

YOUR LEGACY AND LAST WISHES GUIDE

BE THE UNSUNG HERO YOU'VE ALWAYS BEEN



Gerber Life Insurance Company



Your Legacy and Last Wishes Guide

WELCOME

This Guide is for the hero in you. The one that hears the call to always be the caregiver for your family. The one that understands the challenge of guiding your family through an emotional journey during a difficult time. The one that knows the importance of ensuring your last wishes are granted so your dreams for your loved ones can go on.

At Gerber Life, we make it easier to help you support your family members at a time when they will need it most. You'll be able to bring a source of comfort during a period of great emotional stress. Plus, you can rest assured that your loved ones will know what steps to take, and that they are acting according to your plans when the time comes.

The following pages are designed to help you organize important financial information and document your last wishes, key contacts and final expenses for your surviving loved ones. Once you have completed this Guide, we recommend you keep a hard copy with your other important documents and let your family know where it can be found.

By guiding your family through this journey, you are lightening their burden, and giving them, and yourself, peace of mind.*

**Note: This Guide is provided to you for informational purposes only and does not cover all aspects of your specific situation. Gerber Life Insurance Company does not provide specific tax or legal advice. Please consult an attorney or tax professional regarding your own personal situation.*



To my loved ones,

It is with great care and appreciation that I pass along this *Legacy and Last Wishes Guide*. I have created it in the hope it will bring a small source of comfort and ease your emotional journey during the time of my passing.

As you will be expected to make many decisions at this time, I have done my best to make them for you. Over the following pages, you will find detailed financial and other important planning information to help you carry out my wishes.

Nothing would please me more than to take away some of the burden placed upon you during this difficult time. My greatest wish is that you can focus on my passing as a celebration of life and remember the many wonderful memories we've shared together during my lifetime.

With all my love,

Name: _____

Date: _____



PERSONAL INFORMATION

Your loved ones will need the following information completed in order to obtain a death certificate.

Name:

First	Middle	Last	Suffix
-------	--------	------	--------

Address:

Street	City	State	Zip Code
--------	------	-------	----------

Other Prior Name:

First	Middle	Last	Suffix
-------	--------	------	--------

Sex: Male Female

Social Security:

Number	Location of SS Card
--------	---------------------

Birth Info:

Name on Birth Certificate	Date of Birth
---------------------------	---------------

Place of Birth	Location of Birth Certificate
----------------	-------------------------------

Marital Status: Married Never Married Widowed Divorced

Name of Surviving Spouse or Domestic Partner*:

First	Middle	Last	Suffix
-------	--------	------	--------

Wedding/Registration:

Date	Place	Marriage License Location
------	-------	---------------------------

Parents:

Father's Name	Place of Birth
---------------	----------------

Mother's Maiden Name	Place of Birth
----------------------	----------------

Divorce Records*:

Location	Attorney's Name	Attorney's Phone #
----------	-----------------	--------------------

MILITARY SERVICE

Did you serve in the armed forces? Yes No

Branch or Country	Veteran's Discharge or Claim Number
-------------------	-------------------------------------

*If applicable.

EDUCATION

High School:

Name	Highest Grade Completed	City	State
------	-------------------------	------	-------

College:

Name	Highest Degree Earned	City	State
------	-----------------------	------	-------

TAX RECORDS

Location	Accountant's Name	Accountant's Phone #
----------	-------------------	----------------------

OTHER PERSONAL INFORMATION AND IDENTIFICATION NUMBERS

Driver's License #	State	Passport #	Issuing Country
--------------------	-------	------------	-----------------

Visa #	Green Card #
--------	--------------



WILL & ESTATE PLAN INFORMATION

I have a Will: Yes No Where Kept: _____

I have a Trust: Yes No Where Kept: _____

Executor/Trustee:

Name	Phone #
------	---------

Street	City	State	Zip Code
--------	------	-------	----------

Attorney:

Name	Phone #
------	---------

Street	City	State	Zip Code
--------	------	-------	----------



INSURANCE INFORMATION

Providing information about your insurance policies can help family members in submitting claims, closing out policies or inquiring about survivor benefits.

MEDICAL INSURANCE	COMPANY	PHONE	POLICY/PLAN ID #	GROUP ID #*	LOCATION INSURANCE CARD
Group					
Individual					
Medicare					
Medicare Supplement					
Dental					

INSURANCE	LIFE	LIFE	LIFE	ANNUITY	ANNUITY	ANNUITY
Company						
Phone						
Policy Number						
Location Policy						
Primary Beneficiary*						
Contingent Beneficiary*						
Policy Owner						
Face Value*						
Cash Value or Accumulation*						
Annual Cost/ Contribution*						

*If applicable.

INSURANCE

LIFE/AD&D**

DISABILITY

LONG-TERM CARE

HOME-OWNERS

Company				
Phone				
Policy Number				
Location Policy				
Primary Beneficiary*				
Contingent Beneficiary*				
Policy Owner				
Face Value				
Cash Value*				
Annual Cost/Contribution*				

OTHER, SPECIFY TYPE: _____

Company				
Phone				
Policy Number				
Location Policy				
Primary Beneficiary*				
Contingent Beneficiary*				
Policy Owner				
Face Value				
Cash Value*				
Annual Cost/Contribution*				

*If applicable. **Accidental Death and Dismemberment



FINANCIAL INFORMATION

Please record information about your bank accounts, investments, assets, property, loans, credit cards, outstanding debt and other financial details on the following pages. This information will help streamline the process for your Executor and family members.

BANKING	CHECKING	CHECKING	SAVINGS	SAVINGS	CDs	TRUST
Account #						
Name on Account						
Branch Location						
Branch Phone						

Safe Deposit Box:

Location	Key Location	Box #
Contents		

INVESTMENTS	STOCKS	MUTUAL FUNDS	INV. TRUST	OTHER: _____
Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

*If applicable.

INVESTMENTS

IRAs

KEOGHs

SEPs

OTHER: _____

Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

INVESTMENTS

401(k)

PENSION

403(b)

OTHER: _____

Institution				
Telephone				
Owner				
Statements or Plan Location				
ID #				
Primary Beneficiary*				
Contingent Beneficiary*				
Value				
Monthly Income*				

*If applicable.

REAL ESTATE	RESIDENCE 1	RESIDENCE 2	RESIDENCE 3	VACATION 1	VACATION 2	VACATION 3
Owner						
Mortgage Company						
Insurance Provider						
Policy #						
Contact						
Location & Description						
Title / Deed Location						
Monthly Loan*						
Monthly Rent*						
Total Payoff Amount*						

BUSINESSES	BUSINESS 1	BUSINESS 2	BUSINESS 3
Owner			
Mortgage Company			
Insurance Provider			
Policy #			
Contact			
Location & Description			
Title / Deed Location			
Monthly Loan*			
Monthly Rent*			
Total Payoff Amount*			

*If applicable.

OTHER PROPERTY

VEHICLE 1

VEHICLE 2

VEHICLE 3

OTHER: _____

OTHER: _____

Owner					
Insurance Provider					
Policy #					
Contact					
Description					
Title / Deed Location					
Monthly Loan*					
Loan Provider*					
Total Payoff Amount*					

LOANS

LOAN 1

LOAN 2

LOAN 3

LOAN 4

Type of Loan				
Payoff Amount				
Holder of Loan				
Telephone				
Documents Location				

*If applicable.

CREDIT CARDS

CARD 1

CARD 2

CARD 3

CARD 4

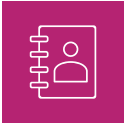
Type of Card				
Expiration				
In Name of				
Account #				
Company				
Address				
Telephone				
Amount to be Paid Off				

SOCIAL SECURITY

Monthly Benefit	
Date Deposited	
Account # Where Deposited	
Bank Name & Address	
Local SS Office Address	
SS Office Telephone #	

EXPENSES & OUTSTANDING DEBT

TYPE	PAYOFF AMOUNT	DATE DUE	COMPANY	TELEPHONE	ADDRESS
Medical Insurance					
Utilities					
Heat					
Water					
Telephone					
Mobile Phone					
Cable					
Car Payment					
Mortgage or Rent					
Home or Renter's Insurance					
Dental					
Other Insurance					
Credit Card					
Credit Card					
Credit Card					
Home Equity Line of Credit					
Other: _____ _____					
Other: _____ _____					



IMPORTANT CONTACTS

Please provide a list of important contacts who can assist your family at the time of your passing.

CONTACT	NAME	TELEPHONE
Lawyer (Will, Trust, etc.)		
Lawyer (Marital/Divorce)		
Lawyer (Real Estate)		
Accountant		
Financial Advisor		
Insurance Agent		
Employer		
Landlord		
Doctor (Internist)		
Doctor (Other specialist)		
Doctor (Other specialist)		
Dentist		
Other: _____		
Other: _____		



FUNERAL PLANNING INFORMATION

Complete the information below to help your loved ones prepare your final arrangements as you desire. The details below will make it easier for them to carry out your wishes as you intended.

Final Arrangements for: _____

I HAVE A PREPAID FUNERAL PLAN

Provider:

Name		Plan Number			
Street	City	State	Zip Code	Phone Number	

Cemetery:

Name	Plot Number
------	-------------

Location of Documents: _____

I DO NOT HAVE A PREPAID FUNERAL PLAN

I would like my funeral arrangements to be made according to the preferences I've indicated below.

Arrangements should be made by: _____

- Traditional funeral, followed by a burial or cremation
 Direct burial or cremation, no memorial service
 Direct burial or cremation, followed by a memorial service
 Other (please explain): _____

FOR GROUND BURIAL IN A PRIVATE CEMETERY

Cemetery:

Name		Phone number		
Street	City	State	Zip Code	

- Have a cemetery plot (plot #): _____
 Interred in a national cemetery: _____
 (eligible veterans and family)
- Do not have a plot

TO BE INTERRED IN A MAUSOLEUM:

- Purchased a crypt (specify #): _____
 Have not purchased a crypt

FOR CREMATION:

- Interred in a mausoleum
 Scattered (specify where; check local, state and federal laws): _____
 Interred in a burial plot
 Other: _____

TRADITIONAL FUNERAL/MEMORIAL SERVICE:

Funeral Home:

Name

Funeral Director

Address:

Street

City

State

Zip Code

Phone Number

VISITATION AND VIEWING:

- | | |
|---|---|
| <input type="checkbox"/> At funeral home | <input type="checkbox"/> Viewing only at the funeral home prior to ceremony |
| <input type="checkbox"/> At place of worship: _____ | <input type="checkbox"/> No viewing/no open casket |
| <input type="checkbox"/> Open casket | <input type="checkbox"/> Other: _____ |

PERSONAL PREFERENCES:

Glasses to be worn: Yes No

If Yes: Glasses to remain with me Remove before interment and return to: _____

Jewelry to be worn: Yes No

If Yes: Jewelry to remain with me Remove before interment and return to: _____

Clothing to be worn: _____

Other: _____

CEREMONY:

- | | |
|--|--|
| <input type="checkbox"/> No ceremony | <input type="checkbox"/> Graveside ceremony only |
| <input type="checkbox"/> Funeral ceremony at place of worship: _____ | <input type="checkbox"/> Memorial ceremony (location): _____ |
| <input type="checkbox"/> Funeral ceremony at funeral home | <input type="checkbox"/> Other: _____ |

Officiant: _____

Special affiliations for ceremony: Military Lodge Other: _____

Pallbearers: _____

CEREMONY, CONTINUED:

Veteran's Flag: Folded Draped on casket

Music: _____

Reading or Scripture Selections: _____

Flowers: Yes No

Memorial Donations: Yes No

Name of Charitable Organization: _____

Eulogy by: _____

Other information or instructions: _____

Type of memorial or monument (if applicable): _____

Inscription: _____

**ACCOUNT OR INSURANCE POLICY FOR PAYING
FINAL EXPENSES**

Company/Bank 1:

_____	_____	_____
Name		Phone

Account/Policy:

_____	_____	_____
Number	Location	Value

Company/Bank 2:

_____	_____	_____
Name		Phone

Account/Policy:

_____	_____	_____
Number	Location	Value

Company/Bank 3:

_____	_____	_____
Name		Phone

Account/Policy:

_____	_____	_____
Number	Location	Value



ESTIMATED FUNERAL EXPENSES

PROFESSIONAL SERVICES

ESTIMATED COST

Basic Funeral Director Services	
Embalming	
Other Preparations—E.g., Cremation	

FACILITIES & STAFF SERVICES

Viewing & Ceremony	
Cemetery & Graveside	

TRANSPORTATION SERVICES

Transfer of Remains	
Hearse	
Limousine or Van	

BURIAL/CREMATION OPTIONS

Casket or Cremation Urn	
Burial Vault/Liner	
Cemetery Plot	
Monument/Headstone	

MISCELLANEOUS EXPENSES

Burial Clothing	
Floral Arrangements	
Music	
Basic Memorial Printed Package	
Other (e.g., video etc.)	



LEGACY INFORMATION FOR PREPARATION OF OBITUARY

Name:

First

Middle

Last

Suffix

Spouse's Name:

First

Middle

Last

Suffix

Death Information*:

Date

Place

Children:

Names and Cities Where They Reside

Siblings:

Names and Cities Where They Reside

Parents:

Father's Name

Place of Birth

City Where Lives or Lived

Mother's Maiden Name

Place of Birth

City Where Lives or Lived

Service or Burial*:

Date

Time

Place

Clergy or Officiant:

Name

Cemetery:

Name

Address

Funeral Home:

Name

Address

Memorial contributions may be made in lieu of flowers to (optional):

Photo preferred: Yes No

Birth Information:

Date	Place
------	-------

Education:

Institution	City/State	Highest Grade Completed/Degree
-------------	------------	--------------------------------

Education:

Institution	City/State	Highest Grade Completed/Degree
-------------	------------	--------------------------------

Wedding:

Date (if applicable)

Military Service:

Branch of Service	Service Serial Number	Date Entered Service	Place
-------------------	-----------------------	----------------------	-------

Type of Discharge & Date	Location of Discharge Papers	Highest Grade, Rank or Rating Received
--------------------------	------------------------------	--

Wars, Conflicts Served*

Medals/Honors/Citations

Career:

Occupation/Employment

Proudest Career Accomplishments

Family:

Proudest Family Moments

Civic Life:

Proudest Civic Accomplishments

Citations:

Special Achievements/Awards/Offices Held

Additional Information:

*If applicable.

SPECIAL INSTRUCTIONS

SPECIAL INSTRUCTIONS

GERBER LIFE INSURANCE COMPANY

A Name Synonymous with Caring

Since 1967, Gerber Life Insurance Company has been providing families with affordable life insurance, helping them achieve financial security and protection. As a financially separate affiliate of the Gerber Products Company, and a subsidiary of the Nestle Corporation, Gerber Life shares a name synonymous with family caring, quality and trust.

With Gerber Life, you can expect us to put you and your family first. You can count on an array of life and health products and our "A" (Excellent) rating by A.M. Best*. You can have confidence in our name and in our coverage and trust that Gerber Life will be here whenever you need us.

To learn more about our products, please contact your insurance agent directly. We look forward to helping you and your family.

Gerber Life Insurance Company



Note: This Guide is provided to you for informational purposes only and does not cover all aspects of your specific situation. Gerber Life Insurance Company does not provide specific tax or legal advice. Please consult an attorney or tax professional regarding your own personal situation.

*In May 2017, A.M. Best, the impartial reporting firm that rates insurance companies on financial stability, management skill and integrity, awarded Gerber Life an "A" (Excellent) rating. This rating is the third highest awarded out of 13 possible categories. The rating refers only to the overall financial status of the Company and is not a recommendation of the specific policy provisions, rates or practices of the Company.

Copyright © 2017 Gerber Life Insurance Company/Home Office: White Plains, NY 10605. A financially separate affiliate of the Gerber Products Company. All rights reserved.

AGT-GL093 (0717)