

**B E N E F I C I A R Y
P L A N N E R**

compliments of



Colonial Penn Life Insurance Company

399 Market Street • Philadelphia, PA 19181

HOW TO USE YOUR BENEFICIARY PLANNER

This unique *Beneficiary Planner* has been prepared for you by Colonial Penn Life Insurance Company, as a special service to our policyholders. It has been designed to make it very easy for you to tell a family member or friend where things are... and what your wishes may be after you pass away. This helpful planning guide provides room for you to fill in such vital information as...

- ◆ Where your important papers are;
- ◆ What needs to be taken care of;
- ◆ What bills need to be paid or accounts cancelled;
- ◆ And much more.

Please take some time to complete the information in this valuable resource guide. (If you need additional room in specific areas, you can add a sheet of paper.) Then, be sure to go over the information with a trusted family member or friend, put this guide in a safe place, and tell that person where the safe place is for their future reference. We also recommend that you review the information periodically and keep it up-to-date.

Preparing this information is a helpful way for you to get organized. Plus, it will be a great help to your family, your friends, and even your pets.

Full Name _____
Address _____
City _____ State _____ Zip _____
Social Security No. _____
Date of Birth _____ Place of Birth _____
Mother's Maiden Name _____

MORE ABOUT YOU AND YOUR FAMILY

Single Married Widow/Widower Divorced

Name of Spouse _____

Maiden Name _____

Number of Children _____

MORE ABOUT YOU AND YOUR FAMILY *continued*

Children's Names

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

ABOUT YOUR EMPLOYMENT

Actively Working Retired

Employer _____

Address _____

City _____ State _____ Zip _____

Employer _____

Address _____

City _____ State _____ Zip _____

ABOUT YOUR MILITARY SERVICE

If you are a veteran, provide serial # _____

Branch of Service _____ Rank at Discharge _____

Date and Place of Discharge _____

Where are your Discharge Papers? _____

ABOUT YOUR IMPORTANT DOCUMENTS

Do you have a will? No Yes

Where do you keep it? _____

Do you have a safe deposit box? No Yes Box # _____

Location of safe deposit box (bank, address)

Location of box key _____

ABOUT YOUR IMPORTANT DOCUMENTS, *continued*

Where is your Birth Certificate? _____

Where is your Marriage Certificate? _____

ABOUT A FEW IMPORTANT PEOPLE

Your attorney's name, address, phone:

Your doctor's name, address, phone:

Your accountant's name, address, phone:

ABOUT YOUR INSURANCE

List all life, health, disability, homeowner's, and auto policies.

Where are your policies? _____

Insurance Co. _____

Type of Policy _____

Address _____

Policy # _____ Amount _____

Phone # _____ Contact _____

Insurance Co. _____

Type of Policy _____

Address _____

Policy # _____ Amount _____

Phone # _____ Contact _____

Insurance Co. _____

Type of Policy _____

Address _____

Policy # _____ Amount _____

Phone # _____ Contact _____

ABOUT YOUR BANK/CREDIT UNION ACCOUNTS

List all checking, savings, money market, and certificate of deposit accounts.

Bank or Credit Union _____

Address _____

Type of Account _____ Account # _____

Phone # _____ Contact _____

Bank or Credit Union _____

Address _____

Type of Account _____ Account # _____

Phone # _____ Contact _____

Bank or Credit Union _____

Address _____

Type of Account _____ Account # _____

Phone # _____ Contact _____

ABOUT YOUR CREDIT CARDS

List all MasterCard, Visa, American Express, Discover, and department store card accounts.

Company _____

Address _____

Account # _____ Phone # _____

Company _____

Address _____

Account # _____ Phone # _____

Company _____

Address _____

Account # _____ Phone # _____

Company _____

Address _____

Account # _____ Phone # _____

Company _____

Address _____

Account # _____ Phone # _____

ABOUT WHAT OTHERS OWE YOU

Include all Money, Objects, Mortgages and other debts owed to you.

Debt Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

Debt Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

ABOUT WHAT YOU OWE OTHERS

Include other debts, personal loans, notes, car loans and leases, etc.

Debt Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

Debt Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

ABOUT YOUR INVESTMENTS— STOCKS, BONDS AND MUTUAL FUNDS

Investment Name _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

ABOUT YOUR INVESTMENTS, *continued*

Investment Name _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

Investment Name _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

Investment Name _____

Account # _____

Company or Broker _____

Address _____

Phone # _____ Contact _____

ABOUT YOUR RETIREMENT INVESTMENTS, PLANS AND PENSIONS

Include all IRAs, Annuities, Keoghs, 401(K) Plans, Employee Stock Option Plans, Pensions, and VA plans.

Plan Type _____ Account # _____ Company _____

Address _____

Phone # _____ Contact _____

Plan Type _____ Account # _____ Company _____

Address _____

Phone # _____ Contact _____

Plan Type _____ Account # _____ Company _____

Address _____

Phone # _____ Contact _____

ABOUT YOUR REAL ESTATE

Primary Residence Rent Own

Address _____

City _____ State _____ Zip _____

Location of Deed _____

Landlord Bank or Mortgage Co.

Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Contact _____

Other Real Estate Be sure to include all income property, time shares, vacation homes, condos, commercial property, land, and the like.

Property Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

Property Type _____ Account # _____

Company _____

Address _____

Phone # _____ Contact _____

ABOUT YOUR VEHICLES

Be sure to include cars, trucks, boats, RV's, etc.

Vehicle _____ Make _____

Model _____ Year _____

Located At _____

Vehicle _____ Make _____

Model _____ Year _____

Located At _____

Vehicle _____ Make _____

Model _____ Year _____

Located At _____

ABOUT YOUR PETS

Pet's Name

Favorite Food/Treats

Medication

Pet's Name

Favorite Food/Treats

Medication

Other Important Information and comments:

Vet's Name

Phone #

Address

City

State

Zip

ABOUT YOUR SPECIAL REQUESTS OR WISHES

(funeral wishes, people to notify, etc.)

