

# BENEFICIARY PLANNER

*compliments of*



---

**Colonial Penn Life Insurance Company**

399 Market Street • Philadelphia, PA 19181

# HOW TO USE YOUR BENEFICIARY PLANNER

**T**his unique *Beneficiary Planner* has been prepared for you by Colonial Penn Life Insurance Company, as a special service to our policyholders. It has been designed to make it very easy for you to tell a family member or friend where things are... and what your wishes may be after you pass away. This helpful planning guide provides room for you to fill in such vital information as...

- ◆ Where your important papers are;
- ◆ What needs to be taken care of;
- ◆ What bills need to be paid or accounts cancelled;
- ◆ And much more.

Please take some time to complete the information in this valuable resource guide. (If you need additional room in specific areas, you can add a sheet of paper.) Then, be sure to go over the information with a trusted family member or friend, put this guide in a safe place, and tell that person where the safe place is for their future reference. We also recommend that you review the information periodically and keep it up-to-date.

Preparing this information is a helpful way for you to get organized. Plus, it will be a great help to your family, your friends, and even your pets.

Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Social Security No. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Mother's Maiden Name \_\_\_\_\_

## MORE ABOUT YOU AND YOUR FAMILY

Single  Married  Widow/Widower  Divorced

Name of Spouse \_\_\_\_\_

Maiden Name \_\_\_\_\_

Number of Children \_\_\_\_\_

## MORE ABOUT YOU AND YOUR FAMILY *continued*

### Children's Names

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

## ABOUT YOUR EMPLOYMENT

Actively Working  Retired

**Employer** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## ABOUT YOUR MILITARY SERVICE

If you are a veteran, provide serial # \_\_\_\_\_

Branch of Service \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Date and Place of Discharge \_\_\_\_\_

Where are your Discharge Papers? \_\_\_\_\_

## ABOUT YOUR IMPORTANT DOCUMENTS

Do you have a will? No  Yes

Where do you keep it? \_\_\_\_\_

Do you have a safe deposit box? No  Yes  Box # \_\_\_\_\_

Location of safe deposit box (bank, address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of box key \_\_\_\_\_

## ABOUT YOUR IMPORTANT DOCUMENTS, *continued*

Where is your Birth Certificate? \_\_\_\_\_

Where is your Marriage Certificate? \_\_\_\_\_

## ABOUT A FEW IMPORTANT PEOPLE

Your attorney's name, address, phone:

\_\_\_\_\_  
\_\_\_\_\_

Your doctor's name, address, phone:

\_\_\_\_\_  
\_\_\_\_\_

Your accountant's name, address, phone:

\_\_\_\_\_  
\_\_\_\_\_

## ABOUT YOUR INSURANCE

List all life, health, disability, homeowner's, and auto policies.

Where are your policies? \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_

Type of Policy \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Amount \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_

Type of Policy \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Amount \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Insurance Co.** \_\_\_\_\_

Type of Policy \_\_\_\_\_

Address \_\_\_\_\_

Policy # \_\_\_\_\_ Amount \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

## ABOUT YOUR BANK/CREDIT UNION ACCOUNTS

List all checking, savings, money market, and certificate of deposit accounts.

**Bank or Credit Union** \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Bank or Credit Union** \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Bank or Credit Union** \_\_\_\_\_

Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Account # \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

## ABOUT YOUR CREDIT CARDS

List all MasterCard, Visa, American Express, Discover, and department store card accounts.

**Company** \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

**Company** \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Phone # \_\_\_\_\_

## ABOUT WHAT OTHERS OWE YOU

Include all Money, Objects, Mortgages and other debts owed to you.

**Debt Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Debt Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

\_\_\_\_\_

## ABOUT WHAT YOU OWE OTHERS

Include other debts, personal loans, notes, car loans and leases, etc.

**Debt Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Debt Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

\_\_\_\_\_

## ABOUT YOUR INVESTMENTS— STOCKS, BONDS AND MUTUAL FUNDS

**Investment Name** \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Company or Broker \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

\_\_\_\_\_

## ABOUT YOUR INVESTMENTS, *continued*

**Investment Name** \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Company or Broker \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Investment Name** \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Company or Broker \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Investment Name** \_\_\_\_\_

\_\_\_\_\_

Account # \_\_\_\_\_

Company or Broker \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

## ABOUT YOUR RETIREMENT INVESTMENTS, PLANS AND PENSIONS

Include all IRAs, Annuities, Keoghs, 401(K) Plans, Employee Stock Option Plans, Pensions, and VA plans.

**Plan Type** \_\_\_\_\_ Account # \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Plan Type** \_\_\_\_\_ Account # \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Plan Type** \_\_\_\_\_ Account # \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

# ABOUT YOUR REAL ESTATE

**Primary Residence** Rent  Own

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Location of Deed \_\_\_\_\_

Landlord  Bank or Mortgage Co.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Other Real Estate** Be sure to include all income property, time shares, vacation homes, condos, commercial property, land, and the like.

**Property Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

**Property Type** \_\_\_\_\_ Account # \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Contact \_\_\_\_\_

# ABOUT YOUR VEHICLES

Be sure to include cars, trucks, boats, RV's, etc.

**Vehicle** \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Located At \_\_\_\_\_

**Vehicle** \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Located At \_\_\_\_\_

**Vehicle** \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_ Year \_\_\_\_\_

Located At \_\_\_\_\_

\_\_\_\_\_

## ABOUT YOUR PETS

**Pet's Name**

Favorite Food/Treats

Medication

**Pet's Name**

Favorite Food/Treats

Medication

Other Important Information and comments:

Vet's Name

Phone #

Address

City

State

Zip

## ABOUT YOUR SPECIAL REQUESTS OR WISHES

(funeral wishes, people to notify, etc.)

