

MY PERSONAL PORTFOLIO



My Personal Portfolio is a useful record that provides direction
and important information for your loved ones.

855-EZ-2-PLAN

Name: _____ Date: _____

“There are some things you do WITH your family... There are some things you do FOR your family!”



MY PERSONAL HISTORY

The following vital information is used on the death certificate. Providing this information in advance is one of the greatest gifts you can give your loved ones.

Vital Information

Date: _____

Name: _____
First Middle Last Maiden

Address: _____
Street Address City State Zip

In County Since: _____ Last City of Residence: _____

Gender: Male Female Phone: _____ Email: _____

Social Security Number: _____ Race: _____

Hispanic Descent? Yes No Specify: _____

Place of Birth: _____
City County State Zip

Date of Birth: _____ Age: _____
MM/DD/YYYY

Marital Status: Married Domestic Partnership Divorced Never Married Widowed

Place/Date: _____ Spouse/Partner Name: _____
First Middle Last Maiden

Father's Name: _____ Place of Birth: _____
First Middle Last City State

Mother's Name: _____ Place of Birth: _____
First Middle Last Maiden City State

Usual Occupation: _____ Industry: _____

Employer: _____ Phone: _____ Years in Occupation: _____

Grade of Education: _____ Schools Attended/Degree(s)/Certificate(s): _____

Religious and Social Affiliations: _____

My Hobbies/Interests: _____

Armed Forces Service:

Branch of Service: _____ Service Number: _____

Date Entered: _____ Place of Entry: _____

Type of Separation or Discharge of Service: _____ Date: _____

Wars/Conflicts Served: _____ Highest Rank/Rating: _____

Place of Discharge: _____

Location of Discharge Papers (DD214): _____

Medals/Honors/Citations: _____

Additional Information: _____

MY FAMILY AND LOVED ONES

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Number of Grandchildren: _____ Number of Great-Grandchildren: _____

My Family's Support

This is a list of your close friends in the event your family needs help notifying friends and loved ones, running errands, house sitting, etc.

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

Name: _____ Relationship: _____ Main Phone: _____

Address: _____ Email: _____

My Pet's Support

Name(s): _____ Type: _____

Veterinarian: _____ Phone: _____

Groomer: _____ Phone: _____

Sitter: _____ Phone: _____

Have you arranged for pet care? Yes No

My Special Instructions

My Service Preferences

Funeral Home: _____ Phone: _____

Service Location: Funeral Home Church: _____
 Graveside Other: _____

Clergy/Officiant: _____ Phone: _____

Disposition Preference: Casket Burial Mausoleum Cremation Other: _____

Specific Casket or Urn: _____

Viewing: Yes No Public Private Casket: Open Closed

Special Instructions: _____

Glasses to be Worn? Yes No After viewing, remove and give to: _____

Jewelry to be Worn? Yes No After viewing, remove and give to: _____

Specific Descriptions: _____

Participating Organization(s): _____

Military Honors: Yes No Presidential Certificate Quantity (Veterans): _____

Flag (Veterans): Folded Draped Give To: _____

Flag Case: Yes No Give To: _____

Video Tribute: Yes No Photos Provided By: _____

Obituary: Yes No Name of Newspaper: _____

Register Book: _____

Service Folders: _____

Memorial Folders: _____

Acknowledgement Cards: _____

Prayer Cards: _____

Pallbearers: 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Music: 1) _____ 2) _____

3) _____ 4) _____

Passages/Quotes/Poems: 1) _____ 2) _____

3) _____ 4) _____

Favorite Flowers: _____

Contributions to Charitable/Religious Organizations: _____

My Cemetery Preferences

I Own Cemetery Property? Yes Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

Type of Property: Lawn Lawn Crypt Mausoleum

Cremation Lawn Niche Scattering: _____

Section/Garden/Niche: _____ Lot: _____ Space: _____

Marker Purchased? Yes No Granite Bronze Military Size: _____

Outer Burial Container Purchased? Yes No Type: _____

Additional Instructions: _____

My Desired Cemetery: _____

Address: _____

City: _____ State: _____ Phone: _____

My Special Requests

My Personal Message

Please use this space to include any message that will express your personal philosophies on life, provides a lasting memory or shares a favorite quote of yours.

My Attestation

To ease the burden on my family in making my final arrangements, the preceding information conveys my wishes. I have completed all of the above information to the best of my knowledge.

Signature: _____ Date: _____

Advance Planning Specialist: _____ Date: _____

Phone Number: _____

MY PPS LEGACY FUNDSM

1. Funeral/Cremation Services	\$ _____
2. Cemetery/Disposition Costs	\$ _____
3. Family Gathering/Reception Allowance	\$ _____
4. Current Monthly Expenses x 3 months (minimum)	\$ _____
5. Pet Care	\$ _____
6. Estate Planning Attorney Retainer Fee	\$ _____
7. Anticipated Property Taxes	\$ _____
8. Unexpected Medical Bills	\$ _____
9. Legacy Gift to Loved Ones	\$ _____
10. Donation to Charitable/Religious Organization	\$ _____
11. Other	\$ _____
TOTAL	\$ _____

Standard Issue
 Guaranteed Issue
 Age: _____
 Single Premium Option \$ _____

Payment Plan Options

Monthly
 Quarterly
 Semi-Annual
 Annual

3-Year \$ _____ x 36 months = \$ _____ - \$ _____ = \$ _____
Total Premiums Policy Amount Insurance Fees over Policy Period

\$ _____ ÷ 3 years = \$ _____ ÷ 12 months = \$ _____
Insurance Fees Annual Insurance Fees Monthly Insurance Fees

5-Year \$ _____ x 60 months = \$ _____ - \$ _____ = \$ _____
Total Premiums Policy Amount Insurance Fees over Policy Period

\$ _____ ÷ 5 years = \$ _____ ÷ 12 months = \$ _____
Insurance Fees Annual Insurance Fees Monthly Insurance Fees

7-Year \$ _____ x 84 months = \$ _____ - \$ _____ = \$ _____
Total Premiums Policy Amount Insurance Fees over Policy Period

\$ _____ ÷ 7 years = \$ _____ ÷ 12 months = \$ _____
Insurance Fees Annual Insurance Fees Monthly Insurance Fees

10-Year \$ _____ x 120 months = \$ _____ - \$ _____ = \$ _____
Total Premiums Policy Amount Insurance Fees over Policy Period

\$ _____ ÷ 10 years = \$ _____ ÷ 12 months = \$ _____
Insurance Fees Annual Insurance Fees Monthly Insurance Fees

Prepared by (print name) _____

Phone Number _____

Agent License Number _____

MY IMPORTANT INFORMATION

My Estate Plan

My Attorney: _____ Phone: _____

I have a Will Living Trust Name of Guardian: _____ Phone: _____

Advance Health Care Directives Name of Agent: _____ Phone: _____

Durable Power of Attorney Name of Agent: _____ Phone: _____

Financial Power of Attorney Name of Agent: _____ Phone: _____

My Location of Important Items

Safety Deposit Box / Location of Key: _____ Personal Safe / Location of Code: _____

Storage Unit / Location: _____ Property Elsewhere / Location: _____

My Real Estate Property

My Realtor: _____ Phone: _____

Mortgage Lender: _____ Phone: _____

I have a Deed Own Private Notes or Loans with: _____ Phone: _____

Rental Properties Management Co: _____ Phone: _____

My Insurance Policies

Life Insurance Co. Name: _____ Agent: _____ Phone: _____

Long Term Care Ins. Name: _____ Agent: _____ Phone: _____

Medical Insurance Name: _____ Agent: _____ Phone: _____

Home/Renter Ins. Name: _____ Agent: _____ Phone: _____

Auto Insurance Name: _____ Agent: _____ Phone: _____

Veteran's Ins. Name: _____ Agent: _____ Phone: _____

Name: _____ Agent: _____ Phone: _____

My Financial Accounts

Financial Advisor: _____ Phone: _____

Tax Preparer: _____ Phone: _____

Checking: _____ Savings: _____ Credit Union: _____

Money Market: _____ CD(s): _____ Annuities: _____

Stock Certificates: _____ Bond Certificates: _____ Mutual Funds: _____

Pension: _____ IRA: _____ 401(k) or 403(b): _____

My Business

Sole Proprietor Successor: _____ Phone: _____

LLC Successor: _____ Phone: _____

Corporation Successor: _____ Phone: _____

PPS EXTENDED CARE PROGRAM™

As part of the PPS Extended Care Program™ Pre-Planning Solutions, Inc. (PPS) offers practical assistance for your loved ones immediately following a death.

The vital information in this portfolio must be completed for us to efficiently assist your loved ones at the time of need. This information will allow PPS or one of its affiliates to facilitate the process of taking care of the 12 Steps below that will need to be handled in a timely fashion.

A Certified Copy of the Death Certificate is required to complete each transaction of business however, it is not required to request the claim forms necessary to file for benefits.

1. Set Appointments with Key Advisors

- Estate Planning Attorney
- Financial Advisor
- CPA and /or Tax Preparer

2. Notify Financial Institutions and Credit Card Companies

3. Notify Social Security (800) 772-1213

- Request a Phone or In Person Appointment – Discuss Survivors Benefits

4. Notify Veteran Administration Office (800) 827-1000

- Order Presidential Certificate via the VA Form 40-0247 - Must Submit Copy of DD214
- Inquire About Life Insurance Policy with the VA

5. Notify Employer

- Request Final Paycheck and Inquire about Possible Vested Vacation Time Accrued
- Inquire About Employee Life Insurance Policy or Union Death Benefits
- File for Pension or Annuity Benefits

6. Notify Life Insurance Agent(s) or Companies

- Request & File Insurance Claim Forms
- Cancel Policies that are Not Needed such as Medical Insurance
- Change “Named Insured” on Active Policies such as Auto Insurance
- Change Beneficiary Name on Active Policies for All Surviving Loved Ones

7. Notify Post Office

- Request Stop or Redirecting Mail at the Post Office
- Remove Name from Advertisers’ Mailing Lists - Deceased Do Not Contact List - DMA.org

8. Notify Department of Motor Vehicles (DMV)

- Clear Driver’s License or Identification Card
- Return Disabled Person(DP) Parking Placard – Must be returned within 60 Days
- Transfer of Owner Vehicle(s) and Maintain Registration on Vehicle(s) until transferred

9. Notify Utility Companies

- Water & Gas & Electric
- Phone(s) and/or Cable Company

10. Cancel Subscriptions

- Magazines
- Memberships

11. Notify Doctors & Dentist

12. Provide Grief Support Options

Social Security

A portion of the Social Security taxes you pay are applied towards a one-time death benefit per married couple of \$255.00. More information about various survivor benefits is available at www.ssa.gov. The amount of these benefits will be determined by the Social Security Administration.

For answers to your specific questions or to file a claim, contact Social Security weekdays between the hours of 7 a.m. and 7 p.m. at (800) 772-1213. TDD users can call (800) 325-0778. The operator will need to know the deceased person's social security number, date of death and survivor's information.

Veteran's Administration

Honorably discharged veterans are entitled to burial at any of the national cemeteries with available space.

The benefits include:

- Grave space for the veteran and their spouse
- Opening and closing of the grave
- Perpetual care
- Outer-burial container
- Government headstone or marker for the grave or niche
- Burial flag, presidential memorial certificates
- Burial allowances, in some cases

For specifics regarding eligibility and options, contact the Veterans Administration at (800) 827-1000 or on the internet at www.va.gov. Be sure to have your VA number available for the benefits administrator when you call.

Federal Employees

Survivors of federal government employees may be eligible for a wide range of benefits including group life insurance, annuities and health insurance continuation. For specifics regarding eligibility, contact the Office of Personnel Management at (888) 767-6738 or visit their website at www.opm.gov.

Life Insurance vs. The PPS Legacy FundSM (Asset Protected Trust)

According to LIMRA (Life Insurance Marketing and Research Association) 70% of women and 62% of men believe that Life Insurance is a necessity. Limra also states that one of the primary reasons Americans purchase Life Insurance is to cover burial and final expenses. Typical Life Insurance is purchased to provide funds to help one's family live the same quality of life after one's death. Claiming funds requires a certified copy of a death certificate and can take anywhere from 30-120 days to be processed and paid to the beneficiary.

The PPS Legacy FundSM is created by taking an existing asset, putting those funds into a Whole Life Insurance policy and that policy is held in an Irrevocable Trust. This unique fund pays out to your loved ones within **24-48 business hours without a death certificate!** In addition to covering funeral or cremation expenses, it provides the funds necessary to pay for ongoing expenses while waiting for your estate to be settled.

The PPS Legacy FundSM (Asset Protected Trust)

- Pays Out Within 24-48 Business Hours Without a Death Certificate
- Most Funds Are Not Considered An Asset and Are Protected From Creditors
- Everyone Qualifies Via a Guarantee Issue Life Insurance Product
- Available for Ages 0-99
- No Medical Exam Required

The above general information is not offered as legal advice or product guarantees. The Asset Protection Trust products may not apply to all persons nor to all states. Insurance provided by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with the Guardian Life Insurance Company of America aka the Guardian or Guardian Life. CA Insurance License #0G55452

Living Trusts

A Living Trust is a legal means that allows you to transfer property without the necessity of probate. Living Trusts are created while you're alive to transfer your property directly to your beneficiaries upon death. This avoids the costs and delays of probate. A Living Trust is recommended to be obtained through an Estate Planning Attorney.

Power of Attorney

The Power of Attorney document gives another person legal authority to act on your behalf. If you create such a document, you are called the principal, and the person to whom you give this authority is called your attorney-in-fact.

If you make a Durable Power of Attorney, the document will continue in effect even if you become incapacitated.

Advance Health Care Directive

An Advance Health Care Directive protects you when you can't communicate your health care wishes. An Advance Health Care Directive is a legal document, also known as a Living Will, Personal Directive, Advance Directive, or Advance Decision, which allows you to appoint an agent or healthcare proxy and provides written instructions regarding your wishes about certain kinds of medical treatments and life-prolonging procedures, should you no longer be able to make decisions due to illness or incapacity. Laws vary from state to state. Check with your Estate Planning Attorney for specific laws related to Advance Health Care Directives.

Will

A Will or Testament is a legal declaration by which you name one or more persons to manage your estate and provide for the transfer of real and personal property at death. You can also use your Will to name a guardian for your young children. Wills must be handled through a process known as probate. If you don't have a Will the state can distribute your possessions according to their discretion, which may not fulfill your needs. Obtaining a Will is recommended to be handled with your Estate Planning Attorney.

Probate

Simply stated, probate is the court process following a person's death that includes:

- Authentication of the deceased person's Will
- Appointment of an executor to handle the deceased person's affairs
- Identification and inventory of the deceased person's property
- Payment of all debts and taxes
- Identification of heirs
- Distribution of the deceased person's property according to their Will or, if a Will does not exist, according to state law
- Probate is taken care of by an attorney, and is the process of settling one's estate
- Probate is costly, and can be prevented when you set up a Living Trust
- Life insurance policies, property held in joint tenancy and community property belonging to your spouse are not subject to probate

Probate can be avoided with proper Estate Planning!

The above general information is not offered as legal advice, but merely as general information. The laws of each state vary and are subject to change. Pre-Planning Solutions makes no warranty or guaranty of the accuracy or reliability of such information. Should you have any questions regarding the foregoing, you should seek the advice of legal counsel before acting or relying on any of the information contained herein.



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