Plan for Peace of Mind

Memorial Planning Guide



Far too frequently, funeral service directors have seen
the difficulty loved ones have in making final arrangements.
As a service to you and your loved ones,
The Baltimore Life Insurance Company has prepared this guide to
assist you in recording important information which will
enable your family to handle your final affairs with your wishes in mind.

Your faithful and consistent recording of your personal and
financial interests, even as they change, will provide a priceless reference
when your family circle is broken. We suggest you keep this booklet
in a safe place that is immediately accessible to your loved ones.

This Personal Memorial Planning Guide is an important record for the

_____

family.

We completed this book as a way to show our love and care.

Special Instructions

_____

_____

_____

_____

_____

_____

_____

_____

_____

The Baltimore Life Companies hope this guide will be a valuable reference for you and your loved ones when it's time to handle final arrangements.

Established in 1882, The Baltimore Life Insurance Company insures individuals, families and businesses, providing financial protection to middle income consumers in 49 states and the District of Columbia.

Baltimore Life conducts business with openness and integrity. We strive to make a positive difference in the lives of our policyholders, associates, and in the communities we serve. Above all, we are committed to a conservative, disciplined financial strategy, recognizing that "it's the policyholders' money."

For more information, please visit baltlife.com or call (800) 628-5433.

Vital Information

(This information may be useful for the death certificate, eulogy and obituary.)

Name _____

Marital Status _____ Soc. Sec. No. _____

Date of Birth _____ Birthplace _____

Address _____

City _____ State _____ ZIP _____

Family Information

Father _____

Date of Birth _____ Birthplace _____

Mother _____

Maiden Name _____

Date of Birth _____ Birthplace _____

Spouse/Partner

Name _____

Marital Status _____ Soc. Sec. No. _____

Date of Birth _____ Birthplace _____

Address _____

City _____ State _____ ZIP _____

Spouse/Partner's Family Information

Father's Name _____

Date of Birth _____ Birthplace _____

Mother's Name _____

Maiden Name _____

Date of Birth _____ Birthplace _____

Brothers

Brother _____

Age _____ State of Residence _____

Brother _____

Age _____ State of Residence _____

Sisters

Sister _____

Age _____ State of Residence _____

Sister _____

Age _____ State of Residence _____

Children

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Grandchildren

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Name _____

Date of Birth _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Education

College _____

Degree _____ Date Graduated _____

College _____

Degree _____ Date Graduated _____

High School _____

State _____ Date Graduated _____

Organizational Affiliations

Fraternal, Union, Social, etc.

_____

_____

Position(s) Held _____

_____

Other special recognition _____

_____

Religious Affiliations

Church, Synagogue or Temple

_____

Position(s) Held _____

_____

Military Service

If Veteran, Serial no. _____

Pension/VA Claim no. _____

Branch _____ Rank _____

Date Entered _____ Date Discharged _____

Place of Discharge _____

State of Residency at Entry _____

Name of War/Conflict _____

Regiment/Division _____

Spouse's/Partner's Education

College _____

Degree _____ Date Graduated _____

College _____

Degree _____ Date Graduated _____

High School _____

State _____ Date Graduated _____

Organizational Affiliations

Fraternal, Union, Social, etc.

_____

_____

Position(s) Held _____

_____

Other special recognition _____

_____

Religious Affiliations

Church, Synagogue or Temple

_____

Position(s) Held _____

_____

Military Service

If Veteran, Serial no. _____

Pension/VA Claim no. _____

Branch _____ Rank _____

Date Entered _____ Date Discharged _____

Place of Discharge _____

State of Residency at Entry _____

Name of War/Conflict _____

Regiment/Division _____

Key Family Members and Friends to Contact at My Passing

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Name _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Will

Save your family from trouble, expense, and hardship by formulating a Will. If you do not formulate a Will, your estate will be distributed among your heirs according to state law. The court will appoint an administrator and guardians as needed. It is generally advisable to appoint a guardian who will be responsible for your minor children and their property by a Will, if your spouse does not survive you.

This tool is not intended to replace a Will that is prepared in accordance with state law. Please consult your attorney for personalized advice regarding wills, trusts, and/or estates.

Self

I ☐ have ☐ have not created a Will Date of Will _____

Executor of Estate _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Attorney Who Created Your Will _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Guardian of Children _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Spouse/Partner

I ☐ have ☐ have not created a Will Date of Will _____

Executor of Estate _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Attorney Who Created Your Will _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Guardian of Children _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Funeral Arrangements

Self

I prefer: ☐ Burial ☐ Entombment ☐ Cremation

Funeral Home _____

Director _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Cemetery _____

City _____ State _____ Telephone _____

Cost ☐ has ☐ has not been pre-funded. Funded by _____

Service to be held at ☐ Place of Worship ☐ Funeral Home ☐ Other

Name _____

Presider _____

Hymn _____ Flowers _____

Contributions _____ Other _____

Pallbearers _____

_____

Spouse/Partner

I prefer: ☐ Burial ☐ Entombment ☐ Cremation

Funeral Home _____

Director _____ Telephone _____

Address _____

City _____ State _____ ZIP _____

Cemetery _____

City _____ State _____ Telephone _____

Cost ☐ has ☐ has not been pre-funded. Funded by _____

Service to be held at ☐ Place of Worship ☐ Funeral Home ☐ Other

Name _____

Presider _____

Hymn _____ Flowers _____

Contributions _____ Other _____

Pallbearers _____

_____

Legal and Financial Contacts

Self

Attorney _____ Type _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Accountant _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Financial Advisor or Broker _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Spouse/Partner

Attorney _____ Type _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Accountant _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Financial Advisor or Broker _____

Telephone _____ Other _____

Address _____

City _____ State _____ ZIP _____

Financial Matters

Unclaimed accounts are advertised every year because depositors don't tell their families about them. After time, these funds revert to the state.

Living Trust Fund

For the benefit of _____ Date _____

Trustee _____ Telephone _____

Financial Matters

Insurance (Life, Health, Auto, Home, Accident, Disability, Long-Term Care, etc.)

Type _____ Policy No. _____

Company _____ Telephone _____

Type _____ Policy No. _____

Company _____ Telephone _____

Type _____ Policy No. _____

Company _____ Telephone _____

Type _____ Policy No. _____

Company _____ Telephone _____

Business Interests

Business Name _____

Address _____

City _____ State _____

Type _____ Percent of Ownership _____

Annuities or Investments (Stocks, Mutual Funds, Certificates of Deposit)

Type _____ Account No. _____

Institution _____ State _____

Type _____ Account No. _____

Institution _____ State _____

Type _____ Account No. _____

Institution _____ State _____

Pension/Retirement Benefits

Administrator _____

Person to Notify _____ Telephone _____

Address _____

City _____ State _____ Type _____

Government Bonds

Serial No. _____ Owner _____

Serial No. _____ Owner _____

Financial Matters

Checking Account

Account No. _____

Institution _____ State _____

Account No. _____

Institution _____ State _____

Savings Account

Account No. _____

Institution _____ State _____

Account No. _____

Institution _____ State _____

Credit Cards

Account No. _____ Type _____

Company _____ Telephone _____

Cardholder's Name _____

Account No. _____ Type _____

Company _____ Telephone _____

Cardholder's Name _____

Account No. _____ Type _____

Company _____ Telephone _____

Cardholder's Name _____

Real Estate

Type of Property _____

Located in City _____ State _____

Mortgagor _____

Title Company _____

Type of Property _____

Located in City _____ State _____

Mortgagor _____

Title Company _____

Personal Property

Tip: Engrave your property in a discreet spot with something unique to help to recover it if it's stolen.

Item _____ Serial No._____

Description _____

_____ Covered by insurance ☐ Yes ☐ No

Item _____ Serial No._____

Description _____

_____ Covered by insurance ☐ Yes ☐ No

Item _____ Serial No._____

Description _____

_____ Covered by insurance ☐ Yes ☐ No

Safe Deposit Box

Institution _____

City _____ State _____ Telephone _____

Person with access _____

Important Documents

Your documents are important. When you are no longer living, your beneficiaries may need access to critical information from your documents. Ensure to protect your important papers from harm, such as fire or theft, by storing them in a safe location. Keep in mind that you may want to store ***copies*** *of your important documents in a safe deposit box. State law may require a safe deposit box to be sealed upon the owner's death, which prevents access to information your beneficiaries need.*

Location of Important Documents

Birth Certificate _____

Marriage Certificate _____

Divorce Decree _____

Military Records _____

Insurance Policies _____

Automobile Title_____

Mortgage/Property Papers

_____

Home Title Insurance _____

Deed _____

Trust Fund Papers_____

Stocks and Bonds _____

Records of Purchase or Sales of Securities

_____

Bank Statements_____

CDs _____

Will and Testament_____

Tax Returns and W-2 Forms

_____

Employer Withholding Forms (W-4, 1099)

_____

Jewelry Appraisals/Receipts

_____

Retirement Account Funds Statement

_____

Soc. Sec. Card_____

Soc. Sec. Statements _____

Immigration Documents_____

Passport _____

Other_____

_____

_____

_____

Social Media Information and What Should Happen

Memorializing usually requires proof of death to honor and remember a deceased person.

Facebook

☐ Memorialize ☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

Instagram

☐ Memorialize ☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

LinkedIn

☐ Memorialize ☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

TikTok

☐ Memorialize ☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

X (Twitter)

☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

Snapchat

☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

WhatsApp

☐ Delete

Associated Phone Number _____

Legacy Contact Name _____ Relationship _____

YouTube

☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

Pinterest

☐ Deactivate/Close

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

Nextdoor

☐ Deactivate/Close ☐ Delete

Login _____ Password _____

Authentication Method _____

Legacy Contact Name _____ Relationship _____

Others

_____

_____

Storage Location for Electronic Records and File Contents

Apple iCloud

_____

_____

Dropbox

_____

_____

Google Drive

_____

_____

Microsoft OneDrive

_____

_____

pCloud

_____

_____

External Hard Drive / USB

_____

_____

Desktop or Laptop Computer

_____

_____

Email Account Information

AOL

Login _____ Password _____

Identity Verification_____

Google

Login _____ Password _____

Identity Verification_____

iCloud

Login _____ Password _____

Identity Verification_____

Outlook

Login _____ Password _____

Identity Verification_____

Proton Mail

Login _____ Password _____

Identity Verification_____

Yahoo

Login _____ Password _____

Identity Verification_____

Intentionally left blank

To My Loved Ones:

It is my wish that you be spared from anxiety, expense and inconvenience at the time of my passing.

In these pages, I have recorded vital information that will be needed, and a list of important documents and their location.

If you will provide the information on the inside front cover to my funeral director, everything will be conducted according to my wishes.

I sincerely hope you will find these arrangements satisfactory and that they will help you retain a warm memory of the wonderful years we have spent together.

Signature _____

Date of Completion _____

Updated _____

Courtesy of

The Baltimore Life® COMPANIES

The Baltimore Life Insurance Company
Insuring Americans since 1882
10075 Red Run Boulevard
Owings Mills, MD 21117-4871

Form 3441-0425(ISD)