



**BENJAMIN F. EDWARDS® & Co.**  
INVESTMENTS *for* GENERATIONS®

**Estate and Financial  
Organizer**

Client Name \_\_\_\_\_

## PERSONAL INFORMATION

Client 1

Client 2

Name \_\_\_\_\_ Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Birth date \_\_\_\_\_ Birth date \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Beneficiaries

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Current Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Current Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Current Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Current Address \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### If Minors – Name guardians and special considerations

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Pets

Veterinarian Name & Phone \_\_\_\_\_

Pet Names/Species \_\_\_\_\_

Successor Caregiver request: \_\_\_\_\_

Other information/details: \_\_\_\_\_

## CONTACT INFORMATION

### Emergency Contacts/ Close Neighbors

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Professional Contacts

Financial Advisor \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Attorney \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Accountant \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Executor/Personal Representative \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Guardian \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Trustee/Successor Trustee \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Other Professional \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Household Contacts**

	<i>Company</i>	<i>Phone</i>	<i>Username</i>	<i>Password/pin</i>
Plumber	_____	_____	_____	_____
Electrician	_____	_____	_____	_____
Heating/ Cooling	_____	_____	_____	_____
Phone	_____	_____	_____	_____
Electric	_____	_____	_____	_____
Cable	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

**MEDICAL INFORMATION**

**Client 1**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Health Insurance plan name \_\_\_\_\_ ID# \_\_\_\_\_

Medicare # \_\_\_\_\_ Medigap # \_\_\_\_\_

Allergies \_\_\_\_\_ Blood type \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

**Client 2**

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_  
Health Insurance plan name \_\_\_\_\_ ID# \_\_\_\_\_  
Medicare # \_\_\_\_\_ Medigap # \_\_\_\_\_  
Allergies \_\_\_\_\_ Blood type \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_

**Minor children/dependents**

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
User Name \_\_\_\_\_ Website \_\_\_\_\_ Password/pin \_\_\_\_\_  
Health Insurance plan name \_\_\_\_\_ ID# \_\_\_\_\_  
Any chronic Medical/ Health Concern \_\_\_\_\_ Child \_\_\_\_\_  
Allergies \_\_\_\_\_ Child \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Child \_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Child \_\_\_\_\_

**ASSET/LIABILITY OWNERSHIP**

**Benjamin F. Edwards & Co. Account Information**

<i>Account Number</i>	<i>Type of Account</i>	<i>Beneficiaries (Trust, IRAs, etc)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Other Investment/Bank Accounts**

<i>Bank/Institution</i>	<i>Account</i>	<i>Type of Account (Individual, joint, trust, etc.)</i>	<i>Beneficiaries (Transfer on death, trust, etc.)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Qualified Retirement Plans

Participant \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Plan Record Keeper/Administrator's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiaries \_\_\_\_\_ Secondary Beneficiaries \_\_\_\_\_

User Name \_\_\_\_\_ Password \_\_\_\_\_ Pin \_\_\_\_\_

Participant \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Plan Record Keeper/Administrator's Name \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Value \$ \_\_\_\_\_ Date \_\_\_\_\_

Primary Beneficiaries \_\_\_\_\_ Secondary Beneficiaries \_\_\_\_\_

User Name \_\_\_\_\_ Password \_\_\_\_\_ Pin \_\_\_\_\_

## List Annuity Contracts

Owned By \_\_\_\_\_ Issuer \_\_\_\_\_

Qualified (Q)/Non-Qualified (NQ) \_\_\_\_\_ Type of Contract\* \_\_\_\_\_

Beneficiary \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Living Benefit Base \$ \_\_\_\_\_

Policy Number \_\_\_\_\_

Owned By \_\_\_\_\_ Issuer \_\_\_\_\_

Qualified (Q)/Non-Qualified (NQ) \_\_\_\_\_ Type of Contract\* \_\_\_\_\_

Beneficiary \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Living Benefit Base \$ \_\_\_\_\_

Policy Number \_\_\_\_\_

Owned By \_\_\_\_\_ Issuer \_\_\_\_\_

Qualified (Q)/Non-Qualified (NQ) \_\_\_\_\_ Type of Contract\* \_\_\_\_\_

Beneficiary \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Cash Value \$ \_\_\_\_\_ Living Benefit Base \$ \_\_\_\_\_

Policy Number \_\_\_\_\_

\* FA-Fixed Annuity, IA-Indexed Annuity, VA-Variable Annuity, VAGMWB-Variable Annuity with Guaranteed Minimum Withdrawal Benefit

## Other Assets/Personal Property

<i>Value</i>	<i>Ownership/Title</i>	<i>Debt</i>
Home _____	_____	_____
Real Estate _____	_____	_____
Other _____	_____	_____
Personal Loans _____	_____	_____

Loan made to _____	Phone _____
Address _____	Collateral _____
Amount \$ _____	Written Loan Agreement.....Yes <input type="checkbox"/> No <input type="checkbox"/>

Loan made to _____	Phone _____
Address _____	Collateral _____
Amount \$ _____	Written Loan Agreement.....Yes <input type="checkbox"/> No <input type="checkbox"/>

### Personal Property Loans

Object	Loaned to	Phone	Address
_____	_____	_____	_____
_____	_____	_____	_____

Stored Assets \_\_\_\_\_

Object _____	Storage Location _____
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## Liabilities

<b>Home Mortgage Company</b> _____	Phone _____	
Account # _____	Balance _____	Interest Rate _____
Website _____	Username _____	Password/pin _____

<b>2<sup>nd</sup> Mortgage Company</b> _____	Phone _____	
Account # _____	Balance _____	Interest Rate _____
Website _____	Username _____	Password/pin _____

<b>Car Loan</b> _____	Phone _____	
Account # _____	Balance _____	Interest Rate _____
Website _____	Username _____	Password/pin _____

<b>Car Loan</b> _____	Phone _____	
Account # _____	Balance _____	Interest Rate _____
Website _____	Username _____	Password/pin _____

Liabilities Continued

**Credit Card** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Credit Card** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Credit Card** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Credit Card** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Credit Card** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Other Debts** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Other Debts** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Other Debts** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_

**Other Debts** \_\_\_\_\_ Phone \_\_\_\_\_

Account # \_\_\_\_\_ Balance \_\_\_\_\_ Interest Rate \_\_\_\_\_

Website \_\_\_\_\_ Username \_\_\_\_\_ Password/pin \_\_\_\_\_



## Business Ownership

Name of Business 1 \_\_\_\_\_

Description \_\_\_\_\_

Total Value \$ \_\_\_\_\_

Ownership and % Owned \_\_\_\_\_

Other Owners and % Owned \_\_\_\_\_

Type:            C-Corp            S Corporation            Partnership            Sole Proprietor            LLC/LLP

## INSURANCE POLICIES

### List Life Policies

Company \_\_\_\_\_ Type\* \_\_\_\_\_ Issue Date \_\_\_\_\_ Policy Number \_\_\_\_\_

Owner(s) \_\_\_\_\_ Insured(s) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Company \_\_\_\_\_ Type\* \_\_\_\_\_ Issue Date \_\_\_\_\_ Policy Number \_\_\_\_\_

Owner(s) \_\_\_\_\_ Insured(s) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

Company \_\_\_\_\_ Type\* \_\_\_\_\_ Issue Date \_\_\_\_\_ Policy Number \_\_\_\_\_

Owner(s) \_\_\_\_\_ Insured(s) \_\_\_\_\_

Beneficiary(ies) \_\_\_\_\_ Death Benefit \$ \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Cash Value \$ \_\_\_\_\_

*\* G-Group Term, SL-Survivorship Life, SPWL-Single Premium Whole Life, T-Term, UL-Universal Life, WL-Whole Life*

### Disability Insurance

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

### Long-Term Care Insurance

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

### Other Insurance

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Type \_\_\_\_\_

Phone \_\_\_\_\_ Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Type \_\_\_\_\_

Phone \_\_\_\_\_ Annual Premium \$ \_\_\_\_\_ Paid By \_\_\_\_\_

**Other Death Benefits**

	<i>Owner</i>	<i>Beneficiary</i>
Pension	\$ _____	_____
Military	\$ _____	_____
Fraternal Organizations	\$ _____	_____
Other	\$ _____	_____

**ESTATE DOCUMENTS**

**Client 1**

Will: ..... Yes  No

Date signed: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Personal Representative/Executor (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_

Drafting attorney and contact information: \_\_\_\_\_

Trust: ..... Yes  No

Date signed: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Date of Amendments, if any: \_\_\_\_\_

Date last reviewed: \_\_\_\_\_

Successors trustees: \_\_\_\_\_

Location of original: \_\_\_\_\_

Drafting Attorney: \_\_\_\_\_

Durable/Springing Power of Attorney: ..... Yes  No

Date created: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Name of agent/attorney-in-fact (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_

Health care directive/living will: ..... Yes  No

Date created: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Name of agent/attorney-in-fact (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_

**ESTATE DOCUMENTS**

**Client 2**

Will: ..... Yes  No

Date signed: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Personal Representative/Executor (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_

Drafting attorney and contact information: \_\_\_\_\_

Trust: ..... Yes  No

Date signed: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Date of Amendments, if any: \_\_\_\_\_

Date last reviewed: \_\_\_\_\_

Successors trustees: \_\_\_\_\_

Location of original: \_\_\_\_\_

Drafting Attorney: \_\_\_\_\_

Durable/Springing Power of Attorney: ..... Yes  No

Date created: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Name of agent/attorney-in-fact (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_

Health care directive/living will: ..... Yes  No

Date created: \_\_\_\_\_ Date last reviewed: \_\_\_\_\_

Name of agent/attorney-in-fact (including successors): \_\_\_\_\_

Location of original: \_\_\_\_\_



## Electronic

	<i>Website</i>	<i>Username</i>	<i>Pin</i>	<i>Password</i>
Computer - home	_____	_____	_____	_____
Computer - work	_____	_____	_____	_____
Operating System	_____	_____	_____	_____
Voicemail - home	_____	_____	_____	_____
Voicemail - work	_____	_____	_____	_____
Voicemail - cell	_____	_____	_____	_____
Security System	_____	_____	_____	_____
Tablet	_____	_____	_____	_____
Router	_____	_____	_____	_____
DVR	_____	_____	_____	_____
TV	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____

## Email

	<i>Email Adress</i>	<i>Password/pin</i>
Home	_____	_____
Work	_____	_____
Other	_____	_____
Other	_____	_____

## Domains

<i>Domain Name</i>	<i>Webhost</i>	<i>Username</i>	<i>Password/pin</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Online Storage

<i>Domain Name</i>	<i>Webhost</i>	<i>Username</i>	<i>Password/pin</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Banking

<i>Bank</i>	<i>Checking/Savings</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## Stocks, Bonds and Securities

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Income Taxes

	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>
Federal	_____	_____	_____
State	_____	_____	_____
Other	_____	_____	_____

## Utilities

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Online Shopping

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
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## Social Networks

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
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## Digital Media Accounts

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
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## Loyalty Accounts (Airlines, Gas etc.)

<i>Institution Name</i>	<i>Website</i>	<i>Username</i>	<i>Password/pin</i>	<i>Additional Information</i>
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## FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 1

Religious Affiliation, if any \_\_\_\_\_

Place of Worship, if any \_\_\_\_\_

Clergy to contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I prefer:  Burial  Cremation  Bequeathal

I prefer:  Funeral  Service  Memorial Service  No Ceremony

Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Memorial Society \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Bequeathal Arrangement with \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Arrangements \_\_\_\_\_

If Funeral

Cemetery Preferred \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Prepaid funeral service provider \_\_\_\_\_

Prepaid burial lot location \_\_\_\_\_

I would like to request the following pallbearers \_\_\_\_\_

I prefer:  A Viewing  No Viewing  
 Open Casket  Closed Casket  No Casket  
 Embalming  No Embalming  
 Flowers  No Flowers  
 Donations to \_\_\_\_\_

If service is preferred:

Music \_\_\_\_\_

Readings \_\_\_\_\_

Participants \_\_\_\_\_

If cremation is preferred:

Ashes should be handled as follows \_\_\_\_\_

Information for obituaries and death notices for Client 1

Education \_\_\_\_\_

Civic Affiliations \_\_\_\_\_

Political Affiliations \_\_\_\_\_

Religious Affiliations \_\_\_\_\_

Military Service \_\_\_\_\_

Honors/Awards/Achievements \_\_\_\_\_

Employment Highlights \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survivors (Immediate Family) \_\_\_\_\_

\_\_\_\_\_

Information that should not be shared: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## FUNERAL AND BURIAL ARRANGEMENTS FOR CLIENT 2

Religious Affiliation, if any \_\_\_\_\_

Place of Worship, if any \_\_\_\_\_

Clergy to contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I prefer:  Burial  Cremation  Bequeathal

I prefer:  Funeral  Service  Memorial Service  No Ceremony

Funeral Home \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Memorial Society \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Bequeathal Arrangement with \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Other Arrangements \_\_\_\_\_

If Funeral

Cemetery Preferred \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Prepaid funeral service provider \_\_\_\_\_

Prepaid burial lot location \_\_\_\_\_

I would like to request the following pallbearers \_\_\_\_\_

I prefer:  A Viewing  No Viewing  
 Open Casket  Closed Casket  No Casket  
 Embalming  No Embalming  
 Flowers  No Flowers  
 Donations to \_\_\_\_\_

If service is preferred:

Music \_\_\_\_\_

Readings \_\_\_\_\_

Participants \_\_\_\_\_

If cremation is preferred:

Ashes should be handled as follows \_\_\_\_\_

Education \_\_\_\_\_

Civic Affiliations \_\_\_\_\_

Political Affiliations \_\_\_\_\_

Religious Affiliations \_\_\_\_\_

Military Service \_\_\_\_\_

Honors/Awards/Achievements \_\_\_\_\_

Employment Highlights \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Survivors (Immediate Family) \_\_\_\_\_

\_\_\_\_\_

Information that should not be shared: \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

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