Planning for Change

Compliments of WoodmenLife®

Standing Strong
For Generations®
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.

“We must ask where we are and where we’re going.”
– Abraham Lincoln
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>
<td>__________________________</td>
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<tr>
<td>Desk</td>
<td>__________________________</td>
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<tr>
<td>Strongbox</td>
<td>__________________________</td>
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<td>Safe</td>
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<td>Computer</td>
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<tr>
<td>Other</td>
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<tr>
<td>Other</td>
<td>__________________________</td>
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</tbody>
</table>

Personal Documents

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

My Pets

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

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

<table>
<thead>
<tr>
<th>Safe Deposit Box</th>
<th>Other location/notes</th>
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<tbody>
<tr>
<td>☐ Mortgages/leases</td>
<td></td>
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<tr>
<td>☐ Deeds</td>
<td></td>
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<tr>
<td>☐ Trust agreements</td>
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<tr>
<td>☐ Business agreements</td>
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<tr>
<td>☐ Vehicle registration papers/title</td>
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<tr>
<td>☐ Tax statements/records</td>
<td></td>
</tr>
<tr>
<td>☐ Other financial records/papers</td>
<td></td>
</tr>
</tbody>
</table>

Financial Accounts

| Institution: ________________________________ | Phone: ____________________ |
| Type of account: ☐ Checking ☐ Savings ☐ CD | ☐ Money market ☐ Other |
| Address: _________________________________  | ________________        |

| Institution: ________________________________ | Phone: ____________________ |
| Type of account: ☐ Checking ☐ Savings ☐ CD | ☐ Money market ☐ Other |
| Address: _________________________________  | ________________        |

| Institution: ________________________________ | Phone: ____________________ |
| Type of account: ☐ Checking ☐ Savings ☐ CD | ☐ Money market ☐ Other |
| Address: _________________________________  | ________________        |

| Institution: ________________________________ | Phone: ____________________ |
| Type of account: ☐ Checking ☐ Savings ☐ CD | ☐ Money market ☐ Other |
| Address: _________________________________  | ________________        |

| Institution: ________________________________ | Phone: ____________________ |
| 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:  ________________________________________________

“Yesterday is a cancelled check; tomorrow is a promissory note; today is the only cash you have, so spend it wisely.”
– Kay Lyons
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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</table>

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: _______________________________________________________

“What we need is a flexible plan for an ever-changing world.”
– Jerry Brown
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: __________________________________________

Company: __________________________  Type of policy: __________________________
Agent: ______________________________________________________________________
Certificate/Policy #: __________________________  Face amount: __________________________
Beneficiary: __________________________________________________________________
Address & phone of ☐ company or ☐ agent: __________________________________________

**Disability Insurance Policies**

Company: _________________________________________________________________
Agent: __________________________________ Policy #: __________________________
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: ______________________________________

“To live in hearts we leave behind is not to die. “

– Thomas Campbell
Business Interests

I have ownership interest in the following businesses:

Business name: _________________________  Type of business: _________________________
Address: ______________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________

Business name: _________________________  Type of business: _________________________
Address: ______________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________

Business name: _________________________  Type of business: _________________________
Address: ______________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________
Partner(s): _____________________________ % of ownership: _________________________

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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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: ____________________________________________

“The true meaning of life is to plant trees under whose shade you do not expect to sit.”
– Nelson Henderson
Social Security, Pensions and Other Retirement Benefits

I ☐ have or ☒ 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 ☒ 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 ☒ do not have an individual retirement account (IRA).
Name of institution: ____________________________ Phone: ________________________
Institution’s address: ___________________________________________________________

I ☐ have or ☒ do not have a Keogh pension plan.
Name of institution: ____________________________ Phone: ________________________
Institution’s address: ___________________________________________________________

I ☐ have or ☒ 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: ___________________________________________________________

“Dig a well before you are thirsty.”
– Chinese proverb
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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</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>

“I am not afraid of tomorrow, for I have seen yesterday and I love today.”

– William Allen White
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>Value</th>
<th>Handling</th>
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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: __________________________________________________________________

“Live as if you were to die tomorrow ... ”
– Mahatma Gandhi

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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Final Wishes

I have made funeral arrangements with ______________________________ Funeral Home at (address/phone) ____________________________________________________________
Any prepayment arrangements are as follows: _______________________________________
___________________________________________________________________________

“Let us live so that when we come to die even the undertaker will be sorry.”
– Mark Twain

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: _____________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

"Let us live so that when we come to die even the undertaker will be sorry."
– Mark Twain
Services

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

Minister(s):

Location:

Special readings:

Music/Musicians:

Memorial contributions to:

Other:

“In three words I can sum up everything I’ve learned about life: it goes on.”

– Robert Frost