



DST Financial Services

Survivor's Notebook



An estate planning guide for your family

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Developing and maintaining a personal estate plan is essential to achieving your financial security. Gathering this information into one document will provide a centralized place where your financial planning information can be maintained.

In the event of an emergency or death, this type of information can be extremely important. Having everything listed in an organized manner will make things simpler for you and your family.

When you have completed the information, place this guide in a safe location. Make sure its location is known by at least two other family members or close friends. It is recommended that you do not place this in a safe deposit box because of the limited access to it in the time of need.

Completion of this worksheet is for informational and planning purposes only and it will not change the records of any identified account custodian/trustee, company-sponsored retirement plan administrators, life insurance policy providers or annuity policy provider.



Date: _____

Self

Full legal name _____

Address _____

Home phone _____ Cell phone _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Employer _____ Work phone _____

Address _____

Supervisor name & phone _____

Spouse

Full legal name _____

Address _____

Home phone _____ Cell phone _____

Social Security # _____ Birth date _____

Driver's license # _____ Passport # _____

Employer _____ Work phone _____

Address _____

Supervisor name & phone _____

Children

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Date: _____

Parents, Siblings or Other Relatives

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Name _____ Social Security # _____
Birth date _____ Gender _____ Marital status _____
Address _____
Cell phone _____ Home phone _____

Date: _____

Financial Advisor

Name _____

Address _____

Telephone _____ E-mail _____

Attorney

Name _____

Address _____

Telephone _____ E-mail _____

Employer

Name _____

Address _____

Telephone _____ E-mail _____

Accountant

Name _____

Address _____

Telephone _____ E-mail _____

Physician

Name _____

Address _____

Telephone _____ E-mail _____

Clergy

Name _____

Address _____

Telephone _____ E-mail _____

Other (Dentist, Medical Specialist, etc.)

Name _____

Address _____

Telephone _____ E-mail _____

Name _____

Address _____

Telephone _____ E-mail _____

Date: _____

Insurance Agent(s)

Property

Name _____

Address _____

Telephone _____ E-mail _____

Name _____

Address _____

Telephone _____ E-mail _____

Medical

Name _____

Address _____

Telephone _____ E-mail _____

Name _____

Address _____

Telephone _____ E-mail _____

Life

Name _____

Address _____

Telephone _____ E-mail _____

Name _____

Address _____

Telephone _____ E-mail _____

Date: _____

Bank

Bank name _____	Bank name _____
Branch address _____	Branch address _____
Phone _____	Phone _____
Checking # _____	Checking # _____
Savings # _____	Savings # _____
ATM card # _____	ATM card # _____
Safe deposit box # _____	Safe deposit box # _____
Certificates of Deposit _____	Certificates of Deposit _____
Amount _____	Amount _____
Interest rate _____	Interest rate _____
Maturity _____	Maturity _____

Loans & Credit

Mortgage holder _____	Second mortgage holder _____	Home equity loan holder _____
_____	_____	_____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____

Car loan _____	Car loan _____	Miscellaneous loan _____
Holder _____	Holder _____	Holder _____
Address _____	Address _____	Address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____

Credit card _____	Credit card _____	Credit card _____
_____	_____	_____
Billing address _____	Billing address _____	Billing address _____
_____	_____	_____
Phone _____	Phone _____	Phone _____
Account # _____	Account # _____	Account # _____

Insurance

Declaration/Cover page of:

- Life Insurance Policies
- Disability Insurance Policies
- Medical and Dental Insurance Policies
- Health/Dental Insurance Membership Cards
- Long-Term Care Insurance Policies
- Home Owner's/Rental Insurance Policies
- Auto Insurance Policies
- Umbrella Liability Insurance Policies
- Other Insurance Policies
- Asset Appraisals

Obtain copies of each of the following items and place in the same envelope as the Document Guide

Savings/Investment Accounts

- List and/or Copies of Savings Bonds
- List and/or Copies of Stock and Bond Certificates

Property

- Business Buy-Sell Agreement
- Copy of Deed for Home
- Copy of Deed for Car(s)
- Copy of Deed for Other Real Estate
- Mortgage/Loan Information and/or Discharge Paperwork
- Auto Lease Agreement

Retirement Plan

Primary and contingent beneficiary designation form for:

- IRAs
- Retirement Plans (401k, 403B, SEP, etc.)
- Annuities
- Life Insurance Policies
- Non-Qualified Deferred Compensation Plans
- Qualified Pension Plan
- Other Employer-Provided Plans

Estate Planning

- Will(s)
- Durable Power of Attorney
- Health Care Proxy
- Trust Document(s)
- Letter of Specific Bequests
- Ethical Will
- Divorce Agreement
- Prenuptial Agreement

Personal Data

- Birth Certificate
- Social Security Card
- Marriage License
- Passport
- Summary of Critical Medical Information (including family history)
- Cemetery Plot Information
- Funeral Instructions
- Military Discharge Paperwork
- Organ Donor Card
- Adoption Agreement
- Citizenship Papers

Date: _____

Document Location Guide

Give a physical description of the various locations where you store your documents.

Example: Location #1- Property and auto insurance documents are in the first drawer of the file cabinet in the office.

Location #	Location description
------------	----------------------

1	_____ _____
---	----------------

2	_____ _____
---	----------------

3	_____ _____
---	----------------

4	_____ _____
---	----------------

5	_____ _____
---	----------------

6	_____ _____
---	----------------

7	_____ _____
---	----------------

Date: _____

Will

Attorney name _____

Phone _____

Date of will _____

Location of will _____

Location of additional copies _____

Executor _____

Address _____

Phone _____

Trust

Attorney name _____

Phone _____

Name of trust _____

Date of trust _____

Trustees _____

Location of trust documents _____

Location of additional copies _____

Trustee bank (if applicable) _____

Address _____

Phone _____

Contact person _____



Notes



DST Financial Services

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Completion of this guide is for informational and planning purposes only and it will not change the records of any identified account custodian/trustee, company-sponsored retirement plan administrators, life insurance policy providers or annuity policy provider.

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