
Family Life Guide



Family Life Guide

Instructions

The *Family Life Guide* is a worksheet we designed to help you gather and organize all of your financial, legal, and medical affairs. It can be used as an estate planning tool to help your loved ones as well as a strategy to consolidate and simplify important information for your own everyday use. To ensure you capitalize on all the benefits of this worksheet, please read the instructions provided below.

Utilization – *The Family Life Guide* is divided into eight sections: Important Contacts, Other Assets, Loans and Other Liabilities, Insurance Coverage, Important Documents, General Information, Final Wishes and Final Note. In an attempt to prevent additional work and upkeep on your behalf, as well as avoid confusion due to conflicting documentation, this worksheet does not prompt you to include fluctuating information such as account numbers and amounts, remaining balances, etc. If you prefer such information be included, you can attach additional documentation in a way that can be easily updated as needed.

Completion – *The Family Life Guide* has been made for you to download in an interactive PDF format, meaning the worksheet can be completed online or printed and completed by hand. Please download and save the PDF to a secured file on your computer before filling out the worksheet. Based on your unique situation, spouses may choose to complete this together, complete individual copies, or a combination of the two. Space for additional information or explanation is provided at the end of this worksheet. You can customize and supplement this in any way that fits your needs and state of affairs.

Retention – We recommend you share *The Family Life Guide* with a loved one upon completion. However, it is important to note that the information you provide in this worksheet is sensitive and should only be shared with those you unequivocally trust. Sharing a copy with more than one person may protect you against unauthorized alteration. Clients of Virtus Wealth Management have the option of storing a copy in the Virtus Vault, a secured online storage platform free of charge. For questions or more information regarding the Virtus Vault, please contact our office by phone at (817)717-3812.

The Family Life Guide is only one part of estate planning and the organization of your affairs. Additional information and value-added materials can be found on our website at www.virtuswealth.com.

Family Life Guide

Important Contacts

Wealth Manager

Name:

Company:

Address:

Phone:

Website:

Attorney

Name:

Company:

Address:

Phone:

Website:

Accountant

Name:

Company:

Address:

Phone:

Website:

Property and Casualty Insurance Advisor

Name:

Company:

Address:

Phone:

Website:

Employer

Name:

Company:

Address:

Phone:

Website:

Banker

Name:

Company:

Address:

Phone:

Website:

Primary Care Physician

Name/Practice Name:

Address:

Phone:

Website:

Specialty Doctor

Name/Practice Name:

Address:

Phone:

Website:

Other

Name:

Company:

Address:

Phone:

Website:

Other Assets

Checking accounts, savings accounts, real estate, pensions, additional employee benefits, and any investments not managed by my Wealth Manager should be listed here.

Investment:

Contact/Company:

Phone:

Documents are located:

Investment:

Contact/Company:

Phone:

Documents are located:

Investment:

Contact/Company:

Phone:

Documents are located:

Money owed to us by:

Reason for debt:

Address:

Phone:

Original Loan Amount/Interest Rate:

Loan Agreement is located:

Loans and Other Liabilities

Home

Company:

Contact:

Phone:

Expected payoff date:

Auto

Company:

Contact:

Phone:

Expected payoff date:

Real Estate

Company:

Contact:

Phone:

Expected payoff date:

Credit Card(s)

Company:

Contact:

Phone:

Expected payoff date:

Other

Company:

Contact:

Phone:

Expected payoff date:

Other

Company:

Contact:

Phone:

Expected payoff date:

Insurance Coverage

Life Insurance Policies

Company	Insured Person	Contact Name	Face Amount	Cash Value
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Disability Insurance Policies

Company:

Policy Located At:

Insured Person:

Company:

Policy Located At:

Insured Person:

Long-Term Care Insurance Policies

Company:

Policy Located At:

Insured Person:

Company:

Policy Located At:

Insured Person:

Health Insurance Policies

Company:

Policy Located At:

Insured Person:

Company:

Policy Located At:

Insured Person:

Company:

Policy Located At:

Insured Person:

If I am terminally ill or disabled, my life insurance policy does allow or does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy does allow or does not allow you to stop making premium payments.

If I am disabled, my disability insurance policy does allow or does not allow you to stop making premium payments.

The premium for one or more of my insurance policies are or are not automatically debited out of one of my accounts.

Property and Casualty Insurance Policies

Auto:

Company:

Policy Located At:

Home:

Company:

Policy Located At:

Umbrella:

Company:

Policy Located At:

Other:

Company:

Policy Located At:

Important Documents

I have executed the following documentation. Please contact my attorney to inquire about the following. (Mark all that apply)

- Will
- Living Will
- Medical Power of Attorney
- Medical Directive
- General Power of Attorney
- Trust
 - Trust type:
- Burial Agreement
- Pre-Nuptial Agreement
- Divorce Decree
- Other:

I have or do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

General Information

I do or do not have a safe deposit box.
It can be found:

The key can be found:

The following people have signature authority on the box:

I do or do not have a personal safe.

It can be found:

The combination is:

I do or do not have belongings kept at a storage facility.

It can be found:

The key and/or lock combination can be found:

I am or am not the trustee for a trust.

If so, the trust documents are located:

I am or am not a beneficiary of a trust.

If so, the trust documents are located:

My social security number is:

My driver's license number is:

My passport number is:

My passport and social security card are located:

A list of user names and passwords can be found:

Other important records can be found:

I do or do not have an up-to-date list of medications, vitamins, and supplements

I take. If so, that list is located:

I am or am not entitled to military benefits. List of benefits:

I am or am not entitled to other benefits. List of benefits:

Family History

I was born in _____ on _____

My parents are/were _____

My maternal grandparents are/were _____

My paternal grandparents are/were _____

My Children are:

Born:

Born:

Born:

Born:

I do or do not have detailed information on my family history, ancestry, and/or ethnicity. It is located:

Final Wishes

I belong to the following organizations and would like them to be notified of my condition:

I respectfully wish the following of my remains:

Burial
Cremation
Donated to Science

I have or have not prepaid for my burial plot and/or for my casket.

Information can be found at:

I do or do not have the right and wish to be buried in a military cemetery.

If so, here:

I do or do not have a specific place I want my remains laid to rest.

If so, here:

I do or do not wish my remains be laid to rest next to someone specific.

If so, such person can be found here:

The following are any special requests I ask for my funeral and/or celebration of life services:

I do or do not have an Ethical Will.

It can be found:

The most important thing I want my loved ones to know is:

Additional Notes

Final Note

This document is not intended to replace my will or any other estate planning documents signed by me. It is my expressed desire that this document be used to aide my loved ones with the transition that is my passing or disability.

This Guide was completed on:

(Date)

This Guide was completed by:

(Print Name)

Copies of this document were delivered to:



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