

YOUR LEGACY AND LAST WISHES GUIDE

# BE THE UNSUNG HERO YOU'VE ALWAYS BEEN



Gerber Life Insurance Company



*Your Legacy and Last Wishes Guide*

# WELCOME

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This Guide is for the hero in you. The one that hears the call to always be the caregiver for your family. The one that understands the challenge of guiding your family through an emotional journey during a difficult time. The one that knows the importance of ensuring your last wishes are granted so your dreams for your loved ones can go on.

At Gerber Life, we make it easier to help you support your family members at a time when they will need it most. You'll be able to bring a source of comfort during a period of great emotional stress. Plus, you can rest assured that your loved ones will know what steps to take, and that they are acting according to your plans when the time comes.

The following pages are designed to help you organize important financial information and document your last wishes, key contacts and final expenses for your surviving loved ones. Once you have completed this Guide, we recommend you keep a hard copy with your other important documents and let your family know where it can be found.

By guiding your family through this journey, you are lightening their burden, and giving them, and yourself, peace of mind.\*

*\*Note: This Guide is provided to you for informational purposes only and does not cover all aspects of your specific situation. Gerber Life Insurance Company does not provide specific tax or legal advice. Please consult an attorney or tax professional regarding your own personal situation.*





*To my loved ones,*

It is with great care and appreciation that I pass along this *Legacy and Last Wishes Guide*. I have created it in the hope it will bring a small source of comfort and ease your emotional journey during the time of my passing.

As you will be expected to make many decisions at this time, I have done my best to make them for you. Over the following pages, you will find detailed financial and other important planning information to help you carry out my wishes.

Nothing would please me more than to take away some of the burden placed upon you during this difficult time. My greatest wish is that you can focus on my passing as a celebration of life and remember the many wonderful memories we've shared together during my lifetime.

*With all my love,*

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## PERSONAL INFORMATION

Your loved ones will need the following information completed in order to obtain a death certificate.

Name:

First	Middle	Last	Suffix
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Address:

Street	City	State	Zip Code
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Other Prior Name:

First	Middle	Last	Suffix
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Sex: ☐ Male ☐ Female

Social Security:

Number	Location of SS Card
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Birth Info:

Name on Birth Certificate	Date of Birth
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Place of Birth	Location of Birth Certificate
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Marital Status: ☐ Married ☐ Never Married ☐ Widowed ☐ Divorced

Name of Surviving Spouse or Domestic Partner\*:

First	Middle	Last	Suffix
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Wedding/Registration:

Date	Place	Marriage License Location
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Parents:

Father's Name	Place of Birth
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Mother's Maiden Name	Place of Birth
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Divorce Records\*:

Location	Attorney's Name	Attorney's Phone #
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## MILITARY SERVICE

Did you serve in the armed forces? ☐ Yes ☐ No

Branch or Country	Veteran's Discharge or Claim Number
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\*If applicable.

## EDUCATION

High School:

Name	Highest Grade Completed	City	State
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College:

Name	Highest Degree Earned	City	State
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## TAX RECORDS

Location	Accountant's Name	Accountant's Phone #
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## OTHER PERSONAL INFORMATION AND IDENTIFICATION NUMBERS

Driver's License #	State	Passport #	Issuing Country
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Visa #	Green Card #
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## WILL & ESTATE PLAN INFORMATION

I have a Will: ☐ Yes ☐ No Where Kept: \_\_\_\_\_

I have a Trust: ☐ Yes ☐ No Where Kept: \_\_\_\_\_

Executor/Trustee:

Name	Phone #
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Street	City	State	Zip Code
--------	------	-------	----------

Attorney:

Name	Phone #
------	---------

Street	City	State	Zip Code
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## INSURANCE INFORMATION

Providing information about your insurance policies can help family members in submitting claims, closing out policies or inquiring about survivor benefits.

<b>MEDICAL INSURANCE</b>	COMPANY	PHONE	POLICY/PLAN ID #	GROUP ID #*	LOCATION INSURANCE CARD
Group					
Individual					
Medicare					
Medicare Supplement					
Dental					

<b>INSURANCE</b>	LIFE	LIFE	LIFE	ANNUITY	ANNUITY	ANNUITY
Company						
Phone						
Policy Number						
Location Policy						
Primary Beneficiary*						
Contingent Beneficiary*						
Policy Owner						
Face Value*						
Cash Value or Accumulation*						
Annual Cost/ Contribution*						

\*If applicable.



INSURANCE	LIFE/AD&D**	DISABILITY	LONG-TERM CARE	HOME-OWNERS
Company				
Phone				
Policy Number				
Location Policy				
Primary Beneficiary*				
Contingent Beneficiary*				
Policy Owner				
Face Value				
Cash Value*				
Annual Cost/Contribution*				

## OTHER, SPECIFY TYPE: \_\_\_\_\_

Company				
Phone				
Policy Number				
Location Policy				
Primary Beneficiary*				
Contingent Beneficiary*				
Policy Owner				
Face Value				
Cash Value*				
Annual Cost/Contribution*				



## FINANCIAL INFORMATION

Please record information about your bank accounts, investments, assets, property, loans, credit cards, outstanding debt and other financial details on the following pages. This information will help streamline the process for your Executor and family members.

<b>BANKING</b>	CHECKING	CHECKING	SAVINGS	SAVINGS	CDs	TRUST
Account #						
Name on Account						
Branch Location						
Branch Phone						

### Safe Deposit Box:

Location	Key Location	Box #
Contents		

<b>INVESTMENTS</b>	STOCKS	MUTUAL FUNDS	INV. TRUST	OTHER: _____
Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

\*If applicable.

INVESTMENTS	IRAs	KEOGHs	SEPs	OTHER: _____
Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

INVESTMENTS	401(k)	PENSION	403(b)	OTHER: _____
Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

<b>REAL ESTATE</b>	<b>RESIDENCE 1</b>	<b>RESIDENCE 2</b>	<b>RESIDENCE 3</b>	<b>VACATION 1</b>	<b>VACATION 2</b>	<b>VACATION 3</b>
Owner						
Mortgage Company						
Insurance Provider						
Policy #						
Contact						
Location & Description						
Title / Deed Location						
Monthly Loan*						
Monthly Rent*						
Total Payoff Amount*						

<b>BUSINESSES</b>	<b>BUSINESS 1</b>	<b>BUSINESS 2</b>	<b>BUSINESS 3</b>
Owner			
Mortgage Company			
Insurance Provider			
Policy #			
Contact			
Location & Description			
Title / Deed Location			
Monthly Loan*			
Monthly Rent*			
Total Payoff Amount*			

\*If applicable.

OTHER PROPERTY	VEHICLE 1	VEHICLE 2	VEHICLE 3	OTHER: _____	OTHER: _____
Owner					
Insurance Provider					
Policy #					
Contact					
Description					
Title / Deed Location					
Monthly Loan*					
Loan Provider*					
Total Payoff Amount*					

LOANS	LOAN 1	LOAN 2	LOAN 3	LOAN 4
Type of Loan				
Payoff Amount				
Holder of Loan				
Telephone				
Documents Location				

**CREDIT CARDS****CARD 1****CARD 2****CARD 3****CARD 4**

Type of Card				
Expiration				
In Name of				
Account #				
Company				
Address				
Telephone				
Amount to be Paid Off				

**SOCIAL SECURITY**

Monthly Benefit	
Date Deposited	
Account # Where Deposited	
Bank Name & Address	
Local SS Office Address	
SS Office Telephone #	

## EXPENSES & OUTSTANDING DEBT

TYPE	PAYOFF AMOUNT	DATE DUE	COMPANY	TELEPHONE	ADDRESS
Medical Insurance					
Utilities					
Heat					
Water					
Telephone					
Mobile Phone					
Cable					
Car Payment					
Mortgage or Rent					
Home or Renter's Insurance					
Dental					
Other Insurance					
Credit Card					
Credit Card					
Credit Card					
Home Equity Line of Credit					
Other: _____ _____					
Other: _____ _____					



## IMPORTANT CONTACTS

Please provide a list of important contacts who can assist your family at the time of your passing.

CONTACT	NAME	TELEPHONE
Lawyer (Will, Trust, etc.)		
Lawyer (Marital/Divorce)		
Lawyer (Real Estate)		
Accountant		
Financial Advisor		
Insurance Agent		
Employer		
Landlord		
Doctor (Internist)		
Doctor (Other specialist)		
Doctor (Other specialist)		
Dentist		
Other: _____		
Other: _____		





## FUNERAL PLANNING INFORMATION

Complete the information below to help your loved ones prepare your final arrangements as you desire. The details below will make it easier for them to carry out your wishes as you intended.

Final Arrangements for: \_\_\_\_\_

☐ I HAVE A PREPAID FUNERAL PLAN

Provider:

Name		Plan Number		
Street	City	State	Zip Code	Phone Number

Cemetery:

Name	Plot Number
------	-------------

Location of Documents: \_\_\_\_\_

☐ I DO NOT HAVE A PREPAID FUNERAL PLAN

I would like my funeral arrangements to be made according to the preferences I've indicated below.

Arrangements should be made by: \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Traditional funeral, followed by a burial or cremation     | <input type="checkbox"/> Direct burial or cremation, no memorial service |
| <input type="checkbox"/> Direct burial or cremation, followed by a memorial service | <input type="checkbox"/> Other (please explain): _____                   |

### FOR GROUND BURIAL IN A PRIVATE CEMETERY

Cemetery:

Name		Phone number	
Street	City	State	Zip Code

- |   |   |
|---|---|
| <input type="checkbox"/> Have a cemetery plot (plot #): _____ | <input type="checkbox"/> Interred in a national cemetery: _____<br>(eligible veterans and family) |
| <input type="checkbox"/> Do not have a plot                   |   |

### TO BE INTERRED IN A MAUSOLEUM:

- |   |   |
|---|---|
| <input type="checkbox"/> Purchased a crypt (specify #): _____ | <input type="checkbox"/> Have not purchased a crypt |
|---|---|

### FOR CREMATION:

- |  |  |
|--|--|
| <input type="checkbox"/> Interred in a mausoleum   | <input type="checkbox"/> Scattered (specify where; check local, state and federal laws): _____ |
| <input type="checkbox"/> Interred in a burial plot | <input type="checkbox"/> Other: _____  |

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**TRADITIONAL FUNERAL/MEMORIAL SERVICE:**

Funeral Home:

Name

Funeral Director

Address:

Street

City

State

Zip Code

Phone Number

**VISITATION AND VIEWING:**☐ At funeral home☐ Viewing only at the funeral home prior to ceremony☐ At place of worship: \_\_\_\_\_☐ No viewing/no open casket☐ Open casket☐ Other: \_\_\_\_\_**PERSONAL PREFERENCES:**Glasses to be worn: ☐ Yes ☐ NoIf Yes: ☐ Glasses to remain with me ☐ Remove before interment and return to: \_\_\_\_\_Jewelry to be worn: ☐ Yes ☐ NoIf Yes: ☐ Jewelry to remain with me ☐ Remove before interment and return to: \_\_\_\_\_

Clothing to be worn: \_\_\_\_\_

Other: \_\_\_\_\_

**CEREMONY:**☐ No ceremony☐ Graveside ceremony only☐ Funeral ceremony at place of worship: \_\_\_\_\_☐ Memorial ceremony (location): \_\_\_\_\_☐ Funeral ceremony at funeral home☐ Other: \_\_\_\_\_

Officiant: \_\_\_\_\_

Special affiliations for ceremony: ☐ Military ☐ Lodge ☐ Other: \_\_\_\_\_

Pallbearers: \_\_\_\_\_

## CEREMONY, CONTINUED:

Veteran's Flag: ☐ Folded ☐ Draped on casket

Music: \_\_\_\_\_

Reading or Scripture Selections: \_\_\_\_\_

Flowers: ☐ Yes ☐ No

Memorial Donations: ☐ Yes ☐ No

Name of Charitable Organization: \_\_\_\_\_

Eulogy by: \_\_\_\_\_

Other information or instructions: \_\_\_\_\_

Type of memorial or monument (if applicable): \_\_\_\_\_

Inscription: \_\_\_\_\_

## ACCOUNT OR INSURANCE POLICY FOR PAYING FINAL EXPENSES

Company/Bank 1:

Name	Phone
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Account/Policy:

Number	Location	Value
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Company/Bank 2:

Name	Phone
------	-------

Account/Policy:

Number	Location	Value
--------	----------	-------

Company/Bank 3:

Name	Phone
------	-------

Account/Policy:

Number	Location	Value
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## ESTIMATED FUNERAL EXPENSES

### PROFESSIONAL SERVICES

### ESTIMATED COST

Basic Funeral Director Services	
Embalming	
Other Preparations—E.g., Cremation	

### FACILITIES & STAFF SERVICES

Viewing & Ceremony	
Cemetery & Graveside	

### TRANSPORTATION SERVICES

Transfer of Remains	
Hearse	
Limousine or Van	

### BURIAL/CREMATION OPTIONS

Casket or Cremation Urn	
Burial Vault/Liner	
Cemetery Plot	
Monument/Headstone	

### MISCELLANEOUS EXPENSES

Burial Clothing	
Floral Arrangements	
Music	
Basic Memorial Printed Package	
Other (e.g., video etc.)	

[illegible]



## LEGACY INFORMATION FOR PREPARATION OF OBITUARY

Name:

First

Middle

Last

Suffix

Spouse's Name:

First

Middle

Last

Suffix

Death Information\*:

Date

Place

Children:

Names and Cities Where They Reside

Siblings:

Names and Cities Where They Reside

Parents:

Father's Name

Place of Birth

City Where Lives or Lived

Mother's Maiden Name

Place of Birth

City Where Lives or Lived

Service or Burial\*:

Date

Time

Place

Clergy or Officiant:

Name

Cemetery:

Name

Address

Funeral Home:

Name

Address

Memorial contributions may be made in lieu of flowers to (optional):

Photo preferred: ☐ Yes ☐ No

Birth Information:

Date	Place
------	-------

Education:

Institution	City/State	Highest Grade Completed/Degree
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Education:

Institution	City/State	Highest Grade Completed/Degree
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Wedding:

Date (if applicable)
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Military Service:

Branch of Service	Service Serial Number	Date Entered Service	Place
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Type of Discharge & Date	Location of Discharge Papers	Highest Grade, Rank or Rating Received
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Wars, Conflicts Served*
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Medals/Honors/Citations
-------------------------

Career:

Occupation/Employment
-----------------------

Proudest Career Accomplishments
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Family:

Proudest Family Moments
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Civic Life:

Proudest Civic Accomplishments
--------------------------------

Citations:

Special Achievements/Awards/Offices Held
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Additional Information:

\*If applicable.

**Listing of all family heirlooms and items of sentimental value:**



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# SPECIAL INSTRUCTIONS

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# SPECIAL INSTRUCTIONS

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# GERBER LIFE INSURANCE COMPANY

*A Name Synonymous with Caring*

Since 1967, Gerber Life Insurance Company has been providing families with affordable life insurance, helping them achieve financial security and protection. As a financially separate affiliate of the Gerber Products Company, and a subsidiary of the Nestle Corporation, Gerber Life shares a name synonymous with family caring, quality and trust.

With Gerber Life, you can expect us to put you and your family first. You can count on an array of life and health products and our “A” (Excellent) rating by A.M. Best\*. You can have confidence in our name and in our coverage and trust that Gerber Life will be here whenever you need us.

To learn more about our products, please contact your insurance agent directly. We look forward to helping you and your family.

**Gerber Life Insurance Company**



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\*In May 2017, A.M. Best, the impartial reporting firm that rates insurance companies on financial stability, management skill and integrity, awarded Gerber Life an “A” (Excellent) rating. This rating is the third highest awarded out of 13 possible categories. The rating refers only to the overall financial status of the Company and is not a recommendation of the specific policy provisions, rates or practices of the Company.

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