



FAMILY

INSTRUCTION LETTER

OFFERED BY



INVESTMENT MANAGEMENT

LETTER TO MY FAMILY

Dear Loved Ones,

In an attempt to simplify matters for you, I have written this letter to provide you with information that will help you when the time arises.

From _____
Full Name

Effective _____
MM / DD / YYYY



SECTION ONE: *Advisors & Financial Information*

➤ **My Advisors**

Having the right advisors is a critical part of my planning. Some of the people you may need to contact are listed below:

Please see the contact information sheet for additional pertinent information.

ACCOUNTANT

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

FAMILY ATTORNEY

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

EMPLOYER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____



FINANCIAL ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

PROPERTY AND CASUALTY INSURANCE ADVISOR

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

MORTGAGE HOLDER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____



ESTATE PLANNER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

ESTATE ATTORNEY

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

OTHER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

OTHER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____



➤ My Assets

Here is a list of all my stocks and other investments, including real property. I have listed a contact person and telephone number for each item, as well as the location of any documents.

☐ I have ☐ I have not attached financial statement(s).

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____



Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This loan is in signed writing. ☐ Yes ☐ No



Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This loan is in signed writing. ☐ Yes ☐ No

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This loan is in signed writing. ☐ Yes ☐ No

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This loan is in signed writing. ☐ Yes ☐ No

I want the following loan(s) forgiven* at the time of my death:

*PLEASE NOTE: My will or the promissory note should be changed to reflect this forgiveness and make legally enforceable.



I want the following loan(s) to be forgiven* as a part of the bequest I am leaving to the borrower at the time of my death:

*PLEASE NOTE: The debt(s) will be one the assets used to satisfy my bequest to such heir in my will.

☐ I have ☐ I have not made any substantial deposits on certain account(s).

If applicable, the accounts are as follows:

➤ Loaned and Stored Assets

I have assets stored at the following locations:

The key to the storage facility is at:

I have assets stored at the following locations:

I have stored or loaned* the following personal property (e.g. furniture, art, collectibles):

*PLEASE NOTE: If the loan of the asset(s) is subject to a written agreement, I have attached a copy to this document, **Letter to My Family**.

OBJECT(S)	PERSON HOLDING OBJECT(S)

➤ **My Liabilities**

Here is a list of my liabilities with a contact name, phone number and location of any related documents.

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____

Liability:_____

Contact:_____

Phone:_____

Documents are located:_____



I am also a guarantor of the following debt:

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

I presently carry the following credit cards:

CREDIT CARD	ACCOUNT NUMBER	WEB ADDRESS	USERNAME	PASSWORD



I lease the following assets:

ASSET	LOCATION	PAYMENT	LESSOR	PHONE NUMBER

With regard to my assets and liabilities, the following is additional information which I believe is important for my family and advisors to know:

SECTION TWO: Insurance & Benefits

➤ My Insurance Coverage

Please make sure the premiums on these policies continue to be paid if I become disabled. PLEASE NOTE that premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

PART I – I have the following **life insurance** policies (including company-owned) on my life:

POLICY TYPE	OWNER NAME	BENEFICIARY NAME	FACE VALUE	LOANS MADE	CASH VALUE	CARRIER COMPANY	POLICY NUMBER	ANNUAL PREMIUM

PART II – I have the following **life insurance** policies (including company-owned) on my life:

POLICY NUMBER (reiterated from previous table)	CAN BE FOUND AT	IN-FORCE STATEMENT ATTACHED (yes / no)	If I am disabled, this allows pre- payment of death benefits to support me. (yes / no)	If I am disabled, this allows me to stop making premium payments. (yes / no)

I have the following **disability insurance** policies:

CARRIER COMPANY	POLICY NUMBER	ANNUAL PREMIUM	PAID BY THE BUSINESS (yes / no)	CAN BE FOUND AT	IN-FORCE STATEMENT ATTACHED (yes / no)	If I am disabled, this allows me to stop making premium payments. (yes / no)

I have the following **long-term care insurance** policies:

CARRIER COMPANY	POLICY NUMBER	ANNUAL PREMIUM	PAID BY THE BUSINESS (yes / no)	CAN BE FOUND AT	IN-FORCE STATEMENT ATTACHED (yes / no)	If I am disabled, this allows me to stop making premium payments. (yes / no)

I have the following **health insurance** policies:

CARRIER COMPANY	POLICY NUMBER	ANNUAL PREMIUM	CAN BE FOUND AT	PAID BY THE BUSINESS (yes / no)

I have the following **other policies**:

POLICY TYPE	CARRIER COMPANY	POLICY NUMBER	ANNUAL PREMIUM	CAN BE FOUND AT
Auto				
Umbrella				
Home				
Boat				
Airplane				
Overhead Expenses				
Jewelry				

The following insurance premiums are paid automatically from my bank account. (Please make sure you do not close my account without making sure the premiums are still being paid.)

➤ My Employment Benefits

I have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plans: _____

Military Retirement Benefits: _____

Military Survivor Benefits: _____

Life Insurance: _____

Health Insurance: _____

Long-Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

Flexible Spending Accounts: _____

Other: _____

☐ I am ☐ I am not entitled to the following government, military or other benefits listed here:

With regard to my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know:

SECTION THREE: Documents & Other Information

➤ My Documents

I have executed each of the following documents and you can find them where noted:

DOCUMENT	DATE SIGNED	CAN BE FOUND AT	N/A (check box)
General Power of Attorney			<input type="checkbox"/>
Medical Power of Attorney			<input type="checkbox"/>
Medical Detective			<input type="checkbox"/>
Will and/or Testament			<input type="checkbox"/>
Living Will			<input type="checkbox"/>
Living Trust			<input type="checkbox"/>
Insurance Trust			<input type="checkbox"/>
Charitable Trust			<input type="checkbox"/>
Minor's Trust			<input type="checkbox"/>
Custodial Account			<input type="checkbox"/>
Organ Donation			<input type="checkbox"/>
Children Adoption Papers			<input type="checkbox"/>
Section 529 Education Plan			<input type="checkbox"/>
Pre-Nuptial Agreement			<input type="checkbox"/>
Post-Nuptial Agreement			<input type="checkbox"/>
Divorce Decree/Settlement			<input type="checkbox"/>
Citizenship Papers			<input type="checkbox"/>
Burial Agreement			<input type="checkbox"/>
Retirement Plan Beneficiary Designation			<input type="checkbox"/>
Insurance Plan Beneficiary Designation			<input type="checkbox"/>
Military Discharge Papers (DD214)			<input type="checkbox"/>
Employment/Independent Contractor Contract			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>

My important records can generally be found at my:

- ☐ Home filing cabinet
- ☐ Safe deposit box
- ☐ Home safe
- ☐ Attorney's office

- ☐ Accountant's office
- ☐ Financial advisor's office
- ☐ Other: _____
- ☐ Other: _____

My most recent personal and any business tax returns can be found at: _____

☐ I have ☐ I do not have a divorce decree or settlement which may require that certain payments be made after I am disabled or after I am deceased.

I may receive an inheritance from: _____

The amount of the inheritance may be as much as \$ _____

Upon my death, my heirs ☐ will ☐ will not have receive a distribution or benefits from a trust.

If yes, the Trust instrument was created by: _____

The Trust instrument can be found at: _____

☐ I am ☐ I am not currently a/the Trustee for a Trust.

If I am a/the Trustee, the trust document is located at: _____

☐ I am ☐ I am not a/the beneficiary of a Trust.

If I am a/the beneficiary, the Trust document is located at: _____

I am currently Legal Guardian for the following person(s): _____

Documents appointing me can be found at: _____

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

BUSINESS	DATE SIGNED	LOCATION	PARTNER

I have buy-out insurance for the following businesses: _____

I have buy-sell agreements for the following businesses: _____

➤ My General Information

☐ I do ☐ I do not have a safe deposit box.

If yes, it can be found at: _____

The key can be found at: _____

The following people have signature authority on the box: _____

☐ I do ☐ I do not have a personal safe.

If yes, it can be found at: _____

My computer password is: _____

My email addresses are: _____ Password: _____

_____ Password: _____

_____ Password: _____

My internet account is with: _____ Account Number: _____

Other important passwords include:

ITEM, PROGRAM, BANK, etc.	ACCESS NAME / USER NAME	PASSCODE / PASSWORD

☐ I have ☐ I have not attached a list of persons I want to receive when I die.

☐ I have ☐ I have not attached a list of important personal property which I own.



My Social Security number (SSN):_____My Driver's License (DL) number:_____

My Medicare number:_____My Passport number:_____

I am a member of the following religious groups:_____

I am a member of the following fraternal/sorority groups:_____

I have provided the following for the education of my family in the following manner:_____

I have special needs family members or friends who I take care of:

PERSON I

Name:_____

Relationship:_____

Nature of disability:_____

Special services they receive:_____

Primary Physician name:_____

Primary Physician phone number:_____

Is there a trust for this person? ☐ Yes ☐ No

Trust documents can be found at:_____

I have been appointed Legal Guardian for this person. ☐ Yes ☐ No

I believe the following person(s) should take over this responsibility:_____

Information on any accounts I had for this person:_____



PERSON II

Name: _____

Relationship: _____

Nature of disability: _____

Special services they receive: _____

Primary Physician name: _____

Primary Physician phone number: _____

Is there a trust for this person? ☐ Yes ☐ No

Trust documents can be found at: _____

I have been appointed Legal Guardian for this person. ☐ Yes ☐ No

I believe the following person(s) should take over this responsibility: _____

Information on any accounts I had for this person: _____

With regard to my general information, here is additional information which I believe is important for my family and advisors to know:



➤ In The Event Of My Incapacity

I have appointed (**in the above documents**) the following persons to act on my behalf if I become disabled:

Power of Attorney over my assets: 1st _____

2nd _____

Power of Attorney for medical decisions: 1st _____

2nd _____

Guardian over my property: 1st _____

2nd _____

Guardian over my person: 1st _____

2nd _____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianships is necessary.

In the event of my incapacity, ☐ I do ☐ I do not want to be kept at home as long as possible, taking into account of the cost.

In the event of my incapacity, the following is additional information which I believe is important for my family and advisors to know:

➤ In The Event Of My Death

I have the following final wishes:

Funeral Home: _____

Location: _____

Cemetery: _____

Plot / Drawer Number: _____

I have prepaid for my: ☐ burial costs ☐ burial plot / drawer ☐ casket ☐ other _____

I have not prepaid for my: ☐ burial costs ☐ burial plot / drawer ☐ casket ☐ other _____

Information can be found at: _____

I have a deceased ☐ spouse ☐ parent ☐ child who is buried at: _____

☐ I do ☐ I do not want to be cremated. Crematory: _____

Faith, religious or selected leader to perform service: _____

Pallbearers: _____



➤ Special Requests

Obituary Reading:

Tombstone Engraving:

Organs for Donation:

In lieu of flowers, please ask for donations to:

I would like the following songs, music, poetry, etc. at my funeral:

I currently have the following pets:_____

I ask that_____take care of my pets and receive as debt
of my estate, the sum of \$_____for taking care of such pets for the rest of their lives.

In the event of my death, the following is additional information which I believe is important for my family
and advisors to know:

SECTION FOUR: *Family History & Ethical Will*

➤ **My Family History**

I was born in_____on_____.
City, State *MM / DD / YYYY*

My parents are/were_____
Full Name

and_____.
Full Name

My maternal grandparents are/were_____
Full Name

and_____.
Full Name

My paternal grandparents are/were_____
Full Name

and_____.
Full Name



I have/had the following siblings (including step, half, foster, adopted, etc.):

_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>

I have/had the following children (including step, half, foster, adopted, etc.):

_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>
_____	Born	_____	Died	_____
<i>Full Name</i>		<i>MM / DD / YYYY</i>		<i>MM / DD / YYYY</i>

☐ I have/had no siblings.

☐ I have/had no children.

I was adopted/fostered by:

Full Name

and _____

Full Name

My birth mother and birth father are/were:

Full Name

and _____

Full Name

I do ☐ have ☐ not have detailed information on my family history. If I do, it is located at:

Some important facts about my family history include but are not limited to:

➤ My Ethical Will

☐ I have ☐ I have not attached a more comprehensive and thorough Ethical Will to this document,
Letter to My Family.

When I am gone, I hope my family will learn from my experiences:

I believe that the most important things in life are:

The most important thing I have done in my life is:

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

I have attached to this document, **Letter to My Family**, my favorite:

- ☐ quote(s) ☐ poem(s) ☐ story(ies) ☐ scripture(s) ☐ color(s) ☐ music(ians) ☐ photograph(s)



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