

Heir preparation packet

Provide your heirs with vital information, contacts
and instructions



Caring for your loved ones takes many forms. One important way is to prepare them in case of your incapacitation or death by providing critical information. You can do this by completing a formal heir preparation packet.

Table of contents	3	Overview
	4	A note to the heirs
	5	Section 1: Important information and documents
	9	Section 2: Advisors and critical financial information
	15	Section 3: Insurance and benefits
	17	Section 4: Family history
	18	Section 5: Guidance on next steps

To the investor(s)

As uncomfortable as the topic of death can be, it is an inevitable part of life. We can either leave our loved ones to continue without us, scrambling for proper next steps, or we can help prepare them. By completing this heir preparation packet you can provide your heirs with a comprehensive document containing vital information, contacts, and instructions.

What's in it for you? This document:

1. Confirms that you have proper documentation completed
2. Gives you peace of mind that your heirs will be prepared in case of emergency
3. Reduces the likelihood of mistakes during the probate process

What's in it for your loved ones?

1. Clarity in a time of stress, confusion, and grief
2. Assurance they have what they need to follow your wishes

This document is organized in order of urgency to provide your survivors with critical information as soon as possible. Given the content, filling out this document will take time and it will be a work in progress. Whatever the time commitment looks like for you, it will be one of the most important investments of your time.

To simplify the moments after your death, discuss estate distribution instructions with a trusted advisor. Keep them updated on any changes throughout the years.

To the heir(s)

Grief looks different for every individual. We hope you are coping with this time in whichever way you find most appropriate for yourself. If you are reading this, someone wanted to make things as easy as possible for you by gathering critical information to help you through this difficult time.

The sections in this document include:

1. Important information and documents
2. Advisors and critical financial information
3. Insurance and benefits
4. Family history and ethical will/legacy letter
5. Guidance on next steps

You may choose to store this document in a variety of ways:

1. Keep all copies in a locked location that is accessible only by people you fully trust
2. Provide copies only to persons who you are confident can be trusted to maintain the privacy of your information
3. Ensure that any electronic copies of the document are saved only on a secure device or in a secure online location
4. Avoid sharing the document electronically, but if you choose to do so, use appropriate security measures

Above all, this document is designed to consolidate and supplement, not replace or supersede, a legal will or any other estate planning documents. Please see page 18 for delivery instructions.

Dear loved ones,

As an attempt to simplify matters for you during this difficult time, I have written this to provide you with critical information and necessary contacts.

To start, I'd like you to know the following:

Important information and documents

My general information

I DO NOT have a safe deposit box
I DO have a safe deposit box. It is located:

Safe deposit box key location

The following names have access to the box

I DO NOT have a personal safe
I DO have a personal safe. The combination is:

My mobile phone passcode

My computer password

My primary email address

The password

My secondary email address

The password

My internet service provider

My account number

Social media accounts and passwords

My general information
continued

Subscriptions and passwords

Other devices and passwords

My Social Security number

My driver's license number

My Medicare number

My passport number

Passport location

My religious affiliation(s)

I am a member of the following community groups

The name of my emergency contact

Phone number

Relationship to this person

I think it is also important for my family and advisors to know the following information
regarding my general information

My documents

My important records can generally be found at

Documents	Date signed	Exact location	N/A
Will			
Living will			
Medical power of attorney			
Medical directive			
General power of attorney			
Living trust			
Insurance trust			
Charitable trust			
Minor's trust			
Custodial account			
529 education plan			
Prenuptial agreement			
Postnuptial agreement			
Divorce decree or settlement			
Citizenship papers			
Retirement plan beneficiary designation			
Insurance beneficiary designation			
Military discharge papers (DD214)			
Employment or independent contractor contract			
Burial agreement			
Organ donation			
Children adoption papers			
Other			
Other			
Other			

My documents continued

Upon my death, my beneficiaries

- WILL receive a distribution of benefits from a trust
- WILL NOT receive a distribution of benefits from a trust

If applicable, the trust instrument was created by

If applicable, the trust instrument can be found

- I AM a beneficiary of a trust
- I AM NOT a beneficiary of a trust

If applicable, the trust instrument can be found

I am legal guardian for the following person(s)

Guardian documents location

I have ownership for the following businesses

Business	Partner	Date signed	Buy-sell agreement		Buy-out insurance	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

It is also important for my family and advisors to know the following information regarding my business

Advisors and critical financial information

Important contact information

Accountant

Name

Address

Phone

Email

Attorney

Name

Address

Phone

Email

Employer

Name

Address

Phone

Email

Financial professional

Name

Address

Phone

Email

Insurance advisor*Life, health and disability*

Name

Address

Phone

Email

Insurance advisor*Property and casualty*

Name

Address

Phone

Email

Section 2 Advisors and critical financial information

Mortgage servicer

Name

Address

Phone

Email

Other

Name

Address

Phone

Email

My assets (e.g., 401k, IRA, brokerage accounts, stocks, bonds)

Investment

Name

Contact name

Phone

Documents are located

Investment

Name

Contact name

Phone

Documents are located

Investment

Name

Contact name

Phone

Documents are located

Investment

Name

Contact name

Phone

Documents are located

Investment

Name

Contact name

Phone

Documents are located

Section 2 Advisors and critical financial information

Money is owed to us	Name		
	Address		
	Phone		
	Amount owed		
	This loan is verified by signed writing. Yes No		

Money is owed to us	Name		
	Address		
	Phone		
	Amount owed		
	This loan is verified by signed writing. Yes No		

Money is owed to us	Name		
	Address		
	Phone		
	Amount owed		
	This loan is verified by signed writing. Yes No		

Loaned and stored assets

I have loaned the following personal property

Loaned assets (art, collectibles, etc.)	Holder

I have stored assets in the following locations. If a written agreement exists, I have attached a copy.

Stored asset (art, collectibles, etc.)	Storage location

Location to the storage facility key(s)

My liabilities

Liability 1

Name

Contact name

Phone

Documents are located

Liability 2

Name

Contact name

Phone

Documents are located

Liability 3

Name

Contact name

Phone

Documents are located

Liability 4

Name

Contact name

Phone

Documents are located

I am also a guarantor of the following debt

Liability 1

Name

Contact name

Phone

Documents are located

Liability 2

Name

Contact name

Phone

Documents are located

Bank accounts

[illegible]

Credit cards

[illegible]

Assets I lease

Asset	Location	Payment (\$)	Lessor	Contact information

I think it is also important for my family and advisors to know the following information regarding my assets and liabilities

My charitable donations

Charities I would like you to
continue supporting

Insurance and benefits

My insurance coverage

If I become disabled, please make sure the policy premiums continue to be paid.

Life insurance policies

Type	Owner	Beneficiary	Carrier	Policy number	Face value (\$)	Loans (\$)	Cash value (\$)	Premium (\$)
------	-------	-------------	---------	---------------	-----------------	------------	-----------------	--------------

Disability insurance policies

Business	Policy location	Policy number	Annual premium (\$)	Paid by the business	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Long-term care policies

Business	Policy location	Policy number	Annual premium (\$)	Paid by the business	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Health insurance policies

Business	Policy location	Policy number	Annual premium (\$)	Paid by the business	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Title insurance policies

Business	Policy location	Policy number	Annual premium (\$)	Paid by the business	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Section 3 Insurance and benefits

Additional policies

Type	Carrier	Policy location	Policy number	Annual premium (\$)	Automatic bank payment	
Auto					Yes	No
Boat/airplane					Yes	No
Home					Yes	No
Jewelry					Yes	No
Overhead expenses					Yes	No
Umbrella					Yes	No
Identity theft					Yes	No
Other					Yes	No
Other					Yes	No

If my premium payments are paid automatically from my bank account, please make sure the account is not closed without ensuring this payment.

My employment benefits

Retirement plan(s)

Life insurance

Health insurance

Long-term care insurance

Disability insurance

Military retirement benefits

Military survivor benefits

Deferred compensation

Stock ownership

Stock options

Other

The governmental and/or military benefits I am entitled to

Other benefits I am entitled to

Section 4

Family history

Birth location (city & state)

Birth date

Parent/guardian 1

Parent/guardian 2

Maternal grandmother

Maternal grandfather

Paternal grandmother

Paternal grandfather

My brothers and sisters (including step and half-siblings)

My children

I was adopted. My birth mother is

My birth father is

Important facts about my family history include the following

Guidance on next steps

To simplify this stressful and confusing time for you, I have created a second document that contains my final wishes and ethical will. I have coordinated distribution instructions with my financial professional, so please see below for guidance on next steps.

Instructions

My final wishes and ethical will can be found in a document titled *“I love you letter: Final wishes and ethical will.”* As soon as possible, please contact my financial advisor for instructions on how to obtain this document. Their contact information is below.

Financial professional name

Financial professional firm

Address

Phone

Email

They have been instructed to give access to the *“I love you letter: Final wishes and ethical will.”* document to the following people

They have been instructed to

Attached, you will find copies of the following documents:

My current financial statement

My current life insurance

My personal property ownership list

My personal property disposition list

My personal property agreements

This document is designed to supplement, not replace or supersede, my will or any other estate planning documents signed by me. I hope that each heir, family member, Power Holder, Executor, Trustee, and Guardians will use this and other documents signed by me in making any decisions for my family and me.

Signature

Date

Print name

Notes

This communication is general in nature and provided for educational and informational purposes only.

It should not be considered or relied upon as legal, tax or investment advice or an investment recommendation, or as a substitute for legal or tax counsel. Any investment products or services named herein are for illustrative purposes only, and should not be considered an offer to buy or sell, or an investment recommendation for, any specific security, strategy or investment product or service. Always consult a qualified professional or your own independent financial professional for personalized advice or investment recommendations tailored to your specific goals, individual situation, and risk tolerance.

Franklin Templeton does not provide legal or tax advice. Federal and state laws and regulations are complex and subject to change, which can materially impact your results. Franklin Distributors, LLC, cannot guarantee that such information is accurate, complete or timely; and disclaims any liability arising out of your use of, or any tax position taken in reliance on, such information.

All financial decisions and investments involve risk, including possible loss of principal.



Franklin Templeton Distributors, Inc.
One Franklin Parkway
San Mateo, CA 94403-1906
(800) DIAL BEN® / 342-5236
franklintempleton.com