



# What my loved ones need to know: A planning guide

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Thinking about how your loved ones will move on when you're no longer with them is never easy. At Empower Retirement, we understand this is difficult, but we also know the importance of planning ahead to ease the burden on your family and friends. This planning guide will help you organize your important information and communicate what matters most to you — both now and in the future.

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# All your important information and final wishes — in one place

Besides the emotions of losing a loved one, one of the toughest things that beneficiaries and survivors face is locating all of the information they need to take care of the important matters resulting from their loss. This can include anything from where their loved one's assets are to what the final arrangements should be.

## About this guide

The goal for this piece is to help make it easier for you to share key information about your estate, such as important documents and contacts, as well as your final wishes. And have all of that information in one convenient place for your family and friends.

It's not always easy to have a face-to-face conversation with your loved ones about sensitive matters, but it is important that they know your thoughts. By using this guide, you can make sure all of your wishes are communicated clearly.

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# Planning overview

## Keep track of your progress

One of the most important things you can do for your loved ones is plan for the future. That's why you're completing this guide. No matter where you are in the planning process, there are steps you can take to aid your family and friends when they need it most. We've developed some questions for your consideration — especially if you are fairly new to the planning process — to help you start thinking about the kinds of things you can do right away on your own and which tasks you can discuss or complete with others, such as your financial professional, tax advisor and/or attorney. We've put this in a checklist format so you can check off each item as you go along.

## What you can do on your own

There are certain things only you can do. If you are married, you may wish to discuss the following items with your spouse.

## Your beneficiaries/executors/trustees

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- Have you thought about whom you would like to have as your beneficiaries?

*Keep in mind that you will need beneficiaries for your life insurance policies and retirement plan accounts. You may also need to have beneficiaries for any annuities you own. You will also need to consider whom you would like to select as the beneficiaries of your will and/or trust.*

- Have you chosen an executor for your will?
- If you have a trust, have you chosen a trustee? Your successor trustees?
- Are any of your beneficiaries minors? (If so, be sure to consult your attorney.)

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## Your children and other loved ones

- Do you have children under the age of 18?
  - Have you considered whom you would like to take care of your children if you and the other parent/guardian were unable to take care of them? (If not, be sure to consult your attorney.)
  - If you have considered who would care for your children, have you consulted that individual to make sure that he or she is willing to serve as guardian?
  - Do you have any children or other loved ones (including pets) who depend on you for support and for whom you would want to make special arrangements in the event that you pass away?
  - Do your loved ones know where your important papers are?
  - Do your loved ones know who your key advisors are?
-



## Your health/medical care

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- Have you thought about what kind of medical care you would like to receive if you were incapacitated and couldn't decide for yourself?
  - If you were incapacitated and couldn't make your own medical decisions, have you thought about whom you would like to make those decisions for you?
  - If you have identified the person you would like to make medical decisions for you, have you asked that individual if they would be willing to do so if needed?
  - In the event that you are no longer able to take care of yourself, have you thought about what type of long-term care you would like to receive — and if so, where you would like to receive it (at home or in a medical facility)?
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## Your final arrangements

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- Have you given any thought to your final arrangements or the kind of funeral you would like?
  - Have you decided who you would like to take care of those arrangements for you?
  - Have you communicated your wishes to your loved ones?
  - Would you like to do your own preplanning (which involves planning and paying for your funeral in advance)?
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For more information on preplanning or tools to help you document your final arrangements, refer to **Your Final Wishes** beginning on page 31

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# Planning overview

## Keep track of your progress (continued)

### What you can cover with your financial professional

Here are some things you may wish to consider discussing with your financial professional.

#### Your insurance

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- Have you considered whether you have enough life insurance coverage in the event that something were to happen to you? (Your Empower financial professional can help you determine how much insurance you might need in order to support your family's lifestyle in the event of your death.)
  - Have you discussed how you would pay your bills and meet your financial obligations if you were to become disabled?
  - Have you considered how you would pay for a stay in a nursing home?
  - Do you know what estate tax bracket you are in?
  - Have you considered how your family would be able to pay estate taxes in the event that you should die?
  - If you own a business, have you considered what you would like done with it in the event that you should die or become permanently disabled?
  - If you own a business, have you considered how you would continue operating your business in the event that you should become disabled, even if for a short time?
  - Have you updated your beneficiary designations within the past two years?
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#### Your retirement assets

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- Have you revisited your investment strategy lately in light of current economic conditions and how you feel about investment risk?
  - Have you considered whether or not you are contributing enough to your retirement account?
  - Have you taken any significant loans or withdrawals from your retirement account over the past few years? If so, have you increased your contribution rate to offset the amount that you took from your account?
  - If you have taken a loan from your retirement account, what kind of progress are you making in repaying it?
  - Have you updated your beneficiary designations within the past two years?
-



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## What you can cover with your financial professional

Here are some things you may wish to consider discussing with your financial professional.

### Legal concerns

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- Have you created a will? If so, has it been reviewed or updated within the past two years?
  - Do you feel there would be conflict within your family in the event of your passing? (This is important information for your attorney to know.)
  - Have you created a living will?
  - Have you discussed whether or not you need to create one or more trusts?
  - Are you concerned about the amount of estate taxes your loved ones may owe upon your death?
  - Have you discussed the need for one or more powers of attorney (which can be used to designate who can act in your place in financial and medical matters)?
  - Have you designated guardians for your minor and/or disabled children?
  - Have you identified your executor(s) and trustee(s)?
  - Have you discussed using gifting as a means of removing assets from your estate?
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### Tax-related issues

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- Are you aware of the amount of estate taxes your loved ones may owe upon your death?
  - Do you know what the annual limit is for giving gifts to a single individual (without generating gift taxes)?
  - Have you discussed ways to save on your income taxes, both now and in the future?
  - If you own a business, have you discussed with your tax advisor whether you should incorporate or use a limited liability company (LLC) or sub-chapter S structure (if you're not doing so already)?
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### Trusts

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Not everyone needs a trust, but many people use trusts to accomplish different kinds of goals. There are trusts that can help you:

- Have a tax-advantaged overall plan in case you become incapacitated.
  - Provide elder care for a loved one with special needs.
  - Pass on assets and a legacy to your family or contribute to a favorite charity.
-

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# Your personal information

## Personal details

Someday, your loved ones may need to help with your personal care (in case you should become ill and need assistance) or in handling your financial matters in the event you are no longer able to do so or have passed away. That's why this section of the guide is so important. It identifies for your loved ones who are closest to you:

- Your personal information that is important for them to know.
- Your beneficiary information.
- A list of your doctors and other healthcare resources.
- Key contacts and advisors.

## In the space below, please enter your personal information

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

U.S. citizen? ☒ Yes ☐ No

Did you serve in the military? ☐ Yes ☒ No

Branch of service: \_\_\_\_\_ Years served: \_\_\_\_\_



## Beneficiary 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Charity

☐ Relative (specify): \_\_\_\_\_

Type of beneficiary: ☐ Life insurance ☐ Annuity

☐ Retirement plan ☐ Other (specify): \_\_\_\_\_

Policy, contract or account number: \_\_\_\_\_

## Beneficiary 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Charity

☐ Relative (specify): \_\_\_\_\_

Type of beneficiary: ☐ Life insurance ☐ Annuity

☐ Retirement plan ☐ Other (specify): \_\_\_\_\_

Policy, contract or account number: \_\_\_\_\_

## Beneficiary 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Charity

☐ Relative (specify): \_\_\_\_\_

Type of beneficiary: ☐ Life insurance ☐ Annuity

☐ Retirement plan ☐ Other (specify): \_\_\_\_\_

Policy, contract or account number: \_\_\_\_\_

## Beneficiary 4

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Charity

☐ Relative (specify): \_\_\_\_\_

Type of beneficiary: ☐ Life insurance ☐ Annuity

☐ Retirement plan ☐ Other (specify): \_\_\_\_\_

Policy, contract or account number: \_\_\_\_\_

Please list any additional beneficiaries in the Notes section of this guide. Are there any listed? ☐ Yes ☐ No

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# Your personal information

## Medical information

### Personal physician

Complete this section to provide information about the doctor who oversees your overall medical care, your primary care physician. This individual is usually, but may not be, an internist or a general practitioner. However, if you have a doctor who primarily takes care of you due to an ongoing medical condition (such as diabetes or cancer), you may consider that individual to be your personal physician. What's important here is not who an insurance company believes is your personal physician, but who you believe that person is.

#### Physician 1

---

Name: \_\_\_\_\_

Practice name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Type of physician (specify): \_\_\_\_\_

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

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#### Physician 2

---

Name: \_\_\_\_\_

Practice name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

---

Type of physician (specify): \_\_\_\_\_

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

---

#### Physician 3

---

Name: \_\_\_\_\_

Practice name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

---

Type of physician (specify): \_\_\_\_\_

Telephone: \_\_\_\_\_

Comments: \_\_\_\_\_

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Please list any additional physicians in the Notes section of this guide. Are there any listed? ☐ Yes ☐ No

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## Hospitals

Please indicate below the hospitals you use and why you generally seek treatment there.

### Hospital/Surgical facility 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I prefer to use this facility for (state type of treatment):

\_\_\_\_\_

\_\_\_\_\_

### Hospital/Surgical facility 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

I prefer to use this facility for (state type of treatment):

\_\_\_\_\_

\_\_\_\_\_

Please list any additional hospitals/surgical facilities in the Notes section of this guide.

Are there any listed? ☐ Yes ☐ No

## Pharmacies

Please indicate below the pharmacies you generally use.

### Pharmacy 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Login ID and Password (for any online prescriptions):

\_\_\_\_\_

### Pharmacy 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Website: \_\_\_\_\_

Login ID and Password (for any online prescriptions):

\_\_\_\_\_

Please list any additional pharmacies in the Notes section of this guide. Are there any listed? ☐ Yes ☐ No

# Your personal information

## Medical information (continued)

### Medications

Please indicate below all of the medications that you currently take, including over-the-counter drugs.

Medication name	Type of Medication	Dosage	How often you take it	Prescribed by (physician name)	Pharmacy
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over the counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2

Please list any additional medications in the Notes section of this guide. Are there any listed? ☐ Yes ☐ No





## Healthcare proxy

Complete the section below to indicate who has the authority to make healthcare decisions on your behalf in the event that you are unable to do so.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Relationship: ☐ Friend ☐ Relative (specify relationship to you): \_\_\_\_\_

Have you executed a healthcare proxy to designate this person as your healthcare representative? ☐ Yes ☐ No

If "Yes," where is your healthcare proxy located? (specify): \_\_\_\_\_

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# Your personal information

## Key contacts

On the following pages, please enter the names of the key contacts who play an important role in your life.

### Spouse/partner

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

U.S. Citizen? ☐ Yes ☐ No

Did spouse/partner serve in the military? ☐ Yes ☐ No

Branch of service: \_\_\_\_\_ Years served: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Place of marriage: \_\_\_\_\_

### Former spouse/partner 1

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

### Former spouse/partner 2

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Please list any additional former spouses/partners in the Notes section of this guide.

Are there any listed? ☐ Yes ☐ No

## Children

Complete this section to provide important information on each of your children, as well as their children (your grandchildren), if applicable.

Do you have children? ☐ Yes ☐ No

### Child 1

☐ Living ☐ Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Spouse/Partner name (if applicable): \_\_\_\_\_

Grandchildren names (if applicable): \_\_\_\_\_  
\_\_\_\_\_

### Child 3

☐ Living ☐ Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Spouse/Partner name (if applicable): \_\_\_\_\_

Grandchildren names (if applicable): \_\_\_\_\_  
\_\_\_\_\_

### Child 2

☐ Living ☐ Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Spouse/Partner name (if applicable): \_\_\_\_\_

Grandchildren names (if applicable): \_\_\_\_\_  
\_\_\_\_\_

### Child 4

☐ Living ☐ Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Spouse/Partner name (if applicable): \_\_\_\_\_

Grandchildren names (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Please list any additional children and/or grandchildren in the Notes section of this guide.

Are there any listed? ☐ Yes ☐ No

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# Your personal information

## Key contacts (continued)

### Pets

Complete this section to provide important information on each of your pets.

#### Pet 1

Name: \_\_\_\_\_

Pet type: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Pet's age (if known): \_\_\_\_\_

#### Pet 2

Name: \_\_\_\_\_

Pet type: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Pet's age (if known): \_\_\_\_\_

#### Pet 3

Name: \_\_\_\_\_

Pet type: ☐ Dog ☐ Cat ☐ Other \_\_\_\_\_

Pet's age (if known): \_\_\_\_\_

#### Veterinarian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

#### Pet sitter/caregiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please list any additional pets, veterinarians and caregivers in the Notes section of this guide.

Are there any listed? ☐ Yes ☐ No



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## Other important family/friends/business contacts

Complete this section to provide information about other family members, close friends and business contacts.

### Other contact 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: ☐ Business contact ☐ Friend

☐ Relative (specify): \_\_\_\_\_

Notify in the event of your death? ☐ Yes ☐ No

Why is this person important to you?  
\_\_\_\_\_

### Other contact 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: ☐ Business contact ☐ Friend

☐ Relative (specify): \_\_\_\_\_

Notify in the event of your death? ☐ Yes ☐ No

Why is this person important to you?  
\_\_\_\_\_

### Other contact 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: ☐ Business contact ☐ Friend

☐ Relative (specify): \_\_\_\_\_

Notify in the event of your death? ☐ Yes ☐ No

Why is this person important to you?  
\_\_\_\_\_

### Other contact 4

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: ☐ Business contact ☐ Friend

☐ Relative (specify): \_\_\_\_\_

Notify in the event of your death? ☐ Yes ☐ No

Why is this person important to you?  
\_\_\_\_\_

Please list any additional contacts in the Notes section of this guide. Are there any listed? ☐ Yes ☐ No

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# Your personal information

## Key contacts (continued)

### Executors and trustees

Complete this section to provide information about your executor(s) and your trustee(s) if applicable.

#### Executor 1

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Trustee 1

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Executor 2

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Trustee 2

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

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## Advisors

Complete this section to provide information for each of your trusted advisors.

### Attorney 1

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal work performed (check all that apply):

☐ Estate Planning ☐ Tax Planning

☐ Personal ☐ Business

### Attorney 2

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Legal work performed (check all that apply):

☐ Estate Planning ☐ Tax Planning

☐ Personal ☐ Business

### Accountant 1

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting work performed (check all that apply):

☐ Personal ☐ Business

### Accountant 2

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Accounting work performed (check all that apply):

☐ Personal ☐ Business

**Please list any additional executors, trustees or advisors in the Notes section of this guide.**

**Are there any listed?** ☐ Yes ☐ No

# Your personal information

## Key contacts (continued)

### Financial Professional 1

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Financial planning     | <input type="checkbox"/> Long-term care insurance |
| <input type="checkbox"/> Estate planning        | <input type="checkbox"/> Annuities                |
| <input type="checkbox"/> Retirement planning    | <input type="checkbox"/> Mutual funds             |
| <input type="checkbox"/> Life insurance         | <input type="checkbox"/> Stocks                   |
| <input type="checkbox"/> Disability insurance   | <input type="checkbox"/> Bonds                    |
| <input type="checkbox"/> Other (specify): _____ |   |

### Financial Professional 2

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Financial planning     | <input type="checkbox"/> Long-term care insurance |
| <input type="checkbox"/> Estate planning        | <input type="checkbox"/> Annuities                |
| <input type="checkbox"/> Retirement planning    | <input type="checkbox"/> Mutual funds             |
| <input type="checkbox"/> Life insurance         | <input type="checkbox"/> Stocks                   |
| <input type="checkbox"/> Disability insurance   | <input type="checkbox"/> Bonds                    |
| <input type="checkbox"/> Other (specify): _____ |   |

### Property & casualty advisor

Name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Personal auto insurance      | <input type="checkbox"/> Workers compensation           |
| <input type="checkbox"/> Homeowners insurance         | <input type="checkbox"/> Personal umbrella              |
| <input type="checkbox"/> Business vehicle insurance   | <input type="checkbox"/> Business umbrella              |
| <input type="checkbox"/> Business owner's insurance   | <input type="checkbox"/> Business overhead insurance    |
| <input type="checkbox"/> Business liability insurance | <input type="checkbox"/> Errors and omissions insurance |
| <input type="checkbox"/> Other (specify): _____       |   |



# Your legal and financial information

## Legal and insurance documents

Someday, your loved ones will need to use the legal documents you've created for their benefit. This section of the guide is designed for you to indicate where all your important legal and insurance papers are, so those handling your affairs can find them quickly and easily. For online information, be sure to keep password information up to date.

Legal document	Document location	Contact (name, address, telephone)
Will		
Spouse's/Partner's will		
Tax returns		
Marriage certificate		
Citizenship papers/ Social Security card		
Birth certificate		
Divorce decree/ Separation agreement		
Children custodial papers		
Military discharge papers		
Trust agreements		
Power(s) of attorney		
Healthcare proxy		

# Your legal and financial information

## Legal and insurance documents (continued)

Legal document	Document location	Contact (name, address, telephone)
Living will		
Do not resuscitate order (DNR)		
Buy-sell or cross-purchase agreements		
Split-dollar arrangements		
Employer contracts		
Other (specify)		

Insurance	Document location or account number	Website, username and password	Provider and contact (name, address, telephone)
Life insurance			
Disability insurance			
Homeowners insurance			
Automobile insurance			
Medical insurance			
Long-term care insurance			

Financial information — assets

In this section, you will list all of your assets as well as your liabilities so your loved ones can take care of your financial affairs in the event you are unable to.

Banking information	Document location or account number	Website, username and password	Provider and contact (name, address, telephone)
BANK 1:			
.....			
Checking account(s)			
.....			
Savings account(s)			
.....			
Certificates of deposit			
.....			
Money market account(s)			
.....			
.....			
BANK 2:			
.....			
Checking account(s)			
.....			
Savings account(s)			
.....			
Certificates of deposit			
.....			
Money market account(s)			
.....			
.....			

# Your legal and financial information

## Financial information — assets (continued)

Banking information	Document location or account number	Website, username and password	Provider and contact (name, address, telephone)
<b>BANK 3:</b>			
.....			
Checking account(s)			
.....			
Savings account(s)			
.....			
Certificates of deposit			
.....			
Money market account(s)			
.....			
.....			
<b>INVESTMENTS</b>			
.....			
Brokerage account(s)			
.....			
Mutual funds			
.....			
Annuities			
.....			
Bonds			
.....			
Stock certificates			
.....			
U. S. savings bonds			
.....			



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**Real estate****Document location****Contact (name, address, telephone)**

---

Primary residence

---

Secondary residence

---

Vacation residence

---

Rental property

---

**Retirement assets****Document location  
or account number****Website, username  
and password****Provider and contact  
(name, address, telephone)**

---

Pension plan

---

401(k)

---

IRA

---

Roth IRA

---

Keogh plan

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Social Security

---

Deferred  
compensation plans

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# Your legal and financial information

## Financial information — assets (continued)

In this section, please provide information about other property not previously mentioned in this guide, such as items contained in your safe deposit box or your safe and any other items that may have been placed with other individuals for safekeeping or put in hard-to-find places.

Other property	Location	Contact (name, address, telephone)
Safe deposit box (include location of key)		
Safe (include combination or location of key)		
Jewelry, collectibles or other appraisals		
Offsite storage (include number of unit location of key)		
Other (specify)		



## Financial information — debts

Mortgages	Document location	Website, username and password	Lender and contact (name, address, telephone)
Primary residence			
Secondary residence			
Vacation residence			
Rental property			

Credit cards	Document location or account number	Website, username and password	Financial institution and contact (name, address, telephone)
MasterCard®			
Visa®			
American Express®			
Discover Card®			
Other credit cards (specify names of creditors)			

Auto loans	Document location or account number	Website, username and password	Lender and contact (name, address, telephone)
<b>Auto 1</b> (specify auto type and name of creditor)			
<b>Auto 2</b> (specify auto type and name of creditor)			

# Your legal and financial information

## Financial information — debts (continued)

Personal/ Other loans	Document location or account number	Website, username and password	Lender and contact (name, address, telephone)
Lending institution 1			
Lending institution 2			

Student loans	Document location or account number	Website, username and password	Financial institution and contact (name, address, telephone)
Lending institution 1			
Lending institution 2			

Monthly bills on autopay	Approximate amount	Account used	Comments
Payee:			
Payee:			
Payee:			
Payee:			
Payee:			

Please list any additional legal or financial information in the Notes section of this guide.

Are there any listed? ☐ Yes ☐ No

---

# Your online accounts, memberships and social networking

## Email accounts and travel memberships

### Email accounts

For each email account, enter your username and password for online account access along with the email provider's website address you use to access your account. Also be sure to include your email address.

#### Account 1

Email: \_\_\_\_\_

Name of email provider: \_\_\_\_\_

Website address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Membership number: \_\_\_\_\_

#### Account 2

Email: \_\_\_\_\_

Name of email provider: \_\_\_\_\_

Website address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Membership number: \_\_\_\_\_

### Travel membership accounts

For each airline, hotel or other travel account, enter your username and password for online account access along with the website address you use to access your account. Also be sure to enter any membership or ID numbers.

#### Account 1

Travel account name: \_\_\_\_\_

Website address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Membership number: \_\_\_\_\_

#### Account 2

Travel account name: \_\_\_\_\_

Website address: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Membership number: \_\_\_\_\_

---

# Your online accounts, memberships and social networking

## Social networking and other websites

### Social networking information

For each social network you use, enter your username and password.

Social network: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Social network: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Social network: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Social network: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

### Other website information

For other key websites, enter your username and password. Remember to include any photo storage sites you use as well as online payment sites, such as PayPal.

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

**Please list any additional email or other online memberships in the Notes section of this guide.**

**Are there any listed?** ☐ Yes ☐ No



---

# Your final wishes

## Putting them in your own words

Documenting your final wishes can go a long way to help your loved ones carry them out. Grief is powerful, and this guide can be a valuable resource when your friends and family are faced with tough decisions.

Your final wishes are an extremely personal matter, and what works for you may not work for someone else. But what is important is that you let your loved ones know — in your own words — what you want them to do and why.

Empower has provided you with this planning document to use as you see fit. You may choose to use all of it or just parts of it. The idea is that you utilize the sections that

work for you. This is simply about helping your loved ones better understand your final wishes.

Be sure a trusted advisor has all of your information and can contact your family in the event of your illness or death. Try to make sure the loved one closest to you also has this advisor's contact information and knows to get in touch with them in case of an emergency.

## Please remember

This section in no way replaces the value of a legal last will and testament. If you don't already have a will, you should speak with an estate attorney about drafting one.



## Your final wishes

## An open letter

In this section, you can express your personal thoughts and even provide some comforting words. You can also use this section to document your wishes concerning your final arrangements, such as the type of service you would like. You can also include specific information, such as the music/hymns/poems you prefer and the flowers you would like to have on display (or if you prefer not to have any) at your service.

## To my loved ones...

*I have completed this guide to make things easier for you in the event of my passing so you can carry out my final wishes, confident you are doing what I would have wanted. In addition, I would like you to know:*

---

## Final arrangements

### Burial/cremation

---

After my death I wish to be: ☐ Buried ☐ Cremated ☐ Other (specify): \_\_\_\_\_

If cremated, I wish to have the following person(s) take responsibility/possession of my remains:

### Preplanning

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I have already preplanned (paid for) my funeral: ☐ Yes ☐ No

### Funeral home

---

The name of the funeral home that should take care of my final arrangements is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of funeral director: \_\_\_\_\_

### Notifications

---

Please notify the following individuals or organizations of my death:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

---

# Your final wishes

## Notifications (continued)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Obituary

---

Check this box if applicable:

- ☐ I have done my preplanning. My obituary information is with the funeral home indicated on page 33. Please consult the funeral home for more information.

I have already written my obituary ☐ Yes ☐ No

If "Yes," obituary text is located (specify location): \_\_\_\_\_

Please publish my obituary in the following newspapers/online publications (specify):

\_\_\_\_\_

\_\_\_\_\_

---

In my obituary, please include the following information about me (specify):

---

---

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In my obituary, please mention the following charitable organizations for friends and family to make contributions to in my memory (specify):

---

---

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---

## Pre-funeral services

---

Check this box if applicable:

- ☐ I have done my preplanning. My pre-funeral services information is with the funeral home indicated on page 33. Please consult the funeral home for more information.

I wish to have pre-funeral services, such as a wake/visitation: ☐ Yes ☐ No

I wish to have the wake/visitation take place (specify time, relative to the funeral): \_\_\_\_\_

I wish for my casket to be: ☐ Open ☐ Closed ☐ N/A: I am being cremated

I wish to wear the following clothes/jewelry/other items (specify): \_\_\_\_\_

---

I wish to have the following clergy member (priest/pastor/rabbi/other) attend my pre-funeral service (specify name):

---

I wish to have flowers at my pre-funeral services: ☐ No ☐ Yes

---

# Your final wishes

## Final arrangements (continued)

### Pre-funeral services

---

I wish to have the following type(s) of flowers on my casket (specify):

---

Additional notes on my pre-funeral services:

---

---

### Funeral/memorial service

---

Check this box if applicable:

- ☐ I have done my preplanning. My funeral/memorial service information is with the funeral home indicated on page 33. Please consult the funeral home for more information.

I wish to have a funeral/memorial service: ☐ Yes ☐ No

I wish to have my service conducted at: 

---

Name: 

---

Address: 

---

Telephone: 

---

Name of contact person: 

---

### Military service

---

I was a member of the military and wish to have a representative from my branch of service at my funeral (if eligible):

☐ Yes ☐ No Specify branch of service and number of years served: 

---

### Flowers

---

I wish to have flowers at my funeral service (in addition to any flowers that are at my wake/ visitation): ☐ Yes ☐ No

Instead of flowers, I would prefer that donations be made to this organization: 

---

---

## Songs/music

---

I wish to have specific music/a specific type of music at my funeral service: ☐ Yes ☐ No

I wish to have the following songs/type of music at my service (specify):

---

---

## Readings/prayers/poetry

---

I wish to have specific readings/prayers/poems at my funeral: ☐ Yes ☐ No

I wish to have the following readings/prayers/poems at my funeral:

---

---

I wish to have the following individual(s) read the readings/prayers/poems at my funeral (specify):

---

## Eulogy

---

I wish to have the following individual(s) at my funeral deliver the eulogy (specify):

---

## Pallbearers

---

I wish to have the following individuals at my funeral serve as pallbearers (specify):

---

---

I wish to have the following individuals at my funeral serve as honorary pallbearers (specify):

---

---

Additional notes on my funeral/memorial service:

---



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# Your final wishes

## Final arrangements (continued)

### Burial

---

Check this box if applicable:

- ☐ I have done my preplanning. My burial/cemetery information is with the funeral home indicated on page 33. Please consult the funeral home for more information.

I wish to have my remains buried: ☐ Buried in the ground ☐ Interred in a mausoleum ☐ Kept in an urn

☐ Other (specify): \_\_\_\_\_

If you wish to be cremated and your remains to be scattered, check the laws of the location you have selected.

I wish to have my burial at (name of cemetery): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

I wish to be buried in my family plot: ☐ Yes ☐ No ☐ N/A

My family plot is located at (specify plot/drawer number): \_\_\_\_\_

I wish to be buried next to (name of individual who is already buried in your family plot at whose side you wish to be buried):

\_\_\_\_\_

I wish to have my headstone and footstone engraved as follows (specify): \_\_\_\_\_

\_\_\_\_\_

Additional notes on my burial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## Your post-funeral reception

---

Check this box if applicable:

- ☐ I have done my preplanning. My post-funeral reception information is with the funeral home indicated on page 33. Please consult the funeral home for more information.

I wish to have a post-funeral reception at which my friends and family members can gather for a meal/refreshments and to share time together: ☐ Yes ☐ No

I wish to have the reception at (specify location): \_\_\_\_\_

Additional notes on my post-funeral reception: \_\_\_\_\_

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## Disposition of small items of personal property

---

In this section, I wish to inform you of what to do with small items of my personal property. The information in this section does not supersede the information in my will but is merely intended to inform you of my wishes with respect to the disposition of small personal items not included in my will.

Check this box if applicable:

- ☐ Information about the disposition of small items of my personal property is with my attorney. Contact my attorney for more information. See page 19 for contact information.



# Your final wishes

## Final arrangements (continued)

### Pets

I wish for you to contact the following individuals and ask them to take custody of my pets:

Pet name: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

I have contacted this person to ask them to care for this pet in the event of my death: ☐ Yes ☐ No

Pet name: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

I have contacted this person to ask them to care for this pet in the event of my death: ☐ Yes ☐ No

Pet name: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

I have contacted this person to ask them to care for this pet in the event of my death: ☐ Yes ☐ No

Pet name: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

I have contacted this person to ask them to care for this pet in the event of my death: ☐ Yes ☐ No

---

### Other personal possessions

Please dispose of the following items as follows:

Item: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person to give this item to: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Item: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person to give this item to: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Item: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person to give this item to: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Item: \_\_\_\_\_  
Location: \_\_\_\_\_  
Person to give this item to: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Additional notes on the disposition of small items of personal property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Memorials

If you would like to do something in my memory, please consider this (specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Preplanning information

Preplanning a funeral — which involves planning and paying for a funeral in advance — is not for everyone. But it can be an excellent way to help relieve your loved ones of a significant burden at the time of your passing.

In this section, we provide you with:

- The benefits of preplanning.
- Information you need to know if you do your own preplanning.

## The benefits of preplanning

There are many advantages to preplanning your funeral, including:

- There is no need for your loved ones to “guess” about what you wanted with respect to your final arrangements; it’s all done in advance. You can leave detailed instructions with your funeral director, such as the songs, hymns, etc.
- You may be able to lock in the price of your funeral or some of the products and services associated with your final arrangements.

- There is less stress on your loved ones after you’ve passed, since major decisions, such as the choice of your casket, the kind of service you want, etc., have already been made by you.
- Preplanning can save your loved ones money. Those who are grieving are vulnerable and may pay more than they need to for funeral products and services especially if they don’t know what your wishes are.

## What you need to know about preplanning

If you decide you want to do your own preplanning, the first thing you need to do is select a funeral home. This is one of the most important steps in the preplanning process since you need to select a funeral home you feel you can trust with both your planning information and the money you’re going to give the funeral home to prepay for your funeral products and services.

There are many ways to complete your preplanning, but there are some important things you need to know before you begin.



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## How preplanning works

When you preplan your funeral, you will need to select a funeral home. You will then make an appointment to consult with the funeral director, who will help you decide what kind of funeral services you want, whether you prefer burial or cremation, the products and services you wish to purchase (such as a casket and the rental of mourners' cars), and where you would like your funeral or memorial services to be held. You will also work with the funeral director to find out the current cost of those products and services and whether or not you can "lock in" any of the prices — or whether your family or executor may have to pay additional money at the time of your death. You will then pay the funeral home for the estimated cost of your funeral products and services.

### One thought to consider...

The day you meet with a funeral director to complete your preplanning, you may wish to bring a friend or loved one with you to assist with decision-making and provide moral support.

Once you've made your choices, the funeral home should provide you with a pre-need agreement (the name of this document may vary). This document may include:

- An itemized list of the products and services you have chosen along with their prices.
- An explanation of your rights and obligations under the contract.
- Details on whether the funeral home will guarantee the price of goods and services you are purchasing and who is responsible for paying any additional funds that may be due at the time of your death.
- Details on whether you may cancel your pre-need agreement and how much of the funds you prepay will be refunded.
- What happens to your money if you pay too much under the agreement.

Be sure to store your pre-need agreement in a safe place — but you may not want to choose your safe deposit box.

Some banks freeze access to safe deposit boxes after the death of the owner for a specified period of time. No one can access a safe deposit box while it is frozen.

## Selecting your funeral home

One of the best ways to choose a funeral home is by relying on your own experience with a funeral home in your area or consulting friends and acquaintances to see if they can refer you to a funeral home they trust. Another idea is to consult your trusted advisors — such as your attorney, accountant or other financial professional — for suggestions. As business people within your community, they may be able to provide you with some solid recommendations.

The Federal Trade Commission enacted the Funeral Rule in 1984 (amended in 1994). It requires all funeral providers to provide complete information about the goods and services they are providing when a consumer plans a funeral. To learn more about funeral planning and the Funeral Rule, visit [ftc.gov](http://ftc.gov). Various state laws have also been enacted with respect to preplanning. Contact your attorney or state attorney general's office or go online for more information on the laws in effect in your state.

Another idea is to research funeral homes online. The National Funeral Directors Association, a funeral service association with 19,000 individual members who represent more than 10,000 funeral homes in the world, has an online search engine that allows you to look for a funeral home in any area of the United States. The website also contains helpful information on planning a funeral. For more information, visit [nfda.org](http://nfda.org). (Keep in mind that this is just one website that provides helpful information and guidance on preplanning. By using an online search engine, you can find many other resources on your own.)

## Important

If you complete the preplanning process, be sure to tell a loved one or, at the very least, your attorney, and give them the name and address of the funeral home you have chosen. It is critical that those closest to you know about your preplanning. If they do not, you could wind up paying for your funeral twice.



## Prepaying for your funeral

As noted earlier, part of the preplanning process involves paying for your funeral expenses in advance. When you do this, your money is placed in a trust for your benefit. This helps to protect your money in the event the funeral home goes out of business. Whether or not the money you prepaid can be refunded depends on whether your money is placed in an irrevocable trust (which can't be changed after it is created) or a revocable trust, which can be modified after its creation.

Once your preplanning is complete, the interest on your trust account (where your preplanning funds are held until the time of your death) will be reported each year to the IRS on Form 1099-INT. You will receive a copy of this form during tax-reporting season. Be sure to provide your accountant or other tax professional with the amount of interest on your 1099-INT so they can include it as part of your income for the preceding year when preparing your income tax return.

## Notes:

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# Glossary

This glossary defines terms used throughout this guide. For more information on any of these terms, consult your legal advisor or financial professional.

**Beneficiary:** A person or other legal entity that receives assets including, but not limited to, money from someone else.

**Estate:** The sum of an individual's assets at a given point in time.

**Executor:** The person or institution named by an individual creating a will to carry out that individual's wishes as specified in their will.

**Grantor:** A person who is creating a trust. This person can also be referred to as a "settlor" or "trustor."

**Guardian:** An individual appointed by a court, and often named in a will, to take care of a child in the event of the death of that child's parents.

**Healthcare proxy:** A legal document that designates the individual you have chosen to make healthcare decisions for you in the event you are unable to make those decisions yourself.

**Irrevocable trust:** A trust that, once drafted and signed by the grantor, is NOT changeable and gives the grantor little to no control over the trust. If done correctly, placement of assets in an irrevocable trust results in their removal from the grantor's estate.

**Living will:** A legal document that specifies the medical care you want or don't want under a specified set of circumstances.

**Power of attorney:** A legal document that provides written authorization to an individual to act on behalf of another individual in legal, financial and, possibly, medical matters.

**Probate:** The legal process of administering the estate of a deceased person by resolving all claims and distributing the deceased person's property under a valid will.

**Revocable trust:** A trust where, during the life of the grantor, the terms of the trust may be changed and assets may be added or withdrawn by the grantor. With a revocable trust, trust assets remain in the estate of the grantor.

**Successor trustee:** The person or institution designated to administer a trust according to its terms after the death, resignation or incapacitation of the original trustee.

**Trust:** A legal tool through which property is held for the benefit of another person.

**Trustee:** The person or institution designated to administer a trust according to its terms.

**Will:** A legal document by which a person provides for the transfer of property at their death and names an executor to carry out the transfer.

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# You've made a good decision for those who matter most to you

By completing the planning guide, you're sharing your final wishes and providing loved ones with the information they need to make decisions. It's important to review this guide annually and update it as needed.

Please be sure to keep this highly personal and sensitive information in a safe and secure place. Also let your family members, executor and attorney know where that place is. If you need assistance, feel free to contact Empower Retirement at **800-743-5274**.



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On December 31, 2020, Empower Retirement acquired the retirement business of Massachusetts Mutual Life Insurance Company. Following an initial transition period, Empower Retirement will become the sole administrator of this business. Empower Retirement refers to the products and services offered by Great-West Life & Annuity Insurance Company and its subsidiaries, including Empower Retirement, LLC. Empower Retirement is not affiliated with MassMutual or its affiliates.

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