PROTECT MY FAMILY



IMPORTANT
Information & Instructions

Burial & Will Kit

FOR VETERANS AND THEIR FAMILIES



This kit should be kept in a safe place at home. **DO NOT KEEP IN A SAFE DEPOSIT BOX**



About the Burial & Will Kit for Veterans

Why do you need a Family Information Guide?

Every year millions of dollars of insurance goes unclaimed! They have found that Americans insurance benefits are not being used for one of three reasons. Either your family does not know the location of your benefits, they do not know the name of the company that you have them through, or they do not know that you have coverage at all. The family information guide eliminates these reasons.

Why do you need Last Will & Testament?

Having a will is one of the most important things you can do for your family after you pass. By having a will, it can legally protect your children, spouse, and assets. It can also set forth your final wishes on how things should be handled after you pass. Most commonly, people have a will prepared to decide how to distribute their estate, who will take care of their child(ren), avoid a cumbersome probate process, make gifts and donations, and disinherit any individual who would might stand to inherit their estate and property.

Over 1,700 Veterans pass away daily.

Why do you need to know about your VA Burial Benefits?

Generally there is little to no veteran government benefits for your burial or cremation services. When something happens to a veteran, family members are left trying to figure out what is available to help with funeral and final expenses. Knowing the facts of the VA memorial and burial benefits, will allow your family to plan to supplement what is not covered through the VA.

What are the next steps?

First, complete each part of the Family Information Guide. Use a permanent pen for the sections that will always be the same for you and use a pencil to complete the sections that may change. Second, you will fill out the Last will and Testament worksheet. Finally review your options for internment or burial in a national cemetery or plan your final arrangements.

Veteran Resources

PHONE NUMBERS

Bereavement Counseling	1-202-461-6530
Civilian Health & Medical Program	1-800-733-8387
Caregiver Support	1-855-260-3274
Debt Management Center	1-855-827-0648
Education	1-888-442-4551
Foreign Medical Program	1-888-820-1756
Headstones And Markers	1-800-697-6947
Health Care	1-877-222-8387
Homeless Veterans	1-877-424-3838
Home Loans	1-888-827-3702
Life Insurance	1-800-669-8477
National Cemetery Scheduling Office	1-800-535-1117
Pension Management Center	1-877-294-6380
Presidential Memorial Certificate Program	1-202-565-4964
Telecommunication Device For The Deaf	1-800-829-4833
VA Benefits	1-800-827-1000
VA Combat Call Center	1-877-927-8387
Veterans Crisis Line	1-800-273-8255
Women Veterans	1-877-222-8387

WEBSITES

Burial & Memorial Benefits	www.cem.va.gov
Care Giver Support	www.caregiver.va.gov
Ebenefits	www.ebenefits.va.gov
Education Benefits	www.gibill.va.gov
Health Care Eligibility	www.va.gov/healthbenefits
Homeless Veterans	www.va.gov/homeless
Home Loan Guaranty	www.homeloans.va.gov
Life Insurance	www.insurance.va.gov
Memorial Certificate Program	www.cem.va.gov/pmc.asp
VA Home Page	www.va.gov
VA Forms	www.va.gov/vaform
State Dept. Of Vet Affairs	www.va.gov/statedva.htm
National Resource Directory	www.nrd.gov
Mental Health	www.mentalhealth.va.gov

Vital Statistics

First Name _____ Last Name _____

Date of birth _____ Place of birth _____

Social Security ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Birth Certificate Location _____

CONTACT INFORMATION

Email _____ Phone _____

City _____ State _____ Zip _____

☐ Employed ☐ Retired Date Retired _____

Employer _____ Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Additional Information _____

_____

_____

Spouse Vital Statistics

MARITAL STATUS ☐ Single ☐ Divorced ☐ Separated

☐ Married ☐ Widowed ☐ Domestic Partner

First Name _____ Last Name _____

Date of birth _____ Place of birth _____

Social Security ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Veterans Information

Service Number _____ VA Claim Number _____

Branch of Service _____ Name of War _____

Enlistment Dates _____ to _____ Place of Enlistment _____

Rank / Rate at discharge _____ Place of Discharge _____

VGLI Policy Number _____ Discharge papers ☐ Home ☐ Other

Policy Amount _____ Location _____

Persons to be Notified

In the event of an emergency, please notify the following people immediately

FAMILY NOTIFICATION LIST

1 **Main Contact** _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

2 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

3 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

ADDITIONAL EMERGENCY CONTACTS - *friends, neighbors, co-workers, etc*

1 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

2 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

3 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

SERVICE MEMBERS

1 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

2 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

Financial Institutions

1

Bank _____ Account # _____

☐ Checking ☐ Savings Routing # _____

2

Bank _____ Account # _____

☐ Checking ☐ Savings Routing # _____

Last Will & Testament

Will Location _____ Last Update _____

Executor _____ Relationship _____

Phone _____ City, State _____

Attorney _____ Firm _____

Phone _____ City, State _____

Insurance Policies

HEALTH / MEDICAL

Company _____ Policy # _____

☐ Health ☐ Disability Coverage Amount/Type _____

☐ Accidental ☐ Other

Company _____ Policy # _____

☐ Health ☐ Disability Coverage Amount/Type _____

☐ Accidental ☐ Other

LIFE INSURANCE

Company _____ Policy # _____

☐ Group ☐ Accident Coverage Amount _____

☐ Whole ☐ Term Term Expiration Date _____

Company _____ Policy # _____

☐ Group ☐ Accident Coverage Amount _____

☐ Whole ☐ Term Term Expiration Date _____

Company _____ Policy # _____

☐ Group ☐ Accident Coverage Amount _____

☐ Whole ☐ Term Term Expiration Date _____

Digital Accounts

Social Accounts Legacy Contact _____

Recovery Email Address _____ Password _____

FACEBOOK Username _____ Password _____

TWITTER Username _____ Password _____

LINKEDIN Username _____ Password _____

INSTAGRAM Username _____ Password _____

Funeral Instructions

PREFERENCES

☐ Burial ☐ Cremation ☐ Mausouleum

Funeral Home _____ Church Denomination _____

Chapel _____ Minister _____

Mass ☐ Yes ☐ No Rosary ☐ Yes ☐ No

FUNERAL

SERVICE ☐ Church ☐ Funeral Home ☐ Private Home

Name / Location of Service _____

Address _____ Phone _____

City _____ State _____ Zip _____

CEMETERY

Name / Location of Cemetery _____

Address _____ Phone _____

City _____ State _____ Zip _____

☐ I have reserved facilities ☐ I have not reserved facilities

VETERANS ☐ National ☐ State ☐ Private

Location _____

☐ In the event of death, handle final expenses and arrangements with my GOLDEN SHIELD LIFE INSURANCE policy

Call or text 678-884-4653 or email aaron@goldenshieldlifeinsurance.com with the following information

Policy Number _____ Coverage Amount _____

GOLDEN SHIELD LIFE INSURANCE Policy Location _____

Signature _____ Date _____

GOLDEN SHIELD

LIFE INSURANCE



IMPORTANT
Information & Instructions

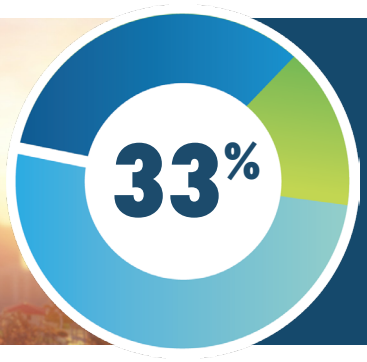
Financial Guide & Will Kit

CONFIDENTIAL

This kit should be kept in a safe place at home. **DO NOT KEEP IN A SAFE DEPOSIT BOX**

About Your Financial Guide & Will Kit





More than **50%** of Americans think that estate planning is important, but only **1 out of 3** have an estate plan or Will.

Why do you need a Financial Information Guide for your family?

Organizing your financial and vital information is the first step to estate planning or setting up your Will. When the time comes, dealing with loss is hard enough and the burden of figuring out where all of your accounts, assets, and liabilities are will fall to your loved ones. Depending on how much they need to figure out on their own and the size of your estate, the probate process can be take anywhere from a few weeks or in some cases, a few years. Whether you have a high net worth or don't have much to leave behind, being prepared with this financial information guide for your family will save them time and money required for court and attorney fees from settling your estate.







In addition, every year millions of dollars of insurance goes unclaimed. They have found that Americans insurance benefits are not being used for one of three reasons. Either your family does not know the location of your benefits, they do not know the name of the company that you have them through, or they do not know that you have coverage at all. The financial information guide for your family will eliminate these reasons and gather all your vital information required in one place.



Why do you need a Last Will & Testament?

Having a will is one of the most important things you can do for your family after you pass. By having a will, it can legally protect your children, spouse, and assets. It can also set forth your final wishes on how things should be handled after you pass. Most commonly, people have a will prepared to decide how to distribute their estate, who will take care of their child(ren), make gifts and donations, and disinherit any individual who would might stand to inherit their estate and property.

Survey and data provided by Atticus data, Caring.com, and WealthCounsel

THE CREDIT UNION ADVANTAGE



For more than **100 years**, Credit Unions have provided financial services to their members.

Member Owned

Banks are owned shareholders, Credit Unions are owned and governed based on a **one-member, one-vote** philosophy

Community Based

Members of a credit union **share a common bond** which can be based on geographical area, employee groups, or membership in an organization.

Not for profit

Profits made by Credit Unions are returned back to members in the form of **reduced fees, higher savings rates and lower loan rates**.

GS

Growing Network

The collaborative nature of Credit Unions give most members access to **mobile banking** and over **30,000 surcharge free ATMs**

Insured by NCUA

Banks are insured by FDIC; Federal Credit Unions are insured by the National Credit Union Administration **up to $250,000**

Financial Education

A core mission of the Federal Credit Union Act is to **educate their members and promote financial literacy**

Vital Statistics

First Name _____ Last Name _____

Date of birth _____ Place of birth _____

Social Security ___ ___ ___ - ___ ___ - ___ ___ ___ ___ Birth Certificate Location _____

CONTACT INFORMATION

Email _____ Phone _____

City _____ State _____ Zip _____

☐ Employed ☐ Retired Date Retired _____

Employer _____ Supervisor _____

Address _____ Phone _____

City _____ State _____ Zip _____

Additional Information _____

_____

_____

Spouse Vital Statistics

MARITAL STATUS ☐ Single ☐ Divorced ☐ Separated

☐ Married ☐ Widowed ☐ Domestic Partner

First Name _____ Last Name _____

Date of birth _____ Place of birth _____

Social Security ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Veterans Information

Service Number _____ VA Claim Number _____

Branch of Service _____ Name of War _____

Enlistment Dates _____ to _____ Place of Enlistment _____

Rank / Rate at discharge _____ Place of Discharge _____

VGLI Policy Number _____ Discharge papers ☐ Home ☐ Other

Policy Amount _____ Location _____

Persons To Be Notified

In the event of an emergency, please notify the following people immediately

FAMILY NOTIFICATION LIST

1 **Main Contact** _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

2 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

3 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

4 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

ADDITIONAL EMERGENCY CONTACTS - *friends, neighbors, co-workers, etc*

1 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

2 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

3 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

4 Name _____ Relationship _____

Sig. Other _____ Phone _____

City _____ State _____ Zip _____

Financial Assets

PRIMARY ACCOUNTS

CREDIT UNION

Credit Union _____ Account # _____

☐ Checking ☐ Savings Routing # _____

Credit Union _____ Account # _____

☐ Checking ☐ Savings Routing # _____

BANK

Bank Institution _____ Account # _____

☐ Checking ☐ Savings Routing # _____

Bank Institution _____ Account # _____

☐ Checking ☐ Savings Routing # _____

ADDITIONAL DEPOSIT ACCOUNTS

1

Account Name / Type _____ Company / Institution _____

☐ Savings / Money Market ☐ Certificate of Deposit Account # _____

☐ IRA (Retirement Account) ☐ Investment Account Notes _____

2

Account Name / Type _____ Company / Institution _____

☐ Savings / Money Market ☐ Certificate of Deposit Account # _____

☐ IRA (Retirement Account) ☐ Investment Account Notes _____

3

Account Name / Type _____ Company / Institution _____

☐ Savings / Money Market ☐ Certificate of Deposit Account # _____

☐ IRA (Retirement Account) ☐ Investment Account Notes _____

DIGITAL ASSETS

PAYPAL Email / User _____ Password _____

VENMO Email / User _____ Password _____

CASH APP Email / User _____ Password _____

_____ Email / User _____ Password _____

_____ Email / User _____ Password _____

_____ Email / User _____ Password _____

Financial Liabilities

PERSONAL LOANS

1

Loan Name / Type _____ Company / Institution _____

Loan Account # _____ Balance _____ As of (date)_____

☐ House / Mortgage ☐ Auto, RV, Boat, etc Est. pay off date _____

☐ Student / Education loan ☐ Personal: Line of credit Co-signer(s) _____

☐ Other _____ Notes _____

2

Loan Name / Type _____ Company / Institution _____

Loan Account # _____ Balance _____ As of (date)_____

☐ House / Mortgage ☐ Auto, RV, Boat, etc Est. pay off date _____

☐ Student / Education loan ☐ Personal: Line of credit Co-signer(s) _____

☐ Other _____ Notes _____

3

Loan Name / Type _____ Company / Institution _____

Loan Account # _____ Balance _____ As of (date)_____

☐ House / Mortgage ☐ Auto, RV, Boat, etc Est. pay off date _____

☐ Student / Education loan ☐ Personal: Line of credit Co-signer(s) _____

☐ Other _____ Notes _____

PERSONAL CREDIT CARDS

1

Credit Card Account # _____ Company / Institution _____

☐ Individual ☐ Joint / Co-Signed Co-signer(s) _____

2

Credit Card Account # _____ Company / Institution _____

☐ Individual ☐ Joint / Co-Signed Co-signer(s) _____

3

Credit Card Account # _____ Company / Institution _____

☐ Individual ☐ Joint / Co-Signed Co-signer(s) _____

4

Credit Card Account # _____ Company / Institution _____

☐ Individual ☐ Joint / Co-Signed Co-signer(s) _____

5

Credit Card Account # _____ Company / Institution _____

☐ Individual ☐ Joint / Co-Signed Co-signer(s) _____

Living Trust

Trust Location _____ Last Update _____

Trustee _____ Relationship _____

Phone _____ City, State _____

Attorney _____ Firm _____

Phone _____ City, State _____

Last Will & Testament

Will Location _____ Last Update _____

Executor _____ Relationship _____

Phone _____ City, State _____

Attorney _____ Firm _____

Phone _____ City, State _____

Insurance Policies

HEALTH / MEDICAL

Company _____ Policy # _____

☐ Health ☐ Disability Coverage Amount/Type _____

☐ Accidental ☐ Other

Company _____ Policy # _____

☐ Health ☐ Disability Coverage Amount/Type _____

☐ Accidental ☐ Other

LIFE INSURANCE

Company _____ Policy # _____

☐ Group ☐ Accident Coverage Amount _____

☐ Whole ☐ Term Term Expiration Date _____

Company _____ Policy # _____

☐ Group ☐ Accident Coverage Amount _____

☐ Whole ☐ Term Term Expiration Date _____

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☐ Whole ☐ Term Term Expiration Date _____

Digital Accounts

Social Accounts Legacy Contact _____

Recovery Email Address _____ Password _____

FACEBOOK Username _____ Password _____

TWITTER Username _____ Password _____

LINKEDIN Username _____ Password _____

INSTAGRAM Username _____ Password _____

Funeral Instructions

PREFERENCES

☐ Burial ☐ Cremation ☐ Mausouleum

Funeral Home _____ Church Denomination _____

Chapel _____ Minister _____

Mass ☐ Yes ☐ No Rosary ☐ Yes ☐ No

FUNERAL

SERVICE ☐ Church ☐ Funeral Home ☐ Private Home

Name / Location of Service _____

Address _____ Phone _____

City _____ State _____ Zip _____

CEMETERY

Name / Location of Cemetery _____

Address _____ Phone _____

City _____ State _____ Zip _____

☐ I have reserved facilities ☐ I have not reserved facilities

VETERANS ☐ National ☐ State ☐ Private

Location _____

☐ **In the event of death, handle final expenses and arrangements with my Golden Shield Life Insurance agent**

*Call 1-678-884-4653 or email **gsli@goldenshieldlifeinsurance.com** with the following information*

Policy Number _____ Coverage Amount _____

Golden Shield Life Insurance location: _____

Signature _____ Date _____