

Thinking Ahead

Planning Guide



Because you care enough to plan ahead for those you love

Using this planning guide to record your final wishes and organize life's many details assures that those closest to you have all they need to handle your affairs, recognize your wishes, and celebrate your life.

Your preparation today means greater peace of mind for loved ones later. As you complete this planner, know that you are giving your family a most thoughtful gift. This simple, caring gesture will help ensure a more meaningful tribute and provide comfort to those you love. Thanks to your actions today, the people you care about won't ever have to worry if they made the right choices.

Please let those close to you know about this document, and keep it in a safe place that is easily accessible. You may also want to provide a copy to a loved one who lives outside your home.

To my loved ones

It's out of pure and simple love that I leave you with this gift to guide and assist you through the period ahead.

My wish is to spare you any unnecessary expense and the burden of having to make decisions under pressure of time and emotion. That's why I have expressed my wishes and provided the



information you'll need to answer the many questions you'll be asked. I have also shared my personal thoughts and memories. May you find as much comfort and meaning in receiving these pages as I found in preparing them.

Signed _____

Date _____

Personal record

First name	Middle	Last name	
Street address	City	State _	Zip
Social Security number	Phone num	ber	Years at address
Seasonal residence	City	State _	Zip
Place of birth	Date of birth	Country of citizenship	
Primary care physician		Phone number	
Marital status 🛛 🛛 Single	□ Married □ Divorced □ Wi	idowed	
Maiden name	Spouse	's name	
Date and place of marriage			
Father			
First name	Middle	Last name	
Father's birthplace			
Mother			
First name	Middle	Last name	
Mother's birthplace			
Education			
Highest grade completed	Elementary/Secondary (0	-12) College (1-4 or 5-	+)
College/university names _		Degree	
Career			
Occupation			
Type of business/industry _			
Employer		Phone number	
Military			
Branch			
Rank	Serial number		
Location of military dischar	ge papers (DD-214)		
Date and place of induction	۱		
Date and place of discharge	9		

Genealogy/Family

Use this space to record grandparents, siblings, spouse(s), children, step-children, grandchildren, etc.

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Final arrangements

This sheet enables you and your family to know exactly which arrangements have been made and which ones remain to be determined.

OUTER BURIAL CONTAINER Date Selected //	 INTERMENT RIGHTS Mausoleum Ground Burial Niche Lawn Crypt Cremation Garden Date Selected	FUNERAL/ MEMORIAL SERVICE Date Selected //
MEMORIALIZATION Date Selected/		CASKET/URN Date Selected//
OPENING AND CLOSING Date Selected	 PERSONAL PREFERENCES Flowers Readings Music Additional 	TRANSPORTATION AND RELOCATION PROTECTION PLAN Date Selected
786	Date Selected	* 60

Final wishes

Funeral home to co	ontact	
Name		_ Counselor/Advisor
Address		Phone
Funeral preference	S	
Place of service		
Church	Name	
Funeral Home	Name	
Cemetery	Name	
Other	Name	
Person to officiate		Special instructions
Readings		
Obituary		
Name of newspape	er(s)	
Name of website		Other
Visitation: 🛯 Yes	No Public Private	Casket: 🗖 Open 🛛 Closed

Final wishes (continued)

Final disposition

🛛 Earth burial	Mausoleum entombment	Cremation/Inurnment
Other (please	specify)	
Name of cemeter	ry/mausoleum	
Address		Phone
Description of bu	urial property	
Casket selection		Urn selection
Vault selection _		Personalization choices

Permanent memorial

Туре
Inscription
Flowers
Personal touches/items to display
Special services/ceremonies (fraternal, military, spiritual, etc.)

Personal instruction

Clothing	_ 🖵 Stays on	Return to family
Glasses	_ 🛛 Stays on	Return to family
Jewelry	_ 🛛 Stays on	Return to family
Other	_ 🖵 Stays on	Return to family

Religious items

Suggested memorial contributions _____

Pallbearers



Other requests

Special notes regarding personal memorial



Financial information

Banking

Bank Name/branch	
Type of account: Checking Savings	
Username	_ Password
Bank Name/branch	
Type of account: Checking Savings	
Username	Password
Bank Name/branch	
Type of account: Checking Savings	
Username	Password
Credit cards	
Uvisa Umastercard Umastercard Express	Other
Account number	Expiration date
Username	_ Password
□ Visa □ Mastercard □ American Express	Other
Account number	Expiration date
llsornamo	_ Password
	_ Fassword
Uvisa Mastercard American Express	Other
Account number	Expiration date
Username	_ Password

Financial information (continued)

Mortgage

Lender		_ Account number
Phone number	_ Location	
Pension/Retirement plans		
Company name		_ Account number
Phone number	_ Location	
Company name		_ Account number
Phone number	_ Location	
Company name		_Account number
Phone number	_ Location	
Company name		_Account number
Phone number	_ Location	
Company name		_ Account number
Phone number	_ Location	
Company name		_ Account number
Phone number	_Location	

Financial information (continued)

Insurance (homeowners, health, auto, other)

Company		_ Agent
Phone number	_ Policy number	Beneficiary
Company		_ Agent
Phone number	_ Policy number	Beneficiary
Company		_ Agent
Phone Number	_ Policy number	Beneficiary
Company		_ Agent
Phone Number	_ Policy number	Beneficiary
Location of important documents		
Safe deposit box location		Box number
Key(s) location		
Birth certificate		
Children's birth certificate(s)		
Last will and testament		
Funeral and cemetery arrangement	documents	
Real estate deeds		
Income tax records		
Auto registration/title		

Online profiles

List your email, social media accounts or other important login information

Account name	_Web address/URL
Username	_ Password
Other information	
Account name	_Web address/URL
Username	_ Password
Other information	
Account name	_Web address/URL
Username	_ Password
Other information	
Account name	_Web address/URL
Username	_ Password
Other information	
Account name	_Web address/URL
Username	_ Password
Other information	
Account name	_Web address/URL
Username	_ Password
Other information	

Personal	notes	and	thoug	hts



Please be sure to notify these people of my passing:

Name	Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email
Name	Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email
Name	Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email
Name	Name
Relationship	Relationship
Address	Address
Phone	Phone
Email	Email



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