

Protect What Matters Most

Personal Planning Guide



Letter to My Family

If you are reading this guide, it means you are helping manage my affairs during an important time in life.

I prepared this guide to make things easier for the people I love. My hope is that it provides clear information, reduces uncertainty, and helps you locate the documents and resources you may need.

While this guide contains practical information, it also reflects what matters most to me: my family, my values, and the legacy I hope to leave behind.

Thank you for your care, your support, and your willingness to help.

With love,

SIGNATURE

PRINTED NAME

DATE

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Welcome

Protect. Prepare. Prosper.

Life is full of important milestones: buying a home, building a career, growing a family, planning for retirement, and creating a legacy for future generations. Along the way, we accumulate valuable information, important documents, financial accounts, healthcare decisions, and personal wishes that deserve to be organized and preserved.

This Personal Planning Guide was created to help you gather that information in one convenient place.

Whether you're preparing for retirement, organizing your estate, assisting aging parents, or simply bringing order to your financial life, this guide provides a structured way to document the information your loved ones, trusted advisors, and fiduciaries may need in the future.

Completing this guide is an investment in the people you care about most. During times of illness, incapacity, or loss, having important information readily available can reduce stress, minimize confusion, and provide clarity when important decisions must be made.

You do not need to complete this guide all at once. Work through it at your own pace and update it whenever significant life changes occur.

We recommend reviewing this guide at least once each year and after major life events such as:

- Marriage or divorce
- Death of a loved one
- Retirement
- Opening or closing financial accounts
- Changes in insurance coverage
- Birth or adoption of a child
- Purchase or sale of a home
- Changes in employment
- Updates to estate planning documents
- Significant health changes

Store this guide in a secure location and let your trusted family members or advisors know where it can be found.

Thank you for allowing TrustBank to be part of your planning journey. We hope this guide provides peace of mind and serves as a valuable resource for you and your family for years to come.

Before You Begin

Before completing this guide, gather as many of the following items as possible.

Estate Planning Documents

- ☐ Last Will and Testament
- ☐ Revocable Living Trust
- ☐ Irrevocable Trusts
- ☐ Durable Financial Power of Attorney
- ☐ Healthcare Power of Attorney
- ☐ Living Will
- ☐ HIPAA Authorization
- ☐ Guardianship Documents
- ☐ Funeral Instructions

Financial Records

- ☐ Bank Statements
- ☐ Investment Statements
- ☐ Retirement Account Statements
- ☐ Insurance Policies
- ☐ Mortgage Information
- ☐ Property Deeds
- ☐ Vehicle Titles
- ☐ Loan Information
- ☐ Tax Returns

Healthcare Information

- ☐ Medication List
- ☐ Health Insurance Cards
- ☐ Medicare Information
- ☐ Physician Contact Information
- ☐ Specialist Information
- ☐ Pharmacy Information
- ☐ Medical History

Personal Information

- ☐ Government Identification
- ☐ Passport
- ☐ Social Security Information
- ☐ Marriage Certificate
- ☐ Birth Certificates
- ☐ Military Records (if applicable)
- ☐ Citizenship Documents (if applicable)

Digital Information

- ☐ Password Manager Information
- ☐ Email Accounts
- ☐ Digital Financial Accounts
- ☐ Online Storage Accounts
- ☐ Social Media Accounts
- ☐ Cryptocurrency Information (if applicable)

Before You Start

- ☐ Gather important documents before beginning.
- ☐ Store your completed guide in a secure location.
- ☐ Complete each section as thoroughly as possible.
- ☐ Leave blank any sections that do not apply.
- ☐ Review your completed guide annually.

How to Use This Guide

This guide is intended to be a living document.

Review and update your information whenever significant changes occur in your life.

Examples include:

- ☐ Marriage
- ☐ Divorce
- ☐ Birth or adoption
- ☐ Death of a family member
- ☐ Change in employment
- ☐ Retirement
- ☐ Purchase or sale of property
- ☐ Opening or closing financial accounts
- ☐ Beneficiary changes
- ☐ Insurance updates
- ☐ Estate plan revisions
- ☐ Healthcare changes
- ☐ Relocation

If information is unknown today, simply leave the section blank and return to it later.

PLANNING TIP

No one expects this guide to be completed in a single sitting. The value comes from maintaining accurate information over time. If you need additional space for any section, use the blank pages provided in the Important Notes section at the end of this guide.

Important Security Reminders

This guide contains sensitive personal and financial information.

Store your completed guide in a secure location such as:

- Home safe
- Locked filing cabinet
- Safe deposit box
- Secure encrypted digital storage

For your protection, **do not record passwords, PINs, security questions, authentication codes, or other login credentials in this guide.** Instead, record the location of your password manager or secure credential storage.

Quick Planning Checklist

Estate Planning

- ☐ Will completed
- ☐ Trust established
- ☐ Powers of Attorney completed
- ☐ Healthcare directives completed
- ☐ Beneficiaries reviewed

Financial Planning

- ☐ Bank accounts documented
- ☐ Investment accounts documented
- ☐ Retirement accounts documented
- ☐ Insurance policies documented
- ☐ Loans documented
- ☐ Automatic payments listed

Family Planning

- ☐ Emergency contacts updated
- ☐ Professional advisors listed
- ☐ Healthcare providers documented
- ☐ Personal wishes recorded
- ☐ Funeral preferences documented

Household Planning

- ☐ Property information updated
- ☐ Household service providers listed
- ☐ Utilities documented
- ☐ Important documents located

Annual Review

- ☐ Information reviewed this year

DATE REVIEWED

REVIEWED BY

SECTION 1

Personal Information

Basic Information

FULL LEGAL NAME		PREFERRED NAME	
DATE OF BIRTH	PLACE OF BIRTH		
SOCIAL SECURITY NUMBER	DRIVER LICENSE NUMBER	STATE ISSUED	
EXPIRATION DATE	PASSPORT NUMBER	EXPIRATION DATE	
CITIZENSHIP			

Marital Status

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Other

Primary Residence

STREET ADDRESS		
CITY	STATE	ZIP CODE
COUNTY	YEARS AT RESIDENCE	

Contact Information

HOME PHONE	MOBILE PHONE	WORK PHONE
PRIMARY EMAIL ADDRESS		
SECONDARY EMAIL ADDRESS		

Preferred Method of Communication

- ☐ Phone
- ☐ Mobile
- ☐ Email
- ☐ Text Message

Employment Information

CURRENT EMPLOYER

JOB TITLE

BUSINESS ADDRESS

BUSINESS PHONE

WORK EMAIL

OCCUPATION

RETIREMENT DATE (ACTUAL OR ANTICIPATED)

Government Identification

DOCUMENT	NUMBER	EXPIRATION DATE	LOCATION
Driver License			
Passport			
Social Security Card			
Birth Certificate			
Marriage Certificate			
Divorce Decree (if applicable)			
Citizenship Documents			

Important Personal Information

PREFERRED HOSPITAL

RELIGIOUS AFFILIATION (OPTIONAL)

PLACE OF WORSHIP (OPTIONAL)

EMERGENCY BLOOD TYPE

PRIMARY LANGUAGE

SECONDARY LANGUAGE(S)

SPECIAL COMMUNICATION NEEDS

SECTION 2

Family Information

Documenting your family members and other important relationships can help ensure that your loved ones, trusted advisors, and fiduciaries have accurate information when it is needed most.

Spouse or Partner

FULL LEGAL NAME		PREFERRED NAME
RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MOBILE PHONE		
EMAIL ADDRESS		
EMPLOYER	OCCUPATION	BUSINESS PHONE
HOME ADDRESS (IF DIFFERENT)		

Children

NAME	DATE OF BIRTH	PHONE	EMAIL	CITY & STATE

Grandchildren

NAME	DATE OF BIRTH	PARENT(S)	NOTES

Parent Information:

PARENT

NAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

PARENT

NAME

DATE OF BIRTH

PHONE

EMAIL

ADDRESS

Siblings

NAME	DATE OF BIRTH	PHONE	EMAIL	CITY & STATE

Other Important Family Members

Include anyone who plays an important role in your life, such as stepchildren, nieces, nephews, cousins, in-laws, or other relatives.

NAME	DATE OF BIRTH	PHONE	EMAIL	CITY & STATE

Individuals Who Should Be Contacted Immediately

List the people who should be notified in the event of a serious illness, emergency, or death.

NAME	RELATIONSHIP	PHONE	EMAIL	NOTIFY FIRST?

Minor Children or Dependents

If applicable, provide information regarding individuals who depend upon you for care.

NAME	RELATIONSHIP	DATE OF BIRTH
CURRENT CAREGIVER	SPECIAL MEDICAL OR EDUCATIONAL NEEDS	
GUARDIAN NAMED IN ESTATE DOCUMENTS		

Family Traditions or Important Information

Use this space to record information your family may appreciate knowing, such as annual traditions, special celebrations, family customs, or other meaningful details.

SECTION 3

Emergency Contacts

During an emergency, having current contact information readily available can help family members, healthcare providers, and trusted advisors communicate quickly and efficiently. Review this section annually to ensure all information remains current.

Primary Emergency Contact

NAME

RELATIONSHIP

HOME PHONE

MOBILE PHONE

WORK PHONE

EMAIL ADDRESS

HOME ADDRESS

Has a Key to My Home

☐ Yes ☐ No

Authorized to Make Decisions if Needed

☐ Yes ☐ No

Secondary Emergency Contact

NAME

RELATIONSHIP

HOME PHONE

MOBILE PHONE

WORK PHONE

EMAIL ADDRESS

HOME ADDRESS

Has a Key to My Home

☐ Yes ☐ No

Authorized to Make Decisions if Needed

☐ Yes ☐ No

Nearby Friend, Neighbor, or Relative

Someone who can quickly check on your home, receive deliveries, or assist during an emergency.

NAME

RELATIONSHIP

PHONE

EMAIL

ADDRESS

Has a Key to My Home

☐ Yes ☐ No

Individuals Authorized to Access My Home

NAME	RELATIONSHIP	PHONE	HAS KEY	ALARM ACCESS

Individuals Authorized to Care for Dependents or Pets

NAME	RESPONSIBILITY	PHONE	EMAIL

Individuals to Notify in the Event of My Death

List the people you would like contacted as soon as practical.

NAME	RELATIONSHIP	PHONE	EMAIL

Healthcare Contacts

PRIMARY CARE PHYSICIAN

PHONE

PREFERRED HOSPITAL

EMERGENCY MEDICAL CONTACT

PHONE

Employer Notification

PERSON TO CONTACT

COMPANY

TITLE

PHONE

EMAIL

Religious or Community Contact (Optional)

NAME	ORGANIZATION	ROLE
PHONE	EMAIL	

Other Important Contacts

NAME	ORGANIZATION	PHONE	PURPOSE

PLANNING TIP

Make sure your emergency contacts know they have been listed in this guide and understand how they may be asked to assist during an emergency. Review this information regularly to ensure phone numbers, addresses, and responsibilities remain up to date.

SECTION 4

Professional Advisors

Your professional advisors play an important role in helping you manage your financial, legal, tax, insurance, and healthcare decisions. Recording their contact information in one location can help your family, trustee, executor, or agent quickly identify the appropriate person to contact when assistance is needed.

Primary Financial Advisor

FIRM	ADVISOR NAME	TITLE
OFFICE ADDRESS		
OFFICE PHONE	MOBILE PHONE	
EMAIL ADDRESS		
WEBSITE	ACCOUNT NUMBERS OR CLIENT ID (OPTIONAL)	

Trust Officer or Fiduciary

ORGANIZATION

NAME

TITLE

PHONE

EMAIL

OFFICE ADDRESS

Estate Planning Attorney

LAW FIRM

ATTORNEY

PHONE

EMAIL

OFFICE ADDRESS

DATE ESTATE PLAN LAST UPDATED

LOCATION OF ORIGINAL ESTATE DOCUMENTS

Certified Public Accountant (CPA) or Tax Professional

FIRM

NAME

PHONE

EMAIL

OFFICE ADDRESS

TAX RETURNS PREPARED SINCE

Insurance Professional

TYPE	AGENCY	PHONE	EMAIL
Life			
Health			
Medicare			
Disability			
Homeowners			
Auto			
Umbrella			
Long-Term Care			
Other			

Banker

FINANCIAL INSTITUTION	PRIMARY CONTACT	TITLE
PHONE	EMAIL	BRANCH LOCATION

Investment Custodian or Brokerage Firm

FIRM	PRIMARY CONTACT	PHONE
EMAIL	WEBSITE	

Primary Care Physician

NAME	PRACTICE	PHONE
EMAIL		
OFFICE ADDRESS		

Additional Professional Advisors

ADVISOR	ORGANIZATION	PHONE	EMAIL

PLANNING TIP

Review this section annually to ensure your advisors, firms, and contact information remain current. Notify your trusted family members or fiduciaries of any significant changes.

SECTION 5

Estate Planning Documents

A well-organized estate plan helps ensure that your wishes are carried out and that your loved ones have clear guidance during difficult times. Use this section to document your estate planning documents and where the originals are stored.

Estate Planning Document Inventory

DOCUMENT	COMPLETED	DATE SIGNED	LOCATION	ATTORNEY
Last Will and Testament				
Revocable Living Trust				
Irrevocable Trust				
Durable Financial Power of Attorney				
Healthcare Power of Attorney				
Living Will				
HIPAA Authorization				
Guardianship Documents				
Funeral Instructions				
Letter of Instruction				

Named Executor

NAME	RELATIONSHIP	PHONE
_____	_____	_____
EMAIL	ALTERNATE EXECUTOR	
_____	_____	

Trustee

NAME	RELATIONSHIP	PHONE
_____	_____	_____
EMAIL	SUCCESSOR TRUSTEE	
_____	_____	

Financial Power of Attorney

PRIMARY AGENT	RELATIONSHIP	PHONE
_____	_____	_____
ALTERNATE AGENT		

Healthcare Power of Attorney

PRIMARY AGENT	RELATIONSHIP	PHONE
_____	_____	_____
ALTERNATE AGENT		

Guardian for Minor Children (If Applicable)

PRIMARY GUARDIAN	ALTERNATE GUARDIAN
_____	_____
SPECIAL INSTRUCTIONS	

Safe Deposit Box

FINANCIAL INSTITUTION	BRANCH	BOX NUMBER
_____	_____	_____
WHO HAS ACCESS		

LOCATION OF KEYS		

Location of Important Documents

DOCUMENT	LETTER OF INSTRUCTION?	LOCATION
Original Will		
Original Trust		
Powers of Attorney		
Healthcare Directives		
Marriage Certificate		
Birth Certificates		
Military Records		
Property Deeds		
Vehicle Titles		
Insurance Policies		

Beneficiary Review

LAST BENEFICIARY REVIEW DATE

NEXT SCHEDULED REVIEW

PLANNING TIP

Estate plans should be reviewed after major life events such as marriage, divorce, the birth of a child or grandchild, retirement, relocation, significant changes in wealth, or the death of a family member or fiduciary.

SECTION 6

Financial Information

Maintaining an organized record of your financial accounts can save considerable time for your family, trustee, executor, or agent. Record each account carefully and review this information regularly.

Banking

FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	JOINT OWNER

Savings, Money Market & Certificates of Deposit

INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	MATURITY DATE	BENEFICIARY

Investment Accounts

FIRM	ACCOUNT TYPE	ACCOUNT NUMBER	ADVISOR	BENEFICIARY

Retirement Accounts

INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	BENEFICIARY	RMD

Education Savings Accounts

BENEFICIARY	ACCOUNT TYPE	INSTITUTION	ACCOUNT NUMBER

Annuities

INSTITUTION	POLICY / CONTACT NUMBER	OWNER	BENEFICIARY

Credit Cards

INSTITUTION	CARD TYPE	LAST FOUR DIGITS	PRIMARY CARDHOLDER

Outstanding Loans

LENDER	LOAN TYPE	ACCOUNT NUMBER	MONTHLY PAYMENT

Income Sources

- ☐ Employment Income ☐ Pension ☐ Social Security ☐ Retirement Account Distributions ☐ Investment Income
☐ Rental Income ☐ Business Income ☐ Trust Distributions ☐ Other

DETAILS

Automatic Deposits

SOURCE	INSTITUTION	FREQUENCY

Automatic Payments

PAYEE	ACCOUNT USED	FREQUENCY

Beneficiary Review Checklist

- ☐ Bank Accounts ☐ Investment Accounts ☐ Retirement Accounts ☐ Life Insurance ☐ Annuities
☐ Transfer on Death (TOD) Accounts ☐ Payable on Death (POD) Accounts **DATE LAST REVIEWED**

Financial Documents

LOCATION OF RECENT TAX RETURNS

LOCATION OF MONTHLY STATEMENTS

LOCATION OF FINANCIAL PLANNING DOCUMENTS

LOCATION OF NET WORTH STATEMENT

PLANNING TIP

Review beneficiary designations periodically to ensure they continue to reflect your wishes. Beneficiary designations on retirement accounts, life insurance policies, and certain financial accounts generally control who receives those assets, regardless of what is stated in your will.

SECTION 7

Insurance

Insurance plays an important role in protecting your family, assets, income, and legacy. Use this section to document your insurance policies, carriers, and key contact information. Review this information annually or whenever coverage changes.

Life Insurance

INSURANCE COMPANY	POLICY NUMBER	INSURED	OWNER	BENEFICIARY	AGENT

Health Insurance

PRIMARY INSURANCE COMPANY		POLICY NUMBER
GROUP NUMBER	PRIMARY INSURED	MEMBER ID
CUSTOMER SERVICE PHONE	WEBSITE	

Medicare Information

☐ Medicare Part A ☐ Medicare Part B ☐ Medicare Part C (Medicare Advantage) ☐ Medicare Part D

MEDICARE NUMBER	SUPPLEMENT PROVIDER	POLICY NUMBER
-----------------	---------------------	---------------

Long-Term Care Insurance

INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER
BENEFIT AMOUNT	ELIMINATION PERIOD	AGENT
PHONE		

Disability Insurance

INSURANCE COMPANY

POLICY NUMBER

MONTHLY BENEFIT

Employer-Sponsored

☐ Yes ☐ No

Homeowners Insurance

INSURANCE COMPANY

POLICY NUMBER

AGENT

PHONE

RENEWAL DATE

COVERAGE AMOUNT

Automobile Insurance

VEHICLE	INSURANCE COMPANY	POLICY NUMBER	RENEWAL DATE

Business Insurance (If Applicable)

POLICY TYPE	COMPANY	POLICY NUMBER
General Liability		
Professional Liability		
Workers' Compensation		
Commercial Property		
Cyber Liability		

Umbrella Liability Insurance

INSURANCE COMPANY

POLICY NUMBER

COVERAGE AMOUNT

AGENT

Other Insurance Policies

TYPE	COMPANY	POLICY NUMBER
Flood		
Earthquake		
Identity Theft		
Pet Insurance		
Travel Insurance		
Other		

Insurance Documents

LOCATION OF ORIGINAL POLICIES

LOCATION OF DIGITAL COPIES

LAST COVERAGE REVIEW

NEXT SCHEDULED REVIEW

PLANNING TIP

Review your insurance coverage annually to ensure policy limits, beneficiaries, deductibles, and coverage amounts continue to reflect your current financial situation and personal goals.

SECTION 8

Real Estate & Personal Property

Your real estate and personal property represent important financial and personal assets. Keeping accurate records can help simplify administration, insurance claims, and future planning.

Homeowners Association

☐ Yes ☐ No

IF YES, HOA NAME

Primary Residence

PROPERTY ADDRESS

PURCHASE DATE

PURCHASE PRICE

CURRENT MORTGAGE LENDER

MORTGAGE ACCOUNT NUMBER

MONTHLY MORTGAGE PAYMENT

PROPERTY TAX PARCEL NUMBER

Additional Real Estate

PROPERTY ADDRESS	PROPERTY TYPE	OWNERSHIP	MORTGAGE

Rental Properties

PROPERTY ADDRESS	PROPERTY MANAGER	PHONE	MONTHLY INCOME

Property Documents

DOCUMENT	LOCATION
Property Deed	
Title Insurance	
Mortgage Documents	
Survey	
Closing Documents	
Property Tax Records	
Homeowners Insurance	
HOA Documents	

Vehicles

YEAR	MAKE	MODEL	VIN	LOAN

Recreational Vehicles

TYPE	YEAR	DESCRIPTION	TITLE LOCATION
Boat			
RV			
Motorcycle			
ATV			
Other			

Valuable Personal Property

ITEM	DESCRIPTION	APPROX VALUE	LOCATION
Jewelry			
Artwork			
Collectibles			
Firearms			
Antiques			
Family Heirlooms			
Other			

Fireproof Safe or Home Safe

MANUFACTURER

LOCATION

LOCATION OF COMBINATION OR ACCESS INSTRUCTIONS

PLANNING TIP

Maintain photographs, receipts, appraisals, and insurance documentation for valuable personal property. These records can be especially helpful when settling an estate or filing an insurance claim.

SECTION 9

Household Information

Keeping household information organized can help your family manage day-to-day responsibilities during an emergency, illness, or transition.

Household Overview

PRIMARY RESIDENCE

YEAR PURCHASED

HOME WARRANTY COMPANY

HOME WARRANTY POLICY NUMBER

Emergency Shut-Off Locations

☐ Water ☐ Natural Gas ☐ Electrical Panel

LOCATION NOTES

Communication Services

INTERNET PROVIDER

CELL PHONE PROVIDER

HOME PHONE PROVIDER

WIRELESS NETWORK (SSID)

WI-FI PASSWORD LOCATION

Utilities

SERVICE	COMPANY	ACCOUNT NUMBER	PHONE
Electric			
Natural Gas			
Water			
Sewer			
Trash & Recycling			
Internet			
Cable / Streaming			

Security & Smart Home

ALARM COMPANY

MONITORING PHONE NUMBER

ACCOUNT NUMBER

Smart Home Platform

☐ Amazon Alexa ☐ Apple Home ☐ Google Home ☐ Samsung SmartThings ☐ Other

GARAGE DOOR OPENER LOCATION

LOCATION OF SECURITY CODES OR ACCESS INFORMATION

Homeowners Association

HOA NAME

MANAGEMENT COMPANY

COMMUNITY MANAGER

PHONE

WEBSITE

ANNUAL DUES

Household Service Providers

SERVICE	COMPANY	CONTACT	PHONE	EMAIL
Housekeeper				
Landscaper				
Pool Service				
Pest Control				
HVAC				
Plumber				
Electrician				
Roofer				
Appliance Repair				
Handyman				

Important Household Documents

DOCUMENT	LOCATION
Home Warranty	
Appliance Warranties	
Remodeling Records	
Roof Warranty	
HVAC Warranty	
Irrigation Information	
Pool Equipment Manuals	
Appliance Manuals	

Household Inventory

ITEM	LOCATION	NOTES
Spare House Keys		
Vehicle Keys		
Safe Keys		
Garage Door Opener		
Fire Extinguishers		
Generator		
Emergency Supplies		

Seasonal Maintenance Checklist

- ☐ HVAC serviced ☐ Smoke detectors tested ☐ Carbon monoxide detectors tested ☐ Water heater inspected
☐ Roof inspected ☐ Gutters cleaned ☐ Irrigation system checked ☐ Pool equipment serviced

DATE LAST REVIEWED

SECTION 10

Business Interests

If you own or have an interest in a business, documenting key information can help your family, business partners, and advisors understand your role and assist with business continuity planning.

Primary Business Information

BUSINESS NAME

Business Type

- ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Corporation ☐ S Corporation
☐ Other

BUSINESS ADDRESS

BUSINESS PHONE

WEBSITE

YOUR POSITION OR TITLE

OWNERSHIP PERCENTAGE

PRIMARY BUSINESS CONTACT

PHONE

EMAIL

Business Banking Relationships

FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	PRIMARY CONTACT

Business Advisors

ADVISOR	FIRM	PHONE	EMAIL
Attorney			
CPA			
Insurance Agent			
Financial Advisor			
Other			

Business Insurance

- ☐ General Liability ☐ Professional Liability ☐ Property Insurance ☐ Cyber Liability ☐ Workers' Compensation
☐ Key Person Insurance ☐ Buy-Sell Agreement Funding

CARRIER INFORMATION

Business Succession Planning

Do you have a written succession plan?

- ☐ Yes ☐ No

LOCATION OF SUCCESSION DOCUMENTS

Buy-Sell Agreement

☐ Yes ☐ No

LOCATION

KEY INDIVIDUALS WHO SHOULD BE CONTACTED

PLANNING TIP

Business ownership often requires additional planning. Review succession plans, ownership documents, insurance coverage, and key business contacts regularly to help support business continuity and protect your legacy.

SECTION 11

Digital Assets & Online Accounts

Much of modern life is managed online. Documenting where your digital accounts are held, without recording passwords, can help your family or executor locate, secure, or close these accounts when needed.

Password Manager & Digital Security

Do You Use a Password Manager?

☐ Yes ☐ No

PASSWORD MANAGER PROVIDER

LOCATION OF MASTER PASSWORD OR RECOVERY INSTRUCTIONS

LOCATION OF TWO-FACTOR AUTHENTICATION BACKUP CODES

TRUSTED CONTACT FOR DIGITAL ACCESS

Email Accounts

EMAIL	PROVIDER	PRIMARY OR SECONDARY	NOTES

Digital Financial Accounts

Include online banking, investment, and payment platforms such as PayPal, Venmo, or Zelle.

INSTITUTION OR PLATFORM	ACCOUNT TYPE	USERNAME OR LOGIN ID	NOTES

Online Storage & Cloud Accounts

SERVICE	PURPOSE	LOGIN EMAIL	NOTES

Cryptocurrency & Digital Assets (If Applicable)

EXCHANGE OR WALLET PROVIDER

Wallet Type

☐ Hardware Wallet ☐ Software Wallet ☐ Exchange-Held ☐ Other

LOCATION OF WALLET OR RECOVERY SEED INSTRUCTIONS

PROFESSIONAL ADVISOR FAMILIAR WITH THESE ASSETS

Digital Executor or Trusted Contact

NAME	RELATIONSHIP	PHONE
EMAIL		
INSTRUCTIONS OR NOTES		

SECTION 12

Health Information

Keeping healthcare information organized can help family members, caregivers, and medical providers respond quickly and appropriately during an illness or emergency.

Primary Care Physician

PHYSICIAN NAME

PRACTICE

PHONE

FAX

OFFICE ADDRESS

Specialists

SPECIALTY	NAME	PHONE	ADDRESS

Current Medications

MEDICATION	DOSAGE	FREQUENCY	PRESCRIBING PHYSICIAN

Allergies & Reactions

ALLERGEN	REACTION	SEVERITY	NOTES

Medical Conditions & History

Record chronic conditions, past surgeries, or relevant family medical history.

Pharmacy Information

PHARMACY NAME

PHONE

ADDRESS

Advance Directives

Living Will Completed:

☐ Yes ☐ No

LOCATION OF LIVING WILL

HEALTHCARE POWER OF ATTORNEY LOCATION

Organ or Tissue Donor

☐ Yes ☐ No

Do Not Resuscitate (DNR) Order on File

☐ Yes ☐ No

LOCATION OF DNR DOCUMENTATION

PLANNING TIP

Review medications, allergies, and advance directives regularly, particularly after any new diagnosis, hospitalization, or change in treatment.

SECTION 13

Employment & Retirement Benefits

Documenting your employment and retirement benefits can help your family or advisor identify income sources, coordinate benefit claims, and understand available survivor protections.

Current Employment

EMPLOYER NAME	JOB TITLE	START DATE
HUMAN RESOURCES CONTACT	HR PHONE	
EMPLOYEE ID (OPTIONAL)		

Employee Benefits

☐ Health Insurance ☐ Dental ☐ Vision ☐ Life Insurance ☐ Disability Insurance ☐ 401(k) or 403(b)

☐ Pension ☐ Stock Options or ESPP ☐ HSA or FSA ☐ Other

Employer-Sponsored Retirement Plan

PLAN ADMINISTRATOR	PHONE	WEBSITE
EMPLOYER MATCH DETAILS		
VESTING SCHEDULE		

Pension Benefits (If Applicable)

PENSION PROVIDER	PHONE	ESTIMATED MONTHLY BENEFIT
BENEFIT START DATE	SURVIVOR BENEFIT ELECTION	

Stock Options & Equity Compensation

COMPANY	TYPE (RSU, ISO, ESPP)	VESTING SCHEDULE	BROKER OR PLATFORM

Social Security

ESTIMATED FULL RETIREMENT AGE

ESTIMATED MONTHLY BENEFIT

My Social Security Online Account Established

☐ Yes ☐ No

Prior Employer Retirement Plans

FORMER EMPLOYER	PLAN TYPE	INSTITUTION	ACCOUNT NUMBER

Unemployment or Severance Information

SEVERANCE PROVIDER OR HR CONTACT

PHONE

PLANNING TIP

Review employer benefits and retirement plan beneficiaries whenever you change jobs, marry, divorce, or experience another significant life event.

SECTION 14

Military & Veterans Information

If you have served in the United States Armed Forces, documenting your military service and veterans benefits can help your family locate important records and access available benefits.

If this section does not apply, you may leave it blank.

Military Service

Branch of Service

☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Space Force

Service Component

☐ Active Duty ☐ Reserve ☐ National Guard

DATES OF SERVICE

HIGHEST RANK ACHIEVED

SERVICE NUMBER (IF APPLICABLE)

VA FILE NUMBER (IF APPLICABLE)

Military Records

DOCUMENT	LOCATION
DD Form 214	
Discharge Papers	
Military Identification	
Retirement Orders	
Service Medical Records	
Awards & Decorations	
Other Military Records	

Veterans Benefits

- ☐ VA Healthcare ☐ VA Disability Benefits ☐ Military Retirement Pension ☐ Survivor Benefits ☐ Education Benefits
☐ Home Loan Benefits ☐ Burial Benefits ☐ TRICARE ☐ Other

DETAILS

Veterans Affairs Contacts

VA MEDICAL CENTER

PHONE

PRIMARY VA CONTACT

PHONE

VA REPRESENTATIVE OR VETERANS SERVICE OFFICER

PHONE

Military Awards & Recognition

Burial Preferences

Have military honors been requested?

☐ Yes ☐ No

BURIAL ELIGIBILITY DOCUMENTATION LOCATION

PLANNING TIP

Keep your DD Form 214 and other military records in a secure location. These documents are often required when applying for veterans benefits and military funeral honors.

SECTION 15

Pets

For many families, pets are cherished companions and important members of the household. Recording information about their care can help ensure they continue to receive proper attention if you are unable to care for them.

Primary Caregiver

NAME	RELATIONSHIP	PHONE
EMAIL	ALTERNATE CAREGIVER	PHONE

Pet Information

NAME	SPECIES/BREED	DATE OF BIRTH OR AGE	MICROCHIP ID

Veterinarian

CLINIC

VETERINARIAN

PHONE

ADDRESS

EMERGENCY VETERINARY HOSPITAL

PHONE

Pet Medications

PET	MEDICATION	DOSAGE	PURPOSE

Pet Insurance

INSURANCE COMPANY

POLICY NUMBER

PHONE

Feeding Instructions

Daily Care Instructions

Grooming & Boarding

PREFERRED GROOMER

PREFERRED BOARDING FACILITY

PHONE

Favorite Toys, Treats & Comfort Items

Important Documents

DOCUMENT	LOCATION
Vaccination Records	
Adoption Papers	
Registration Papers	
Insurance Policy	
Microchip Registration	

SECTION 16

Funeral & Memorial Preferences

Planning ahead for funeral or memorial arrangements can ease the burden on your loved ones and help ensure your wishes are understood. While these preferences are not legally binding in every jurisdiction, documenting them can provide meaningful guidance.

General Preferences

☐ Burial ☐ Cremation ☐ Entombment ☐ Donation to Medical Science ☐ Undecided

PREFERRED CEMETERY OR MEMORIAL LOCATION

EXISTING PLOT OR MAUSOLEUM INFORMATION

Funeral Home

PREFERRED FUNERAL HOME

PHONE

Prearranged or Prepaid Plan

☐ Yes ☐ No

LOCATION OF DOCUMENTATION

Service Preferences

- ☐ Traditional Funeral Service
- ☐ Memorial Service
- ☐ Celebration of Life
- ☐ Graveside Service
- ☐ Private Family Gathering
- ☐ Religious Service
- ☐ Military Honors (if eligible)

PREFERRED OFFICIANT

Music

Songs or Musical Selections

Readings or Scriptures

Flowers or Memorial Donations

- ☐ Flowers Preferred
- ☐ Memorial Donations Preferred

PREFERRED CHARITY

Obituary

Important Information to Include

Individuals to Notify

NAME	RELATIONSHIP	PHONE

PLANNING TIP

Discuss your preferences with your family and the individual you have designated to handle your final arrangements.

SECTION 17

Charitable Giving & Legacy

Many individuals choose to support charitable organizations as part of their legacy. This section provides a place to document those wishes.

Organizations That Are Important to Me

ORGANIZATION	CONTACT	PHONE	WEBSITE

Planned Giving

- ☐ Bequest in Will
- ☐ Charitable Trust
- ☐ Donor-Advised Fund
- ☐ Beneficiary Designation
- ☐ Qualified Charitable Distribution
- ☐ Private Foundation
- ☐ Other

DETAILS

Volunteer Organizations

Scholarships, Endowments or Memorial Gifts

Legacy Goals

What impact do you hope your giving will have?

PLANNING TIP

Review charitable plans periodically to ensure they continue to reflect your values and philanthropic goals.

SECTION 18

Annual Review Checklist

Your planning guide should be reviewed regularly to keep the information accurate and complete.

Annual Review

REVIEW DATE

REVIEWED BY

Personal Information

☐ Address ☐ Phone Numbers ☐ Email Addresses ☐ Emergency Contacts

Estate Planning

☐ Will ☐ Trust ☐ Powers of Attorney ☐ Healthcare Directives ☐ Guardians

Financial Information

☐ Bank Accounts ☐ Investment Accounts ☐ Retirement Accounts ☐ Loans ☐ Credit Cards

Insurance

☐ Life Insurance ☐ Health Insurance ☐ Property Insurance ☐ Long-Term Care Insurance ☐ Beneficiaries

Property

☐ Real Estate ☐ Vehicles ☐ Valuable Personal Property ☐ Household Information

Digital Assets

- ☐ Email Accounts
- ☐ Password Manager
- ☐ Online Financial Accounts
- ☐ Cloud Storage
- ☐ Social Media

Healthcare

- ☐ Physicians
- ☐ Medications
- ☐ Insurance
- ☐ Medical Directives

Personal Wishes

- ☐ Funeral Preferences
- ☐ Charitable Giving
- ☐ Family Information
- ☐ Personal Wishes

SECTION 19

Document Storage & Locations

Knowing where important documents are stored can save significant time during an emergency or while administering an estate.

Original Documents

DOCUMENT	LOCATION
Will	
Trust	
Powers of Attorney	
Healthcare Directives	
Birth Certificate	
Marriage Certificate	
Military Records	
Property Deeds	
Vehicle Titles	
Insurance Policies	
Tax Returns	
Financial Statements	
Business Documents	
Safe Deposit Box Information	

Digital Records

LOCATION OF ELECTRONIC FILES

CLOUD STORAGE PROVIDER

EXTERNAL BACKUP LOCATION

Safe Deposit Box

FINANCIAL INSTITUTION

BOX NUMBER

INDIVIDUALS AUTHORIZED TO ACCESS

Home Safe

LOCATION

LOCATION OF COMBINATION OR ACCESS INSTRUCTIONS

Other Storage Locations

Important Notes

Use the following space to record information that may not fit elsewhere in this guide.

End of Guide

What Matters Most: Your Personal Planning Guide is intended to serve as a practical organizational resource. It does not replace legal, tax, financial, or healthcare advice. Review this guide periodically and update it whenever significant life events occur. Consult your attorney, trust officer, tax advisor, financial professional, or other qualified advisors regarding your specific circumstances.

Custom Solutions

Ways We Serve You

TrustBank offers a comprehensive range of fiduciary and wealth management services designed to help individuals, families, businesses, and nonprofit organizations plan for the future with confidence.

Total Life Planning

Your roadmap to prosperity starts with you. We are at the forefront of your financial journey by providing clarity on your family's goals and situation. Financial knowledge is powerful, we gather data and do ongoing analysis in order for you to make clear and concise decisions on financial and life situations. With TrustBank as your resource, you will have the services and attention you need to create a financial life well lived.

Investment Management

You are at the center of every step of the investing process. We strategically gather information in order to create a customized investment solution tailored to you. We look for greater returns while managing risk using a Core & Satellite approach and utilize thoughtfully integrated managers and investments in order to achieve specific objectives. We are connected to leading global resources, and even more connected to your specific goals.

Trust and Estate Wealth Management

Putting people first and building their lives is our number one priority at TrustBank. We help take care of families by assisting them in every aspect of their life. We provide an array of services to help ensure your trust is proactively administered for growth, protection, and preservation of wealth for future generations.

Legacy Planning

The strength of your personal or business legacy depends on choices you make along the way. For over a century TrustBank has worked with individuals, families, and business owners to ensure their wealth is transformed into a purposeful and lasting legacy. We understand the holistic picture by getting to know every aspect of you, to ensure you are invested appropriately, you have provided for your heirs and that your wealth is transferred in a fluid and tax-efficient manner.

Customized Lending Solutions

Tactical borrowing and thoughtful use of credit can help you increase the power of your wealth to achieve your goals. We offer a customized approach for all your lending needs. Whether buying your dream home or expanding your business, let us help you get there.

Personalized Wealth Banking

At TrustBank we deliver a personal approach to banking. We find the best financial recommendations to fit your needs. Whether you are needing personal or business banking solutions, we develop tailored banking strategies with advice customized to your individual circumstances while using cutting edge individual and business management solutions.

Philanthropic Services

Serving the community while serving people is at the core of what we do at TrustBank. We participate, work and give back to many different charities throughout the communities we serve. We are continuously inspired by the clients we serve, by their lives, their achievements, and their giving spirit. They inspire us to be dedicated at making a difference in order to better the world.

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TrustBank

Trust & Wealth Management

wealthmanagement@trustbank.net

Phone: (618) 429-9245

www.trustbank.net