



A Letter of Final Instructions to My Family

I have completed the following letter to ensure my family and friends are aware of my personal thoughts and desires and are able to locate my personal documents if I should become incapacitated or upon my death. *(This completed form should be placed in a safe, secure location known to you and those you trust.)*

Name: _____

Part I. Final Arrangements

A. Donation of organs and/or my body *(please check one)*

- _____ I have a formal arrangement with _____ that will permit any of my bodily parts to be donated for science and/or the benefit of another person.
- _____ I have not entered into a formal arrangement but desire to donate any part of my body that can be used for science/the benefit of another person/etc.
- _____ I do not desire to have my organs/bodily parts donated.

B. Regarding my body *(please check one)*

- _____ I want to be cremated and:
 - _____ I want my ashes scattered at/over the following location: _____
 - _____ I want my ashes buried at the following location: _____
 - _____ I would like for my family to retain my ashes.
- _____ I do not wish to be cremated.
- _____ I do not care whether or not I am cremated.

C. Funeral Arrangements *(complete all that apply)*

1. I have already made funeral pre-arrangements with _____ (funeral home), and you may contact (name) _____ at _____ (phone number) to discuss.
2. I have not made pre-burial arrangements but prefer my family/executor engage _____ (funeral home) to handle my funeral proceedings.
3. I have a cemetery plot at _____ that I would like to be used for my burial.

4. I have made no arrangements and desire for my family to choose how to handle any and all funeral arrangements (Y/N): _____
5. I desire for a memorial service to be held at: _____
6. I would prefer to only have a graveside funeral service (in lieu of a memorial service or other funeral service) (Y/N): _____

D. Additional Information

1. I have these special requests for any of the services listed on the preceding page:
2. Where to send flowers/to whom to make donations:
3. Obituary information, including important organizations/people, military and/or career history, etc.
(attach additional sheet if desired):

E. Information for a Death Certificate *(complete in full)*

1. My father's name is _____. He was born on _____ at _____.
He passed away on _____ at _____.

2. My mother's maiden name is _____. She was born on _____ at _____
_____. She passed away on _____ at _____.
3. My spouse's name is _____. He/She was born on _____ at _____
_____. He/She passed away on _____ at _____.
4. I was born on _____ at _____.

F. Decisions Deferred to Family (choose one option, if desired)

- _____ I desire that _____ make these elections on my behalf. If _____ is
not living at the time of my passing, then _____ shall make the final decision.
- _____ I desire for my children to make the decision regarding the above matters. If they are unable to come
to a unanimous agreement, then a majority vote shall be held.

Part II. Estate and Financial Information

A. Safe Deposit Box

- _____ I have a safe deposit box with _____ (financial institution),
at _____ (address).
1. The key(s) is located: _____
2. The following people are authorized to access the box: _____

- _____ A copy of my will dated _____ is in my safe deposit box (y/n): _____
- _____ A copy of my will is not in my safe deposit box but can be located at/with: _____

- _____ Location of any other important legal or financial documentation not stored in safe deposit box:
1. Trust Agreement(s) (dated): _____
2. Power of Attorney (Legal or Health Care) – (dated): _____
3. Other: _____

B. Disposition of Tangible Personal Property (Personal Items and Mementos – *check all that apply*)

- _____ I've prepared a written memo dated _____ and it is located: _____
- _____ My executor should defer to my will regarding the disposition of my tangible personal property.
- _____ Other: _____

C. Contact Information for Important Professionals

1. My lawyer's name is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
2. My accountant's name is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
3. My business lawyer is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
4. My business accountant is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
5. My financial advisor's name is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
6. My Physician's name is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____
7. (If the beneficiary of a trust) The Trustee's name is _____, and you can contact
him/her at Ph: _____; Email: _____;
Address: _____

D. Regarding my Bank Accounts (check/complete as applicable)

_____ I have a checking/savings/money market/CD account with the following institutions:
*Please include the following information— 1) Name of Financial Institution, 2) Type of Account,
3) Ownership (Sole, JTWROS, etc.), 4) Account Number (Consider attaching a consolidated
statement, if available).*

1. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access

2. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access
3. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access
4. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access

E. Regarding my Investments Accounts and/or Securities (*check/complete as applicable*)

- _____ I have brokerage/investment accounts with the following firms:
Please include the following information— 1) Name of Financial Institution, 2) Ownership, 3) Account Number (Consider attaching a consolidated statement, if available).

1. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access
2. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access
3. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access

- _____ I have physical certificates/bonds held in the following location(s):

- _____ I have invested in shares of the following mutual funds directly with these companies
(*consider attaching statements, if available*):

1. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access
2. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access

3. _____
_____ Online Access User ID/Password: _____
_____ I do not wish to share this information/do not have online access

F. Business Interests - C Corporation, S Corporation, LLC, Partnership, etc. (attach additional sheets, if needed)

1. _____
_____ Type of Entity: _____
_____ Percent Ownership: _____
_____ Names and Ownership Percentage of Other Owners _____
_____ Is there an existing buy-sell agreement? (Y/N) Where located? _____
2. _____
_____ Type of Entity: _____
_____ Percent Ownership: _____
_____ Names and Ownership Percentage of Other Owners _____
_____ Is there an existing buy-sell agreement? (Y/N) Where located? _____

G. Regarding my Insurance Policies (Life, Medical, Disability, Long-Term Care, Homeowners, Automobile)

(check/complete as applicable)

- _____ I have insurance policies with the following providers: *Please include— 1) name of insurer, 2) policy type, 3) policy number (attach a separate page for additional policies)*
1. _____
_____ Insurer contact information: _____
_____ I know the beneficiary of the policy is: _____
_____ I do not know who the beneficiary of this policy is.
Face amount/death benefit: _____
2. _____
_____ Insurer Contact Information: _____
_____ I know the beneficiary of the policy is: _____
_____ I do not know who the beneficiary of this policy is.
Face amount/death benefit: _____

3. _____
- Insurer Contact Information: _____
- _____ I know the beneficiary of the policy is: _____
- _____ I do not know who the beneficiary of this policy is.
- Face amount/death benefit: _____

H. Regarding my Retirement Accounts (IRAs/Qualified Retirement Plans, 401k, 403b, Profit Sharing/Pension Plans etc.) You may contact:

1. _____ (name) at/with _____ (firm).
- i. Contact Information: _____
- ii. Passcode or PIN (*if applicable*): _____
- iii. Account Name/Number: _____
- iv. Name of Beneficiary & Contact Information (*if known*): _____
2. _____ (name) at/with _____ (firm).
- i. Contact Information: _____
- ii. Passcode or PIN (*if applicable*): _____
- iii. Account Name/Number: _____
- iv. Name of Beneficiary and Contact Information (*if known*): _____
3. _____ (name) at/with _____ (firm).
- i. Contact Information: _____
- ii. Passcode or PIN (*if applicable*): _____
- iii. Account Name/Number: _____
- iv. Name of Beneficiary and Contact Information (*if known*): _____
4. _____ (name) at/with _____ (firm).
- i. Contact Information: _____
- ii. Passcode or PIN (*if applicable*): _____
- iii. Account Name/Number: _____
- iv. Name of Beneficiary and Contact Information (*if known*): _____

5. I have a separate list of beneficiaries, and I will attach it to this letter. (Y/N)

I. Regarding my Real Property (check/complete as applicable)

- _____ I own the real property located at my primary address
- _____ I also own real/personal property in other locations (*please include type of property, how it is titled and its address*)
1. _____
 2. _____
 3. _____

J. Regarding Obligations (check/complete as applicable)

- _____ I owe nothing but current utility/cable/cellular phone bills.
- _____ I owe these amounts for the following liabilities (*amount, issuer, account number*):
1. Mortgage: _____
 - i. Online Access User ID/Password: _____
 2. Auto Loan _____
 - i. Online Access User ID/Password: _____
 3. Credit Card/Line of Credit _____
 - i. Online Access User ID/Password: _____
 4. Credit Card/Line of Credit _____
 - i. Online Access User ID/Password: _____
 5. Additional/Other: _____
- _____ I am owed the following amounts from people (*include borrower, amount, and terms of loan*):
1. _____
 2. _____

K. Regarding Financial Records/Income Tax Returns and Access (check/complete as applicable)

- _____ I have kept paper files for my financial records/income tax returns, and they are stored in the following locations:
1. _____
 2. _____
- _____ I have maintained my financial records and/or income tax returns on my computer, and they are located in the following folder (*include folder name and/or location*):
1. Folder name: _____

2. The password to my computer is: _____

3. The passcode for the financial records folder (*if applicable*) is: _____

_____ Financial records unavailable in the locations above may be available with my financial advisor/broker/investment manager who can be contacted at (*include name, address, and telephone number*): _____

L. Regarding my Digital Assets (Email, Social Media, Online Business/Financial Accounts, etc.)

I desire the following actions be taken after my death, with regards to digital accounts/assets (*attach a separate sheet for additional accounts*):

1. Email Accounts

i. Email Address: _____

a. Password: _____ b. Action To Be Taken: _____

ii. Email Address: _____

a. Password: _____ b. Action To Be Taken: _____

iii. Email Address: _____

a. Password: _____ b. Action To Be Taken: _____

2. Social Networking Accounts

i. Facebook

a. User ID/Password: _____ b. Action To Be Taken: _____

ii. Twitter

a. User ID/Password: _____ b. Action To Be Taken: _____

iii. Cloud/Google Drive

a. User ID/Password: _____ b. Action To Be Taken: _____

3. Websites/Blogs (*Personal and/or Business*)

i. URL Address: _____

a. Web Hosting Company: _____

b. User ID/Password: _____

c. Action To Be Taken: _____

ii. URL Address: _____

Web Hosting Company: _____

b. User ID/Password: _____

c. Action To Be Taken: _____

4. Digital Pictures/Music/Videos

i. Action To Be Taken: _____

5. Loyalty Programs (*Airline, Lodging, etc.*)

i. Loyalty Program: _____

a. Username/Loyalty Number and Password: _____

b. Action To Be Taken: _____

ii. Loyalty Program: _____

a. Username/Loyalty Number and Password: _____

b. Action To Be Taken: _____

iii. Loyalty Program: _____

a. Username/Loyalty Number and Password: _____

b. Action To Be Taken: _____

6. Cell Phone

i. Phone Number: _____

ii. Passcode: _____

iii. Password or ID: _____

Part III. Personal Message to my Family and/or Friends (*attach a separate page if desired*)

Part IV. Other Information/Notes

Signature: _____ Date: _____

This form is provided as a service of the Church of God Benefits Board, Inc. This information does not take the place of a Last Will and Testament or the advice of legal counsel. However, it does allow a person to place in one location their final wishes and desires, while also providing basic information that may not be contained in more formal legal documents. This document should be updated frequently and placed in a location where the next of kin may easily access such.

The Board of Trustees and/or the staff of the Benefits Board are not engaged in rendering financial advice, legal advice, estate planning, or other financial planning services. If such advice is desired or required, the services of a competent professional should be sought.

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