Personal Planning Guide

Record your Final Wishes with this Personal Planning Guide

Brought to you by
Government Personnel Mutual Life Insurance Company
**BENEFITS OF PROVIDING PERSONAL PLANNING:**

Personal planning is one of the greatest gifts you can give to your loved ones, along with a well conceived life insurance program. By taking the time now to pre-plan you are...

- **Relieving the financial burden...** of covering your financial Expenses.
- **Relieving the emotional burden...** of planning your memorial service.
- **Relieving financial stress...** for loved ones by fulfilling the need for loved ones to help cover the final expense costs at this emotional time.
- **Providing security and peace of mind...** to members of your family. Once a decision is made about this matter, you have the comfort of knowing these details are provided.
- **Providing time for loved ones to be together...** by reducing the hours, days, weeks and possibly months of time they would need to spend figuring out who to contact, where to locate documents and wondering what your final wishes might be.

Your Personal Planning Guide will enable you to record important family information.

- Identify for your loved ones who to notify.
- Ask you to think about your final arrangements.
- Help you in listing the location of important documents.
To my loved ones

This is not an easy time for you. In the days ahead there will be many things to do. To help ease your burdens, in this booklet you will find information that I have recorded and a plan that represents arrangements I have made in advance.

In the following pages, you will find vital information that may be needed, location of various documents, wishes for my funeral service arrangements, and people to contact.

I sincerely hope you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

Blessings to all,

Signature

Signature

Date

Witness

Signature

Signature

Date

Witness
Personal words to my family and friends.
PERSONS TO NOTIFY

In the event of an emergency, please notify the following people to assist with final services. (Name, address, phone number and email address.)

Should death occur while away from home in a distant city or country, please contact: __________________________________________________________
(transportation arrangements / financial / other details)

1. __________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. __________________________________________________________________________
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3. __________________________________________________________________________
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4. __________________________________________________________________________
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5. __________________________________________________________________________
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__________________________________________________________________________

6. __________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
OTHER FAMILY AND FRIENDS TO BE NOTIFIED
(Name, address, phone number and email address.)

1. ________________________________________________________________

________________________________________________________________

________________________________________________________________

2. ________________________________________________________________

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3. ________________________________________________________________

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4. ________________________________________________________________

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5. ________________________________________________________________

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6. ________________________________________________________________

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7. ________________________________________________________________

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8. ________________________________________________________________

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________________________________________________________________

9. ________________________________________________________________

________________________________________________________________

________________________________________________________________
ADDITIONAL FAMILY, FRIENDS & ORGANIZATIONS TO BE NOTIFIED
(Name, address, phone number and email address.)

1. _________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

2. _________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

3. _________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

4. _________________________________________________________________
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5. _________________________________________________________________
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6. _________________________________________________________________
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7. _________________________________________________________________
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8. _________________________________________________________________
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   ___________________________________________________________________

9. _________________________________________________________________
   ___________________________________________________________________
VITAL INFORMATION AND HISTORICAL DATA

As of this date: ______________________

Name____________________________________________________________

Address__________________________________________________________

City ___________ State _______ Zip _______ Phone ________________

Current Residence ________________________________________________

Prior Residence ________________________________________________

DOB ____________________ Birthplace _______________________________

SSN _____________________________________________________________

Primary Occupation (or retired from) __________________________________

Primary/Most Recent Employer ______________________________________

Type of Business________________________________________________

Single ☐ Married ☐ Widowed ☐ Divorced ☐

Spouse name (include maiden name) _________________________________

Father’s Name___________________________________________________

DOB/Birthplace _________________________________________________

Mother’s Name (include maiden name) ________________________________

DOB/Birthplace _________________________________________________

Siblings _________________________________________________________

_________________________________________________________________

VETERANS INFORMATION

Name of War/Conflict served in ______________________________________

Branch of Service ___________________________ Rank ______________________

Date Enlisted _____________________ Where ____________________________

Date Discharged _____________________ Where __________________________

Service No. _____________________ Disability No. __________________________

Location of Discharge Papers __________________________________________

_________________________________________________________________
MEMORIAL / SERVICE INSTRUCTIONS & ESTATE INFORMATION

Religious preference *(if any)* ____________________________________________

Clergyman ____________________________________________________________

Services to be held at   Funeral Home    Church    Other

______________________________________________________________________

Pallbearers:  Selected by Family    Selected by Funeral Home

Flower Preference_____________________________________________________

Music:  Selected by Family    Selected by Funeral Home    Selection below

Music Selections
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Clothing: ____________________________________________________________

Jewelry: _____________________________________________________________

Glasses: _____________________________________________________________

Cosmetics: __________________________________________________________

Hair Instructions: __________________________________________________

Other: ______________________________________________________________

Do you have a deed to Cemetery Property? Yes    No

Name of Cemetery: ____________________________________________________

City: _______________________________________ State: ____________________

Property in name of: _________________________________________________

Name of Mausoleum or Garden: _________________________________________

Section ________ Lot ________ Block ________ Plot _____________

Crypt _______________ Niche _______________ Tier __________________

I do not have a deed to Cemetery Property but would prefer:

Interment    Entombment    Cremation

Ship to: City __________________________ State ________________

Receiving Funeral Director: __________________________________________
NEWSPAPER OBITUARY INFORMATION

Newspapers to be notified:

1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Present occupation (or retired from)____________________________________

Name of Firm _______________________________________________________

Present position ____________ Years with this Firm ________________

Total years spent in this occupation ____________________________________

Came to State of _____________ in _______ and Settled at _____________

Length of Stay in this community ______________________________________

Previous residence: City ______________________ State _________________

Schools attended ____________________________________________________

Degrees, etc. _________________________________________________________

Public Office Held: __________________________________________________

______________________________________________________________

Military Record - Include Citations: _____________________________________

______________________________________________________________

Clubs and Civic Organizations: _________________________________________

______________________________________________________________

Additional Information: _____________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
INFORMATION REGARDING ESTATE

☐ I HAVE prepared a will  ☐ I HAVE NOT prepared a will

If a will has been made, my executors: ________________________________

A copy is kept: ______________________________________________________

My attorney is: ______________________________________________________

My bank is: _________________________________________________________

Branch: ___________________________________________________________

Safety Deposit Box in: ______________________________________________

Box No.: __________________________________________________________

Location of Key: ____________________________________________________

Real Estate Owned: _________________________________________________

____________________________________________________________________

Location of Deeds: _________________________________________________

My Insurance Agent is: ______________________________________________

My Investment Broker is: ____________________________________________

Notify following Insurance Organizations paying Death Benefits:

1. ________________________________________________________________

2. ________________________________________________________________

3. ________________________________________________________________

4. ________________________________________________________________

5. ________________________________________________________________

6. ________________________________________________________________

Location of Insurance Policies and Policy No.: __________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
### IMPORTANT DOCUMENTS

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Company &amp; Policy No.</th>
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<tr>
<td>Birth Certificate</td>
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<td>Marriage Certificate</td>
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<td>Children’s Birth Certificates</td>
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<td>Location of Safety Deposit Box &amp; Keys</td>
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<tr>
<td>Life Insurance</td>
<td>Company &amp; Policy No.</td>
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<tr>
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<tr>
<td>Auto &amp; Homeowner Insurance</td>
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