

# Key Information

Centralize important documents and information for your family and loved ones. This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.

# Key Information

## PERSONAL INFORMATION

### My Information

Full Legal Name: \_\_\_\_\_

Given / Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (hospital, city, county, state/country):  
\_\_\_\_\_

Mother's Full Legal Name: \_\_\_\_\_

Mother's Place of Birth (city and state/country): \_\_\_\_\_

Father's Full Legal Name: \_\_\_\_\_

Father's Place of Birth (city and state/country): \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Names of Children (living and deceased):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Current Employer (name, address, phone, manager):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

Pets:  
  
\_\_\_\_\_  
  
\_\_\_\_\_

# Key Information

## SPOUSE'S/PARTNER'S INFORMATION

### My Spouse's/Partner's Personal Information

Full Legal Name: \_\_\_\_\_

Given/Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (hospital, city, county, state/country):  
\_\_\_\_\_

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

Marriage Location (city and state/country): \_\_\_\_\_

Spouse's Former Spouse: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

My Former Spouse/Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

My Former Spouse/Partner: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Marriage Dates: \_\_\_\_\_

Reason:  Death  Divorce (date and location): \_\_\_\_\_

Other:

# Key Information

## EMERGENCY CONTACTS

Information last updated: \_\_\_\_\_

Contact	Name	Phone or Email
Emergency Contacts:		
Primary Doctor:		
Doctor/Specialist:		
Cleric:		
Attorney:		
Financial Advisor:		

# Key Information

## EMERGENCY CONTACTS

Information last updated: \_\_\_\_\_

Contact	Name	Phone or Email
Property and Casualty Agent:		
CPA:		
Executor:		
Trustee:		
Successor Trustee:		
Other (Power of Attorney, Healthcare Proxy):		

# Key Information

## PROFESSIONAL DIRECTORY

Information last updated: \_\_\_\_\_

Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc.

Name	Business Type	Address	Phone or Email

# Key Information

## SPOUSE'S/PARTNER'S OR FAMILY PROFESSIONAL DIRECTORY

Information last updated: \_\_\_\_\_

Mechanic, Housekeeper, Nanny, Pet Sitter, Landscaping and Pool Services, etc.

Name	Business Type	Address	Phone or Email

### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

### Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023



# Essential Documents

Centralize important documents and information for your family and loved ones.  
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.



# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Driver's License:			
Passport:			
Military Service Documents:			
Professional Certifications:			
Document Inventory:			
Vehicle Titles:			
Vehicle Repairs:			
Real Estate Deeds:			
Property Tax Assessment and Statements:			
Household Inventory:			
Home Improvement Receipts:			
Photos/Videos of Possessions:			
Safe Deposit Box Inventory:			

# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents should never be destroyed. Store everything in one secure location.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Birth Certificate:			
Social Security Card:			
Marriage Certificates:			
Divorce Decrees:			
Death Certificates:			
Citizenship or Naturalization Papers:			
Military Discharge:			
Veteran's Records:			
Crematory Deed:			
Final Expense Insurance:			
Diplomas:			
Lawsuits:			
Immunizations:			

# Essential Documents

## ESSENTIAL DOCUMENTS

Information last updated: \_\_\_\_\_

These documents are important, but only occasionally needed.

Document	Physical Location	Who Has a Copy?	Online Access / Location
Insurance Policies:			
Retirement Plan Documents:			
Employee Benefits:			
Employment Contracts:			
Financial Statements:			
Credit Card Statements:			
Credit Reports:			
Loan Agreements and Statements:			
College Savings/Financial Aid:			
Investment Statements:			
Annuity Contracts:			
Stock Certificates:			
Bond Certificates:			

# Essential Documents

## ESSENTIAL INFORMATION

Information last updated: \_\_\_\_\_

My family is due the following benefits from my employer:

- |  |  |
|--|--|
| <input type="checkbox"/> AD&D                  | <input type="checkbox"/> Stock           |
| <input type="checkbox"/> Life Insurance        | <input type="checkbox"/> Long-Term Care  |
| <input type="checkbox"/> Disability Insurance  | <input type="checkbox"/> Retirement Plan |
| <input type="checkbox"/> Deferred Compensation | <input type="checkbox"/> Other: _____    |

### SAFE & VALUABLES

I have  a safe and/or  valuables (jewelry, collections, etc.) located at:

Persons who know the safe combination:

I may receive an inheritance from:

I am the beneficiary of a trust. Trust document is located at:

I am entitled to military benefits, including:

### SAFE DEPOSIT BOXES

Located at (city and state): \_\_\_\_\_

Safe deposit box keys are located: \_\_\_\_\_

Safe deposit box code: \_\_\_\_\_

# Essential Documents

## RENEWALS

Information last updated: \_\_\_\_\_

These are documents that expire and require renewals.

Document	Expiration Date	In Document Vault?
Driver's License:		
Passport:		
Club Membership:		
Other: _____		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

**Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.**

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023

# Medical Information

Centralize important documents and information for your family and loved ones.  
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.

# Medical Information

## PERSONAL MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

### My Personal Medical Information

#### Personal Information

Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Pharmacy for Prescriptions:			
VA Medical:			
Organ Donor:			

# Medical Information

## PERSONAL MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

My Personal Medical Information

Physician Name	Address	Phone or Email



# Medical Information

## PERSONAL PRESCRIPTION INFORMATION

Information last updated: \_\_\_\_\_

My Personal Prescription Information

Name of Medicine	Dosage	Prescribing Doctor

# Medical Information

## PERSONAL MEDICAL NOTES

Information last updated: \_\_\_\_\_

### Miscellaneous Medical Notes

Issue/Contact	Notes

# Medical Information

## SPOUSE'S/PARTNER'S MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

### Spouse's/Partner's Medical Information

#### Personal Information

Health Insurer:	Plan ID:	Group #:	Medicare #:
Medigap/Supplemental Plan:			
Prescription Coverage:	Issuer:	Group #:	ID #:
Prescription Coverage (Medicare D):	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions/ Issues:			
Medications/Pharmacy Locations:			
VA Medical:			
Organ Donor:			

# Medical Information

## CHILD MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

Child Medical Information - *Duplicate page and complete for each child/dependent*

### Child 1

Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

# Medical Information

## CHILD MEDICAL INFORMATION

Information last updated: \_\_\_\_\_

Child Medical Information - *Duplicate page and complete for each child/dependent*

### Child 2

Health Insurer:	Plan ID:	Group #:	Medicare #:
Prescription Coverage:	Issuer:	Group #:	ID #:
Blood Type:			
Allergies:			
Medical Conditions / Special Needs:			
Medications:			
VA Medical:			
Organ Donor:			

# Medical Information

## FAMILY MEDICAL DIRECTORY

Information last updated: \_\_\_\_\_

### Family Physicians' Contact Information

Family Member	Physician Name and Specialty	Phone or Email

# Medical Information

## PET VETERINARY INFORMATION

Information last updated: \_\_\_\_\_

Veterinarian

Pet's Name and Type	Veterinary Information	Phone	Who will care for pet? <i>*Name and Phone</i>

### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

### Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023

A photograph of a man and a young child flying a kite on a grassy hill. The man is holding the kite, which has a colorful pattern and long streamers. The child is holding the string. The background shows rolling hills under a clear sky.

# Digital Information

Centralize important documents and information for your family and loved ones.  
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.



# Digital Information

## ONLINE ACCOUNTS

Information last updated: \_\_\_\_\_

### Online and Social Media Accounts

Account	Associated Email Address
Amazon:	
Google:	
iTunes / Apple:	
LinkedIn:	
Facebook:	
Twitter:	
Other:	

# Digital Information

## ONLINE ACCOUNTS AND SUBSCRIPTIONS

Information last updated: \_\_\_\_\_

Online Accounts and Subscriptions (Frequent flyer miles, hotel points, etc.)

Account or Subscription	Associated Email	Additional Notes

# Digital Information

## LOGIN INFORMATION

Information last updated: \_\_\_\_\_

Persons Entrusted with Logins/Pins and Access to Accounts

Login Item	Designated Confidant	Phone #	In Document Vault?
Websites:			
Computers:			
Cell Phones:			
Credit Cards:			
Banking:			
Medical:			
Other: _____ _____			

# Digital Information

## DIGITAL DEVICE INVENTORY

Information last updated: \_\_\_\_\_

Personal and Business Cell Phones, Computers, Tablets, Etc.

Device	Type/Model	Location	Business or Personal?

### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

### Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023

# Financial Information

Centralize important documents and information for your family and loved ones.  
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.

# Financial Information

## BANKING INFORMATION

Information last updated: \_\_\_\_\_

### Bank Accounts

#### Account

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

Bank Name:

\_\_\_\_\_

Checking Account #:

\_\_\_\_\_

ATM/Debit Card #:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Savings Account #:

\_\_\_\_\_

Other:

\_\_\_\_\_

# Financial Information

## CREDIT CARD INVENTORY

Information last updated: \_\_\_\_\_

### Credit Card Inventory

#### Credit Cards

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

# Financial Information

## CREDIT CARD INVENTORY

Information last updated: \_\_\_\_\_

### Credit Card Inventory

#### Credit Cards

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_

Credit Card Issued To:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Issuer:

\_\_\_\_\_

Expiration:

\_\_\_\_\_



# Financial Information

## AUTOMATIC BILL PAY

Information last updated: \_\_\_\_\_

### Automatic Debits

Institution	Account Name	Recurrence	Amount

# Financial Information

## FINANCIAL INFORMATION

Information last updated: \_\_\_\_\_

### Investment Accounts

#### Account

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

Investment Firm Name:

\_\_\_\_\_

Account #:

\_\_\_\_\_

Financial Professional:

\_\_\_\_\_

Account Title:

\_\_\_\_\_

Phone #:

\_\_\_\_\_

Account Type:

\_\_\_\_\_

# Financial Information

## RETIREMENT PLANS

Information last updated: \_\_\_\_\_

My Retirement Plans / Executive Compensation

Plan	Company Name	Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

# Financial Information

## SPOUSE'S/PARTNER'S RETIREMENT PLANS

Information last updated: \_\_\_\_\_

Spouse's/Partner's Retirement Plans / Executive Compensation

Plan	Company Name	Contact Name and Phone #
401(k) Account:		
Pension:		
Equity Plan:		
Other Compensation Plan: _____		
Other Compensation Plan: _____		
Other Compensation Plan: _____		

# Financial Information

## LIABILITY INFORMATION

Information last updated: \_\_\_\_\_

### Loan Inventory

Loan	Account Information
Mortgage Broker Name: _____	
Mortgage (First): _____	
Mortgage (Second): _____	
HELOC/HEL: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	
Vehicle Lienholder: _____	

# Financial Information

## LIFE INSURANCE

Information last updated: \_\_\_\_\_

### My Life Insurance

#### Benefits:

Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____
Insurer: _____	Policy #: _____	Insurance Agent: _____	Phone #: _____
Death Benefit: _____	Beneficiary (Primary): _____	Beneficiary (secondary or contingent): _____	Beneficiary (third or final): _____

# Financial Information

## INSURANCE INVENTORY

Information last updated: \_\_\_\_\_

### My Insurance Inventory

#### My Long-term Care Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

#### My Disability Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

Benefit Amount:

User Name:

Other Information:

# Financial Information

## PROPERTY INSURANCE

Information last updated: \_\_\_\_\_

### Property Insurance

Property	Insurer
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____
Property: _____ Property Address: _____ Policy #: _____ Coverage Amount: _____	Agent: _____ Phone #: _____ Insurer: _____ Coverage Type: _____



# Financial Information

## SPOUSE'S/PARTNER'S INSURANCE

Information last updated: \_\_\_\_\_

### Spouse's/Partner's Insurance Inventory

#### Long-term Care Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

#### Disability Insurance:

Insurer:

Policy #:

Contact Name:

Phone #:

Benefit Amount:

User Name:

Other Information:

#### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

#### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

#### **Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.**

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023

# Family Legacy & Final Arrangements

Centralize important documents and information for your family and loved ones.  
This document will be a critical resource in the event of an emergency or major life event.

Kit prepared for:

---

---

Please store this document in a secure location to protect personal and confidential information.

# Family Legacy & Final Arrangements

## FAMILY HISTORY

### My Life and Family

**MY FAMILY:** Origin of family lineage, places ancestors lived, where my parents were born and raised. Family memories, events and milestones.

---

**MY CHILDHOOD:** Where I grew up, where and how I spent my childhood. Where I went to school, what sports, arts, or activities I participated in. Camps, friends, trips, recognitions, heroes, dreams and aspirations.

---

# Family Legacy & Final Arrangements

## FAMILY HISTORY

### My Life

**MY LIFE:** Which world events shaped me, first job, first car, college experiences, passions, travels, how I met my spouse, my biggest accomplishments/milestones, what makes me happiest, what has been my most rewarding experience, what I'm most proud of.

---

**MY LIFE:** Words of wisdom and/or funny stories:

# Family Legacy & Final Arrangements

## ACTION PLAN

Information last updated: \_\_\_\_\_

Checklist to be implemented when appropriate. Develop a plan for coordinating with your other advisors.

Task	Person Assigned to Task	Date Completed
Notify Family and Friends:		
Notify Funeral Home:		
Notify Employer:		
Notify Banks / Inquire About: <i>Direct deposits and withdrawals, safety deposit box(es), credit life on loans.</i>		
Notify Credit Card Companies:		
Notify Insurance Companies:		
Arrange House-sitter:		
Notify Utility Companies:		
Notify Benefits: <i>Social Security, Veterans and Employment benefits.</i>		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

# Family Legacy & Final Arrangements

The incapacity or death of a family member can cause great confusion for even the most organized persons. The following information will help guide the loved one who will handle your affairs.

## FINAL ARRANGEMENTS

Information last updated: \_\_\_\_\_

Please refer to these instructions and preferences when arranging my interment and memorial service.

### 1. I wish to be an organ donor. If yes, note whether it is indicated on your driver's license.

Yes \_\_\_\_\_

No

### 2. I wish to be:

Buried at

Details/Location: \_\_\_\_\_

I already paid these costs:  Burial Plot  Casket  Funeral Services  Other

Entombed at

Details/Location: \_\_\_\_\_

I already paid these costs:  Drawer  Casket  Funeral Services  Other

Cremated at

Details for my ashes: \_\_\_\_\_

I already paid these costs:  Drawer  Casket  Funeral Services  Other

Donated to science:  Entire body  Select body parts

Details: \_\_\_\_\_

### 3. I wish to have:

Funeral Service

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

# Family Legacy & Final Arrangements

## FINAL ARRANGEMENTS *(CONTINUED)*

### Service General Instructions

Friend or relative I wish to oversee these arrangements:	
Funeral Home (Name and Phone #):	
Person to perform service:	
Pallbearers:	
Persons for eulogy/readings:	
Notes for obituary:	
Headstone engraving:	
Flowers and Music:	
Donations in lieu of flowers to:	
Burial clothing:	

# Family Legacy & Final Arrangements

## FINAL ARRANGEMENTS (CONTINUED)

### 4. I wish to have a viewing:

Yes  No

Details: \_\_\_\_\_

### 5. I prefer:

- Open Casket  
 Closed Casket

### 6. Service at:

- Funeral Home  
 House of worship location (with body present)  
 House of worship location (without body present)  
 Other arrangements: \_\_\_\_\_

### 7. I wish to be interred in a military cemetery:

Burial benefits include cost of burial for Veteran, along with spouse / partner, and dependents, at no cost to the family. Arrangements can be made through funeral home.

Yes  No

Details: \_\_\_\_\_

### 8. Special Requests and Notes:

Prayer card, readings, music, etc.

#### AssetMark, Inc.

1655 Grant Street  
10th Floor  
Concord, CA 94520-2445  
800-664-5345

#### Important Information

This document is for informational purposes only, is not a solicitation, and should not be considered investment, legal, or tax advice. The information has been drawn from sources believed to be reliable, but its accuracy is not guaranteed, and is subject to change.

#### Investing involves risk, including the possible loss of principal. Past performance does not guarantee future results.

AssetMark, Inc. is an investment adviser registered with the U.S. Securities and Exchange Commission. AssetMark and third-party service providers are separate and unaffiliated companies, and each party is responsible for their own content and services. ©2021 AssetMark, Inc. All rights reserved.

100471 | M20-100116 | 6/2021 | EXP 6/30/2023