Survivor's guide My financial life

A preplanner for your family's well-being

It's an uncomfortable topic. None of us wants to think about our own mortality. But it's especially during emotional times that people tend to make financial mistakes—mistakes that can undo years of planning.

By taking a little time now to complete this preplanner, you can greatly ease the burden on those you love and help simplify the process of getting your financial house in order. It's your life, your legacy, and your money. Take charge of it.

A NOTE ON PASSWORDS: Security experts typically advise against writing down and storing all your computer, financial account, and social media passwords in a single document like this preplanner. Instead, consider relying on a trusted password manager. For a small annual fee, these applications take the hassle out of managing all your usernames and passwords across multiple sites.

1. Personal information

- a. Full name
- b. Birth date
- c. Social Security number
- d. Birth certificate location
- e. Driver's license number
- f. Medicare number
- g. Passport number & location

Computer Unlock code

Phone/Tablet Unlock code

Phone/Tablet Unlock code

Phone/Tablet Unlock code

Phone/Tablet Unlock code

- h. Other
- i. Other



2. Key contacts

a. Financial advisor name Phone URL Address Email b. Financial advisor name Phone Address **URL** Email c. Financial advisor name Phone Address URL Email d. Attorney name Phone URL Address Email e. Attorney name Phone URL Address Email f. CPA name Phone Address URL Email g. Employer name Phone Address URL Email h. Primary care physician name Phone Address URL Email i. Other medical provider name Phone Address URL Email j. Other k. Other

3. Financial account information

l. Other

If possible, include copies of recent account statements, as these may provide important additional information to assist your beneficiaries.

a. Financial institution Account number

4. Other income sources a. Social Security account number Social Security account number b. Military pension service branch ID Military pension service branch ID c. Employer pension company name Employee ID Contact name Phone Email Employer pension company name **Employee ID** Contact name Phone Email d. Other e. Other 5. Safe deposit box(es) a. Bank Address Box# Key location Bank Address Box# Key location 6. Home security a. Alarm system Location

Access code

b. Home safe Location

Key location Combination

c. Other security considerations

(e.g., firearms, opioids, poisons)

7. Other valuable assets

- a. Homes (include copies of recent mortgage statements and/or property appraisals)
- b. Real estate (include location of any other properties, deed and key locations, and alarm codes)
- c. Automobiles (include make, model, year, VIN and location)
- d. Trust accounts (include name of trust, account number, beneficiary, estimated value, trustee, and location of documents)

7. Other valuable assets (cont'd)

- e. Artwork (include description, location, and written appraisal if applicable)
- f. Collections (include description, location, and written appraisal if applicable)
- g.Other

| 8. | Dia | ital | ass | ets |
|----|-----|------|-----|-----|
| | | | | |

| a. Frequent flier program name | Account number |
|--------------------------------|----------------|
|--------------------------------|----------------|

Frequent flier program name Account number

b. Credit card points program Account number

c. Hotel reward points program Account number

Hotel reward points program Account number

d. Social media accounts (e.g., Facebook, Twitter, Instagram)

| Site | User name | Password |
|------|-----------|----------|
| Site | User name | Password |

e. TV/Movie/Music streaming services

| Site | Account number |
|------|----------------|
| Site | Account number |
| Site | Account number |

8. Digital assets (cont'd)

f. Online shopping accounts (e.g., Amazon, eBay, etc.)

Site Account number
Site Account number
Site Account number

g. Retail loyalty programs

Site Account number
Site Account number
Site Account number

h. Other i. Other

9. Liabilities (credit cards, loans, home)

a. Institution name

Institution name

Account number

10. Insurance

a. Health insurance company name

Address Phone

Primary policy holder Account/Policy number

 $\textbf{Health insurance} \ \text{company name}$

Address Phone

Primary policy holder Account/Policy number

b. Homeowners insurance company name

Address Phone

Primary policy holder Account/Policy number

Homeowners insurance company name

Address Phone

Primary policy holder Account/Policy number

10. Insurance (cont'd)

i. Other

| c. Auto insurance company name | |
|--|-----------------------|
| Address | |
| Phone | |
| Primary policy holder | Account/Policy number |
| Auto insurance company name | |
| Address | |
| Phone | |
| Primary policy holder | Account/Policy number |
| d. Life insurance company name | |
| Address | |
| Phone | |
| Primary policy holder | Account/Policy number |
| Life insurance company name | |
| Address | |
| Phone | |
| Primary policy holder | Account/Policy number |
| e. Long-term care insurance company name | |
| Address | |
| Phone | Account/Policy number |
| Long-term care insurance company name | |
| Address | |
| Phone | Account/Policy number |
| f. Disability insurance company name | |
| Address | |
| Phone | Account/Policy number |
| Disability insurance company name | |
| Address | |
| Phone | Account/Policy number |
| g. Property/Casualty umbrella company name | |
| Address | |
| Phone | Account/Policy number |
| Property/Casualty umbrella company name | |
| Address | |
| Phone | Account/Policy number |
| n. Professional (e.g., malpractice) insurance company name | |
| Address | |
| Phone | Account/Policy number |
| | |

11. Monthly bills

| a. Bill pay service company name (if applicable) Phone | | | Automatically charged | Drafted |
|---|----------|---------|-----------------------|---------|
| Phone | | | | |
| b. Mortgage lender name | | | | |
| Account number | Due date | Avg.\$ | | |
| Mortgage lender name | | | | |
| Account number | Due date | Avg.\$ | | |
| | | 3.1 | | |
| c. Car payment name | | | | |
| Account number | Due date | Avg.\$ | | |
| Car payment name | | | | |
| Account number | Due date | Avg.\$ | | |
| d.Oil/Gas name | | | | |
| Account number | Due date | Avg.\$ | | |
| Account number | Due date | Avg. ş | | |
| Oil/Gas name | | | | |
| Account number | Due date | Avg.\$ | | |
| e. Electric name | | | | |
| Account number | Due date | Avg.\$ | | |
| | | 3. 4 | | |
| Electric name | | | | |
| Account number | Due date | Avg.\$ | | |
| f. Cable/Internet name | | | | |
| Account number | Due date | Avg.\$ | | |
| | | | | |
| Cable/Internet name | December | A | | |
| Account number | Due date | Avg.\$ | | |
| g. Cell phone name | | | | |
| Account number | Due date | Avg.\$ | | |
| Cell phane name | | | | |
| Cell phone name Account number | | | | |
| Account number | Due date | Avg. \$ | | |
| h. Credit card name | | | | |
| Account number | Due date | Avg.\$ | | |
| Credit card name | | | | |
| Account number | Due date | Avg.\$ | | |
| | Due date | Avg. 7 | | |
| Credit card name | | | | |
| Account number | Due date | Avg.\$ | | |
| | | | | |

11. Monthly bills (cont'd) Automatically Drafted Credit card name charged Account number Due date Avg.\$ Credit card name Account number Due date Avg.\$ Credit card name Account number Due date Avg.\$ Credit card name Account number Due date Avg.\$ i. Other Account number Due date Avg.\$ j. Other Account number Due date Avg.\$ k. Other Account number Due date Avg.\$ l. Other

12. Post-mortem arrangements/instructions

Account number

Include copies of any pre-paid funeral/burial arrangements you may have made. Use this preplanner to store any sealed personal letters to loved ones and/or a letter of personal intent outlining values or wisdom you wish to impart, how you would like to be remembered, or wishes.

a. Donation of organs and/or my body (please check one)

I have a formal arrangement with ______ that will permit any of my bodily parts to be donated for science and/or the benefit of another person.

I have not entered into a formal arrangement but desire to donate any part of my body that can be used for science/the benefit of another person/etc.

Due date

Avg.\$

I do not desire to have my organs/bodily parts donated.

b. Regarding my body (please check one)

I want to be cremated and:

I want my ashes scattered at/over the following location:

I want my ashes buried at the following location:

I would like for my family to retain my ashes.

I do not wish to be cremated.

I do not care whether or not I am cremated.

12. Post-mortem arrangements/instructions (cont'd)

| | ineral arrangements (complete all that apply) | | |
|-------|--|---------------------------------|--|
| 1. | I have already made funeral pre-arrangements with | | |
| | (name) | at | (pnone number) to discuss. |
| 2. | I have not made preburial arrangements, but prefer home) to handle my funeral proceedings. | my family/executor engage_ | (funeral |
| 3. | I have a cemetery plot at | tr | nat I would like to be used for my buria |
| 4. | I have made no arrangements and desire for my family | to choose how to handle any a | and all funeral arrangements (Y/N): |
| 5. | I desire for a memorial service to be held at: | | |
| 6. | I would prefer to only have a graveside funeral servi | ce (in lieu of a memorial servi | ce or other funeral service) (Y/N): |
| d. Ad | dditional information | | |
| 1. | I have these special requests for any of the services | listed in this section: | |
| | | | |
| | | | |
| | | | |
| 2. | Where to send flowers/to whom to make donations: | | |
| | | | |
| | | | |
| | | | |
| 3. | Obituary information, including important organizat | tions/people, military and/or | career history, etc. (attach additional |
| | sheet if desired): | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| e. In | formation for a death certificate (complete in full) | | |
| 1. | My father's name is | | at |
| | He passed away onat | · | |
| 2. | My mother's maiden name is | | at |
| | She passed away onatat | · | |
| 3. | My spouse's name is | | at |
| | He/She passed away onat | · | |
| 4. | I was born onat | | |

12. Post-mortem arrangements/instructions (cont'd) f. Decisions deferred to family (choose one option, if desired) I desire that _____make these elections on my behalf. If ______ is not living at the time of my passing, then _____ _____shall make the final decision. I desire for my children to make the decision regarding the above matters. If they are unable to come to a unanimous agreement, then a majority vote shall be held. Personal message to my family and/or friends (attach a separate page if desired) Initials 13. Important documents Regardless of the complexity of your assets or your specific wealth-transfer goals, there are several important legal documents you will want to include in this kit to ensure your survivors have easy access to them: a. Last will and testament - The legal document in which you (the testator) set forth how your probate property should be distributed at death. The will also names an executor/personal representative to settle the estate and appoints a guardian for any minor children. Document location Date of last update b. Durable power of attorney – Allows you to appoint someone to serve as an agent to handle your financial affairs in the event you are incapacitated or otherwise unable to perform those duties. Document location Date of last update c. Living will - Sometimes referred to as an advance healthcare directive, this legally binding document clearly articulates your wishes with respect to resuscitation, desired quality of life, and end-of-life treatments—including treatments you do not wish to receive—under certain dire medical conditions. Document location Date of last update d. Healthcare power of attorney – A document in which you designate an agent to make health decisions on your behalf should you be rendered unable to do so yourself. In some states, the healthcare power of attorney is combined with a living will into a single document. Document location Date of last update e. Insurance policies - Make sure to include copies of any term and/or permanent life insurance policies, as well as any

Date of last update

separate long-term care coverage you might have.

Document location

14. Other documents

In addition to the above, if any of the following are applicable, please enclose copies:

- a. Trusts As well as dictating how your assets should be distributed to your beneficiaries, trusts can help provide for your spouse/partner and children if something happens to you, ensure the care of a loved one with special needs, protect your wealth from creditors/lawsuits/divorce, and provide a charitable legacy.
- b. Titles/Deeds/Certificates These will include titles to any properties and vehicles, deeds to land you own, as well as birth and marriage certificates.
- c. Most recent federal and state tax returns If you did not use an accountant to file your most recent tax returns, include copies in this kit.
- d. Marital property agreement If you currently live or have lived in a community property state while married, you should consider establishing a marital property agreement to clarify ownership of property between you and your spouse/partner during life and at death.

15. Beneficiary designations

Not all property is governed by a will or trust. Some assets (IRAs and life insurance death benefits) are distributed to whoever is the designated beneficiary. So, make sure you carefully review all beneficiary designations to make sure these assets will go to the intended beneficiary.

Along the way

If you have any questions or need assistance in gathering, organizing, or analyzing your financial information, reach out to your Truist advisor. They will be happy to assist you in all aspects of the estate planning process.

You can also visit our Emergency Preparedness page at Truist.com/help-center/emergency-resources for additional insights, advice, and contact information.

Truist.com/wealth

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