



**BENJAMIN F. EDWARDS<sup>®</sup>**  
INVESTMENTS *for* GENERATIONS<sup>®</sup>

**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: \_\_\_\_\_

	<i>Location</i>	<i>Other Information/Contact</i>
Personal Papers	_____	_____
Birth Certificate	_____	_____
Passports	_____	_____
Social Security cards	_____	_____
Marriage certificate	_____	_____
Divorce/separation papers	_____	_____
Adoption papers	_____	_____
Military/Employment Records	_____	_____
Family death certificates	_____	_____
Financials (tax returns, bank accounts)	_____	_____
Insurance Policies (home, health, life)	_____	_____
Personal Loans	_____	_____
Other ( _____ )	_____	_____

## PERSONAL INFORMATION

Location of safe deposit box (institution) \_\_\_\_\_ Address \_\_\_\_\_

Names of those authorized to open safe deposit box \_\_\_\_\_

Location of keys \_\_\_\_\_

## DIGITAL ASSETS

### Estate Planning Provisions

Do you have provisions for your digital data in your will or trust?

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## 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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DISCLAIMER: This document is for personal use only for the client to informally organize their estate and financial matters. The contents of this document are not designed to be legally binding. Benjamin F. Edwards, its financial consultants and its employees are not tax or legal advisors. Clients should work with their tax and legal professionals to implement any tax or legal planning.

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