

Last instructions for my survivors

Would your loved ones know your wishes and desires upon your death? Would they find comfort in knowing you had planned ahead so they could make all the necessary important decisions?

One problem survivors often have is finding documents and valuable papers. You can help your survivors with this process by completing this form. Give copies to your loved ones, executor, lawyer, and anyone else who will need this information. You should review and update this information periodically.

Personal data

Full birth name _____

Social Security number _____

Date of birth _____ Place of birth _____

Country of citizenship _____

Military Service (Branch/Rank/Serial Number) _____

Spouse/Partner's full birth name _____

Parents' names _____

Address _____ Phone _____

Upon death please contact

Name _____

Address _____

Relationship _____

Phone _____

Name _____

Address _____

Relationship _____

Phone _____

INVESTMENT AND INSURANCE PRODUCTS:

NOT FDIC INSURED

NOT BANK GUARANTEED

MAY LOSE VALUE

Concerning my estate

Name of Executor(s) or Trustee(s) _____

Address _____ Phone _____

Name of Children's Guardian _____

Address _____ Phone _____

Name of Lawyer _____

Address _____ Phone _____

Name of Financial Advisor _____

Address _____ Phone _____

Name of Bank Trust Officer _____

Address _____ Phone _____

Location of Will or Trust (all copies) _____

If you have a safety deposit box, list location(s) and location of keys _____

Others with keys _____

Location of important papers not in safety deposit box(es) _____

Brokerage/Bank/Savings and loan — Account information

Company _____ Phone _____

Branch _____ Address _____

Type of account _____ Account number _____

Company _____ Phone _____

Branch _____ Address _____

Type of account _____ Account number _____

Company _____ Phone _____

Branch _____ Address _____

Type of account _____ Account number _____

Company _____ Phone _____

Branch _____ Address _____

Type of account _____ Account number _____

Life insurance policies

Company & Agent Name _____

Policy number _____ Phone _____

Company & Agent Name _____

Policy number _____ Phone _____

Company & Agent Name _____

Policy number _____ Phone _____

Company & Agent Name _____

Policy number _____ Phone _____

Other death benefits (give details)

Pension _____

Military _____

Fraternal organizations Other _____

(specify) _____

Final arrangements

Religious affiliation, if any _____

Place of worship, if any _____

Clergy to contact _____

Address _____ Phone _____

I prefer: Burial Cremation Body bequeathal

I prefer: Funeral service Memorial service No ceremony

Funeral Home _____

Address _____ Phone _____

Cremation Society _____

Address _____ Phone _____

Bequeathal arrangement with _____

Address _____ Phone _____

Other arrangements _____

If funeral

Cemetery preferred _____

Address _____ Phone _____

I would like to request the following pallbearers _____

If cremation

Cremation Urns: Urn Keepsake Urn Scattering Urn

Cremation society preferred _____

I would like my ashes to be handled as follows _____

Arrangement preferences

- I prefer:
- A viewing No viewing
 - Open casket No casket/green burial Closed casket
 - Embalming No embalming
 - Flowers No flowers
 - Donations (If donations, to) _____

If service will be held, I prefer the following:

Music _____

Readings _____

Participants _____

I prefer no more than \$ _____ be spent on my funeral, if possible.

Biographical data (For obituaries and death notices)

Survivors (immediate family) _____

Education _____

Civic affiliations _____

Religious affiliations _____

Military service _____

Honors/awards/achievements _____

Political affiliations _____

Employment highlights _____

Hobbies/Volunteer activities _____

This information was current as of: _____

Copies provided to _____

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