting point. You can modify them, change categories, add lines – whatever you need to make them suit your personal situation. The important thing is simply to fill them in so the information is there when needed, because your situation will change and the forms will need to be updated occasionally.

We hope your planning brings you and your heirs peace of mind.

Once you start filling in this booklet, you’ll want to keep it in a safe place, because it will have your personal information in it.
Where To Find My Keys, Documents, etc.

I keep some of my valuables and important documents locked up. The keys to access them are kept in the places I’ve noted below.

<table>
<thead>
<tr>
<th>Location</th>
<th>#/combination/key/password</th>
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</thead>
<tbody>
<tr>
<td>Safe deposit box</td>
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<td>Desk</td>
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<tr>
<td>Strongbox</td>
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<tr>
<td>Safe</td>
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<tr>
<td>Computer</td>
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<tr>
<td>Other</td>
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</table>

Personal Documents

Safe Deposit Box

<table>
<thead>
<tr>
<th>Safe Deposit Box</th>
<th>Other location/notes</th>
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<tbody>
<tr>
<td>Last will and testament</td>
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<tr>
<td>Living will/directive to physician</td>
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<td>Birth certificate</td>
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<td>Adoption papers</td>
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<td>Marriage certificate</td>
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<td>Divorce decree/settlement papers</td>
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<td>Change of name certificates</td>
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<td>Naturalization papers</td>
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<td>Military discharge</td>
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<td>Veterans Administration claim #</td>
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<td>Social Security card</td>
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<tr>
<td>Power of attorney</td>
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<td>Medical power of attorney</td>
<td></td>
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<tr>
<td>Funeral arrangement agreement</td>
<td></td>
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<tr>
<td>Other personal records/papers</td>
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</table>
Digital Assets

I store many files electronically and have the following accounts online. In the event of my death or incapacity, please retrieve files and handle the accounts as I’ve noted below.

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Location</th>
<th>User ID/Password/PIN</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>Email: ______________________________________________________________________</td>
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<td>Photos: ______________________________________________________________________</td>
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<td>Social Media: ______________________________________________________________________</td>
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<tr>
<td>Personal website: ______________________________________________________________________</td>
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<td>Other: ______________________________________________________________________</td>
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</tbody>
</table>

My Pets

In the event of my incapacity, please see to the immediate care of my pets:

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<thead>
<tr>
<th>Name</th>
<th>Breed</th>
<th>Notes (medication, diet, special handling, etc.)</th>
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<tbody>
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</table>

Veterinarian name: ______________________ Phone: ______________________

Powers of Attorney

In the event of my incapacity, I have appointed the following persons to act on my behalf.

Power of attorney over my assets:
1st: ____________________________________________
2nd: ____________________________________________

Original document location: ______________________

Power of attorney for medical decisions:
1st: ____________________________________________
2nd: ____________________________________________

Original document location: ______________________
Financial Documents

Safe Deposit Box

- Mortgages/leases
- Deeds
- Trust agreements
- Business agreements
- Vehicle registration papers/title
- Tax statements/records
- Other financial records/papers

Other location/notes

Financial Accounts

<table>
<thead>
<tr>
<th>Institution</th>
<th>Phone</th>
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</table>

Type of account: Checking  □ Savings  □ CD  □ Money market  □ Other
Address: ______________________________________________________________________

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<tr>
<th>Institution</th>
<th>Phone</th>
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Type of account: Checking  □ Savings  □ CD  □ Money market  □ Other
Address: ______________________________________________________________________

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Type of account: Checking  □ Savings  □ CD  □ Money market  □ Other
Address: ______________________________________________________________________

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<th>Institution</th>
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Type of account: Checking  □ Savings  □ CD  □ Money market  □ Other
Address: ______________________________________________________________________

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<th>Institution</th>
<th>Phone</th>
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</table>

Type of account: Checking  □ Savings  □ CD  □ Money market  □ Other
Address: ______________________________________________________________________

Custodial Accounts

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</table>

Type of account: Custodial Account  □ 529 Plan  □ Minor’s Trust  □ Other
For the benefit of: _______________________________________________________________
Address: ______________________________________________________________________
Credit Cards

I hold credit cards with the following companies:

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________

Name of company: ______________________________________________________________
Phone: _________________________________ Last four digits of card #: ______________
Address: _________________________________________________________________
Other names on the account: ____________________________________________________
# Stocks/Bonds/Mutual Funds

I own the following stocks/bonds/mutual funds. The original documents are kept:
- [ ] In my safe deposit box
- [ ] By my brokerage house
- [ ] Other location: ____________________________

**Type of Security:**

- **C** = Common stock
- **P** = Preferred stock
- **CP** = Convertible preferred
- **B** = Bond
- **M** = Mutual fund
- **CB** = Convertible bond
- **MMF** = Money market fund

<table>
<thead>
<tr>
<th>Company</th>
<th>Type of Security</th>
<th>Number of Shares</th>
<th>Date of Purchase</th>
<th>Initial Purchase Price/Share</th>
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**Brokerage firm #1**

Firm name: ____________________________ Phone: ____________________________
Address: __________________________________________________________________
Other names on the account: ____________________________________________________

**Brokerage firm #2**

Firm name: ____________________________ Phone: ____________________________
Address: __________________________________________________________________
Other names on the account: ____________________________________________________

**Brokerage firm #3**

Firm name: ____________________________ Phone: ____________________________
Address: __________________________________________________________________
Other names on the account: ____________________________________________________
Please make sure that these policies do not accidentally lapse if I am disabled. The premiums I pay may be automatically drawn from my account monthly, quarterly, semi-annually, or annually.

**Life Insurance Policies**

Company: ____________________________ Type of policy: ____________________________
Agent: _________________________________
Certificate/Policy #: __________________ Face amount: _____________________________
Beneficiary: __________________________
Address & phone of ☐ company or ☐ agent: ________________________________

Company: ____________________________ Type of policy: ____________________________
Agent: _________________________________
Certificate/Policy #: __________________ Face amount: _____________________________
Beneficiary: __________________________
Address & phone of ☐ company or ☐ agent: ________________________________

Company: ____________________________ Type of policy: ____________________________
Agent: _________________________________
Certificate/Policy #: __________________ Face amount: _____________________________
Beneficiary: __________________________
Address & phone of ☐ company or ☐ agent: ________________________________

**Disability Insurance Policies**

Company: ____________________________ Policy #: __________________________
Agent: _________________________________
Address & phone of ☐ company or ☐ agent: ________________________________
Please make sure that these policies do not accidentally lapse if I am disabled. The premiums I pay may be automatically drawn from my account monthly, quarterly, semi-annually, or annually.

**Long Term Care Policies**
Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________

Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________

**Medicare Supplement Policies**
Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________

Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________

**Health Insurance Policies**
Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________

Company: _________________________________
Agent: _________________________________ Policy #: _______________________________
Address & phone of ☐ company or ☐ agent: ________________________________________
_____________________________________________________________________________
Business Interests

I have ownership interest in the following businesses:

<table>
<thead>
<tr>
<th>Business name</th>
<th>Type of business</th>
<th>Address</th>
<th>% of ownership</th>
<th>Partner(s)</th>
<th>% of ownership</th>
<th>Partner(s)</th>
<th>% of ownership</th>
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</table>

Notes about my business interests:

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Automobiles/Boats/Planes/Miscellaneous Vehicles

I own the following vehicles:

<table>
<thead>
<tr>
<th>Make/model/year</th>
<th>VIN #</th>
<th>Balance owed to</th>
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<tbody>
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</table>

Real Estate Holdings

I have ownership interest in the following property:

Type of real estate:

R = Residence    CO = Commercial    F = Farmland    IND = Industrial
C = Condominium    I = Investment    O = Other

Property #1

Street address: __________________________ City or township: __________________________
County: __________________________ State: __________________________
Type of real estate: __________________________ Purchase price: $ __________________________

My ownership interest is □ sole □ community property

□ joint with right of survivorship with: __________________________

I owe money on the property to: __________________________

Name: __________________________
Address: __________________________

The deed mortgage, land contract, record of sale, purchase, payments, rentals, improvements, etc., are located: __________________________
Property #2
Street address: __________________________ City or township: __________________________
County: __________________________ State: __________________________
Type of real estate: __________________________ Purchase price: $ ________________
My ownership interest is □ sole □ community property
□ joint with right of survivorship with: __________________________
I owe money on the property to: __________________________
Name: __________________________________________
Address: __________________________________________
The deed mortgage, land contract, record of sale, purchase, payments, rentals,
improvements, etc., are located: __________________________

Property #3
Street address: __________________________ City or township: __________________________
County: __________________________ State: __________________________
Type of real estate: __________________________ Purchase price: $ ________________
My ownership interest is □ sole □ community property
□ joint with right of survivorship with: __________________________
I owe money on the property to: __________________________
Name: __________________________________________
Address: __________________________________________
The deed mortgage, land contract, record of sale, purchase, payments, rentals,
improvements, etc., are located: __________________________
Social Security, Pensions and Other Retirement Benefits

☐ I have or ☐ I have not filed an application for monthly Social Security benefits. If so, the application was filed on ☐ my earnings record or ☐ the earnings record of:

______________________________________________________________________________

☐ I have or ☐ I do not have certain pension rights.

Name of payor: __________________________ Phone: ________________________________

Payor’s address: __________________________________________________________________

Pension identification #: __________________________________________________________

There ☐ are or ☐ are not benefits payable to my survivors under the plan.

☐ I have or ☐ I do not have an individual retirement account (IRA).

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________

☐ I have or ☐ I do not have a Keogh pension plan.

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________

☐ I have or ☐ I do not have a 401(k) plan.

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________

Other retirement plan (describe): _________________________________________________

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________

Other retirement plan (describe): _________________________________________________

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________

Other retirement plan (describe): _________________________________________________

Name of institution: ______________________ Phone: ________________________________

Institution’s address: __________________________________________________________________
Installment Payments on Debts

Company: ______________________________________________________________
Address & phone: _________________________________________________________

Company: ______________________________________________________________
Address & phone: _________________________________________________________

Company: ______________________________________________________________
Address & phone: _________________________________________________________

Company: ______________________________________________________________
Address & phone: _________________________________________________________

Other Debts

I owe the following debts which have not been previously mentioned:

<table>
<thead>
<tr>
<th>To Whom</th>
<th>Address</th>
<th>For What</th>
<th>Amount</th>
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<tbody>
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</table>
**Valuables & Heirlooms**

I want to make sure that the following items receive special handling. Their value may not be readily apparent to others, but they are significant to me. The items and their locations are described below. (This list may include such items as clothing, jewelry, silver, china, crystal, collectibles, household goods and furnishings, tools, electronic and computer equipment, etc.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Location</th>
<th>Significance</th>
<th>Handling</th>
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</table>
## Other Assets

I own the following assets which have not been previously mentioned or which may be difficult for my heirs to locate:

<table>
<thead>
<tr>
<th>Description</th>
<th>Location</th>
<th>Significance</th>
<th>Handling</th>
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WoodmenLife
# People to Contact

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

- **My attorney**: ___________________________ Phone: _______________________________
  Address: _____________________________________________________________________

- **My accountant**: _________________________ Phone: ______________________________
  Address: _____________________________________________________________________

- **My physician**: _________________________ Phone: ______________________________
  Address: _____________________________________________________________________

- **My children’s legal guardian**: ___________ Phone: ______________________________
  Address: _____________________________________________________________________

I have kept in touch with the following friends over the past years and I’d like them to be notified of my death:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address/Email</th>
<th>Phone</th>
<th>Relationship (friend, neighbor, etc.)</th>
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</table>
Final Wishes

I have made funeral arrangements with ________________________________ Funeral Home
at (address/phone) ____________________________________________________________

Any prepayment arrangements are as follows: ______________________________________
_____________________________________________________________________________

I have not already made specific funeral arrangements, but these are my wishes:

Regarding my body, I would like:
☐ to be an organ donor
☐ I have executed a Uniform Donor Card.
   It is located: _________________________________________________________________
☐ to be cremated (I would like my ashes ☐ buried ☐ scattered ☐ other _____________)
☐ to be buried in the ground at (location): _________________________________________
☐ to be entombed in a mausoleum at (location): ________________________________

I own or have legal use of a ☐ cemetery lot ☐ mausoleum niche ☐ vault

Name of cemetery: _____________________________________________________________
Address: ___________________________________________ Section: ____________ Lot #: _____________
The deed is located: ____________________________________________________________

I would like a ☐ grave marker ☐ monument. In addition to my name, date of birth and date
of death, I would also like to include the following information as my epitaph: _____________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Services

Regarding my wake/funeral/memorial service, I would like:

Minister(s): ________________________________________________________________

Location: _________________________________________________________________

Special readings:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Music/Musicians:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Memorial contributions to:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________