

T. Rowe Price Estate Planning Guide: *What Your Family Needs to Know*



This form is designed to help you organize basic information about you, your family and professional advisers, and your financial affairs. This important record of contact and account information will be especially helpful if you become incapacitated and you need someone to step in suddenly to manage your financial affairs. If you are married, each spouse should complete a form, with their own personal information. For information you share in common simply indicate which spouse's form contains those facts and figures.

Helpful Instructions:

1. You have the option of:
 - Printing out this form and writing your information in, or
 - Typing your information directly into the form
2. Do your best to fill out this form completely.
3. Make sure you keep this form up to date.
4. Tell your family about this valuable record of your information.
5. Keep the completed form in a secure location that is easily accessible. This will make it more convenient to update and easier for your family to locate.
6. If you have questions about any of the terms used in this form, please refer to the Terms and Definitions section of our Estate Planning website at troweprice.com/estateplanning.

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This record was last reviewed, or revised, by me on: _____
(date)

Personal Information

Full name at present: _____
(first) (middle) (maiden) (last)

Address (primary residence): _____

Phone: _____

Address (second home): _____

Phone: _____

Birth date: _____ Social Security number: _____

Place of birth (city, county, state, country): _____

I am a citizen of: _____ By birth or By naturalization

I was naturalized on: _____ (date) at _____ (place)

Naturalization number: _____

Father's name: _____

Mother's maiden name: _____

Passport number: _____ Country of issue: _____

Driver's license number: _____ State of issue: _____

Employer: _____

Date of employment: _____

Address of employer: _____

Work Phone: _____

Name of personal assistant (if any): _____

Phone: _____

Family Information

Current spouse's name: _____
(first) (middle) (maiden) (last)

Address (if different from yours): _____

Birth date: _____ Social Security number: _____

Place of birth (city, county, state, country): _____

Is a citizen of: _____ By birth or By naturalization

Was naturalized on: _____ (date) at _____ (place)

Naturalization number: _____

I am currently beneficiary of the following trust/trusts created under my spouse's will:

Employer: _____

Date of employment: _____

Address of employer: _____

Title: _____

Former spouse's name: _____
(first) (middle) (maiden) (last)

Address: _____

Birth date: _____ Social Security number: _____

Date of death (if applicable): _____ Location: _____

Date of marriage to you: _____ Location: _____

Date of divorce from you: _____ Court where divorce is recorded: _____

Children (Natural or by Legal Adoption)

Child's name: _____ Parents' names: _____

Birth date: _____ Social Security number: _____ Phone: _____

Marital status: _____

Address: _____

Child's name: _____ Parents' names: _____

Birth date: _____ Social Security number: _____ Phone: _____

Marital status: _____

Address: _____

Child's name: _____ Parents' names: _____

Birth date: _____ Social Security number: _____ Phone: _____

Marital status: _____

Address: _____

Child's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Marital status: _____
Address: _____

Grandchildren (Natural or by Legal Adoption)

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Grandchild's name: _____ Parents' names: _____
Birth date: _____ Social Security number: _____ Phone: _____
Address: _____

Pets

Name: _____ Approximate current age: _____

Special information: _____

Kennel or caregiver and/or walker or trainer: _____

Address: _____ Phone: _____

Name: _____ Approximate current age: _____

Special information: _____

Kennel or caregiver and/or walker or trainer: _____

Address: _____ Phone: _____

Veterinarian's name: _____ Name of Practice: _____

Address: _____ Phone: _____

Special Friends and Neighbors

Name of friend with whom I am in constant contact: _____

Address: _____ Phone: _____

Name of friend with whom I am in constant contact: _____

Address: _____ Phone: _____

Name of friend with whom I am in constant contact: _____

Address: _____ Phone: _____

Professional Service Providers

Attorney's name: _____ Law firm: _____

Address: _____ Phone: _____

Accountant's name: _____ Firm name: _____

Address: _____ Phone: _____

Financial planner's name: _____ Firm name: _____

Address: _____ Phone: _____

Travel agent's name: _____

Agency: _____

Phone: _____

Other adviser's name: _____ Firm name: _____

Profession: _____

Address: _____ Phone: _____

Other adviser's name: _____ Firm name: _____
Profession: _____
Address: _____ Phone: _____

Health Care

Personal physician's name: _____ Phone: _____
Address: _____

Specialist physician's name: _____ Phone: _____
Address: _____

Area of specialization: _____

Dentist's name: _____ Phone: _____
Address: _____

Other professional's name: _____ Phone: _____
Profession: _____
Address: _____

Other professional's name: _____ Phone: _____
Profession: _____
Address: _____

Funerals and Interment

Prepaid arrangements made with funeral home or cemetery: yes no

Name: _____

Address: _____

Contact person: _____ Phone: _____

Special wishes for service: _____

Name and location of cemetery: _____

Plot location (if any): _____

Other wishes: _____

Other information: _____

Insurance Policies

Life Insurance

The following policies are either ones I own and/or ones that are owned by others where I am the insured. The list also includes any coverage I own through my employer.

Insurance company: _____ Type of policy: _____ Policy number: _____
Face amount of policy: _____ Loans outstanding? yes no
Owner of policy: _____
Insured: _____
Primary beneficiary: _____
Secondary beneficiary: _____
Insurance agent's name: _____ Phone: _____
Name of agency: _____
Address: _____

Insurance company: _____ Type of policy: _____ Policy number: _____
Face amount of policy: _____ Loans outstanding? yes no
Owner of policy: _____
Insured: _____
Primary beneficiary: _____
Secondary beneficiary: _____
Insurance agent's name: _____ Phone: _____
Name of agency: _____
Address: _____

Insurance company: _____ Type of policy: _____ Policy number: _____
Face amount of policy: _____ Loans outstanding? yes no
Owner of policy: _____
Insured: _____
Primary beneficiary: _____
Secondary beneficiary: _____
Insurance agent's name: _____ Phone: _____
Name of agency: _____
Address: _____

Insurance company: _____ Type of policy: _____ Policy number: _____
Face amount of policy: _____ Loans outstanding? yes no
Owner of policy: _____
Insured: _____
Primary beneficiary: _____
Secondary beneficiary: _____
Insurance agent's name: _____ Phone: _____
Name of agency: _____
Address: _____

Homeowner's or Renter's Insurance

Address of primary residence: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Address: _____ Phone: _____

Address of second home: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Address: _____ Phone: _____

Excess liability insurance (i.e., umbrella policy): _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Address: _____ Phone: _____

Automobile Insurance

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Address: _____ Phone: _____

Insured automobile: _____
Insurance company: _____
Insurance agent: _____ Name of agency: _____
Address: _____ Phone: _____

Health Insurance

Description of coverage: _____

Insurance company: _____

Group number: _____ Service code: _____

Agent: _____ Phone: _____

Address: _____

Who pays premiums? _____

Description of coverage: _____

Insurance company: _____

Group number: _____ Service code: _____

Agent: _____ Phone: _____

Address: _____

Who pays premiums? _____

Disability Insurance

Description of coverage: _____

Insurance company: _____

Agent: _____ Phone: _____

Address: _____

Premiums paid with: Pretax dollars After-tax dollars

Long-Term Care Insurance

Description of coverage: _____

Insurance company: _____

Agent: _____ Phone: _____

Address: _____

Pet Insurance

Description of coverage: _____

Insurance company: _____

Address: _____ Phone: _____

Current Sources of Income

Employer #1: _____

Contact: _____ Phone: _____

Employer #2: _____

Contact: _____ Phone: _____

Other: _____

Contact: _____ Phone: _____

Social Security monthly income: _____

Benefits based on own work history or spouse's? _____

Pension monthly income: _____ Includes COLA? _____

Name of institution/payor: _____

Address: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Pension monthly income: _____ Includes COLA? _____

Name of institution/payor: _____

Address: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Veterans benefits monthly income: _____ Includes COLA? _____ Service branch: _____

Dates of service: _____

Service/serial number: _____ Final rank: _____

Annuity monthly income: _____ Variable Fixed If fixed annuity, does it include COLA? _____

Name of institution/payor: _____

Address: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Annuity monthly income: _____ Variable Fixed If fixed annuity, does it include COLA? _____

Name of institution/payor: _____

Address: _____

Phone number: _____

Primary beneficiary: _____ Terms and conditions: _____

Annuity monthly income: _____ Variable Fixed If fixed annuity, does it include COLA? _____
Name of institution/payor: _____
Address: _____
Phone number: _____
Primary beneficiary: _____ Terms and conditions: _____

Money Owed to Me

Name of debtor: _____
Address: _____ Phone: _____
Original amount of loan: _____ Date: _____
Current balance: _____
Payment due: monthly; quarterly; annually; other: _____
Additional information: _____

Tenant: _____
Address: _____ Phone: _____
Monthly payment: _____
Date of monthly payment: _____
Additional information: _____

Employer Retirement Plans and Individual Retirement Accounts (IRAs)

Type of plan/account: _____ Am taking required distributions: yes no
Name of institution: _____
Address: _____ Phone: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Type of plan/account: _____ Am taking required distributions: yes no
Name of institution: _____
Address: _____ Phone: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Type of plan/account: _____ Am taking required distributions: yes no
Name of institution: _____
Address: _____ Phone: _____
Primary beneficiary: _____
Secondary beneficiary: _____

Checking, Savings, and Investment Accounts

Type of account: _____

Owner(s): _____

Primary beneficiaries (If applicable): _____

Secondary beneficiaries (If applicable): _____

Name of institution: _____

Address: _____

Contact person: _____ Phone: _____

Type of account: _____

Owner(s): _____

Primary beneficiaries (If applicable): _____

Secondary beneficiaries (If applicable): _____

Name of institution: _____

Address: _____

Contact person: _____ Phone: _____

Type of account: _____

Owner(s): _____

Primary beneficiaries (If applicable): _____

Secondary beneficiaries (If applicable): _____

Name of institution: _____

Address: _____

Contact person: _____ Phone: _____

Type of account: _____

Owner(s): _____

Primary beneficiaries (If applicable): _____

Secondary beneficiaries (If applicable): _____

Name of institution: _____

Address: _____

Contact person: _____ Phone: _____

Type of account: _____

Owner(s): _____

Primary beneficiaries (If applicable): _____

Secondary beneficiaries (If applicable): _____

Name of institution: _____

Address: _____

Contact person: _____ Phone: _____

Type of account: _____
Owner(s): _____
Primary beneficiaries (If applicable): _____
Secondary beneficiaries (If applicable): _____
Name of institution: _____
Address: _____
Contact person: _____ Phone: _____

Type of account: _____
Owner(s): _____
Primary beneficiaries (If applicable): _____
Secondary beneficiaries (If applicable): _____
Name of institution: _____
Address: _____
Contact person: _____ Phone: _____

Safe Deposit Box

Access authorized to: _____
Name of institution: _____
Address: _____
Box (or Account) number: _____
Co-owner of box (if any): _____

Other Assets and Liabilities

Primary residence address: _____
Owner(s): _____ Rent: Own:
Mortgage lending institution: _____ Phone: _____
Address of lending institution: _____
First mortgage: _____ Second mortgage: _____ Line of credit: _____

Second home address: _____
Owner(s): _____ Rent: Own:
Mortgage lending institution: _____ Phone: _____
Address of lending institution: _____
First mortgage: _____ Second mortgage: _____ Line of credit: _____

Other real estate address: _____
Renter(s)/Occupant(s): _____
Other information: _____

Automobiles and Other Vehicles

Vehicle: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Address: _____ Phone: _____

Vehicle: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Address: _____ Phone: _____

Vehicle: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Address: _____ Phone: _____

Vehicle: _____

Owner(s): _____

Where housed: _____

Lending or leasing institution: _____

Address: _____ Phone: _____

Credit Cards

Name of Company	Account Number	Joint Owner(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will

I do not have a will. My state of legal residence is _____

Date of will: _____ Dates of codicils to will: _____

Location of original will and codicils: _____

Estate planning attorney's name: _____ Phone: _____

Law firm: _____

Address: _____

Executor's name: _____ Phone: _____

Address: _____

Trustee for trusts under will: _____ Phone: _____

Successor trustee for trusts under will: _____ Phone: _____

Guardian's name: _____ Relationship to minor children: _____

Address: _____ Phone: _____

Revocable Living Trust

I do not have a revocable living trust. My state of legal residence is _____

Date of revocable living trust agreement: _____ Dates of amendments: _____

Location of original trust document and amendments: _____

Estate planning attorney's name: _____

Law firm: _____ Phone: _____

Address: _____

Have funded the trust: yes no

Are some of my assets still outside the trust? yes no

Name of current trustee of revocable living trust: _____ Phone: _____

Address: _____

Name of successor trustee of revocable living trust: _____ Phone: _____

Address: _____

Powers of Attorney

Power of attorney forms completed for specific investment accounts: yes no

Institutions where the investment accounts are held: _____

Name of your attorney-in-fact or agent: _____

Address: _____ Phone: _____

Attorney's name who prepared your document(s): _____

Law firm: _____ Phone: _____

Address: _____

Power of attorney: yes no Durable: yes no Date signed: _____

Name of attorney-in-fact: _____ Phone: _____

Address: _____

Health care power of attorney: yes no Date signed: _____

Name of agent: _____ Phone: _____

Address: _____

Living will: yes no Date signed: _____

Name of agent: _____ Phone: _____

Address: _____

Organ donor papers: yes no Date signed: _____

Location of Records

	Safe Deposit Box	Other Locations
Key to safe deposit box	N/A	_____
Original will and codicils	<input type="checkbox"/>	_____
Copy of will and codicils	<input type="checkbox"/>	_____
Original revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Copy of revocable living trust agreement and amendments	<input type="checkbox"/>	_____
Power of attorney for financial matters	<input type="checkbox"/>	_____
Power of attorney for health care	<input type="checkbox"/>	_____
Living will	<input type="checkbox"/>	_____
Organ donor papers	<input type="checkbox"/>	_____
Certificates of title to automobiles	<input type="checkbox"/>	_____
Birth certificates	<input type="checkbox"/>	_____
Passports	<input type="checkbox"/>	_____
Marriage certificate	<input type="checkbox"/>	_____
Divorce decree	<input type="checkbox"/>	_____
Income tax records	<input type="checkbox"/>	_____
Pedigree papers for pets	<input type="checkbox"/>	_____
Keys to home(s) and car(s)	<input type="checkbox"/>	_____
List of passwords for computers, home alarm systems, etc.	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	_____

Information About Special Family Heirlooms, Papers, etc.:
