

LOVE LETTER TO MY FAMILY FROM _____

(Effective _____, 20__)

Dear Loved Ones:

In an attempt to simplify matters for you, I have written this letter to provide you with information that will be necessary when the time arises:

SECTION ONE — Advisors & Financial Information

MY ADVISORS

Having the right advisors is a critical part of my planning. Some of the people you will need to contact are listed below:

ACCOUNTANT

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

ATTORNEY

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

EMPLOYER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

FINANCIAL PLANNER

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

LIFE, HEALTH AND DISABILITY INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

MORTGAGE HOLDER

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

PENSION BENEFITS

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

PROPERTY AND CASUALTY INSURANCE ADVISOR

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

STOCKBROKER

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

STOCKBROKER

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

OTHER

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

OTHER

Name: _____
Address: _____
Phone: _____
Fax: _____
Email: _____

MY ASSETS

Here is a list of all my stocks, bonds and other investments, including real property. I have listed a contact person and telephone number for each item, as well as the location of any documents. I have have not attached a financial statement.

Investment: _____
Contact: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Phone: _____
Documents are located: _____

Investment: _____
Contact: _____
Phone: _____
Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Investment: _____

Contact: _____

Phone: _____

Documents are located: _____

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This Loan is in a Signed Writing Yes No

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This Loan is in a Signed Writing Yes No

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This Loan is in a Signed Writing Yes No

Money is owed to us by: _____

Name: _____

Address: _____

Phone: _____

Amount: _____

This Loan is in a Signed Writing Yes No

I want the following loan(s) forgiven at the time of my death (NOTE: Your will or the promissory note should be changed to reflect this forgiveness and make it legally enforceable.):

I want the following loans to be forgiven as a part of the bequest I am leaving to the borrower at the time of my death (i.e., The debt will be one of the assets used to satisfy my bequest to such heir in my will.):

I have have not made any substantial deposits on certain accounts.

If applicable, the accounts are:

LOANED AND STORED ASSETS

I have assets stored at the following locations:

The key to the storage facility is at: _____

I have loaned the following personal property (furniture, art, collectibles etc.):

OBJECTS	PERSON HOLDING THEM

(If the loan of the assets are subject to a written agreement, I have attached a copy to this Family Love Letter.)

MY LIABILITIES

Here is a list of my liabilities, including a contact name and phone number of each, as well as the location of any related documents.

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

I am also a guarantor of the following debt:

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

Liability: _____

Contact: _____

Phone: _____

Documents are located: _____

I presently carry the following credit cards:

CREDIT CARD	ACCOUNT NUMBER	WEB ADDRESS	ACCESS NAME	PASSWORD

I lease the following assets:

ASSET	LOCATION	PAYMENT	LESSOR	PHONE NUMBER
		\$		
		\$		
		\$		
		\$		
		\$		

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know:

SECTION TWO — Insurance & Benefits

MY INSURANCE COVERAGE

Please make sure the premiums on these policies continue to be paid if I become disabled. Please note that premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

I have the following **life insurance** policies (including company-owned) on my life:

TYPE	OWNER	BENEFICIARY	FACE VALUE	LOANS	CASH VALUE	CARRIER	POLICY NUMBER	ANNUAL PREMIUM
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$
			\$	\$	\$			\$

These life insurance policies can be found at: _____

I have have not attached a policy in force statement for the above life insurance policies.

If I am disabled, my life insurance policy allows does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy allows does not allow you to stop making premium payments.

I have the following **disability insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If I am disabled, my disability insurance policy allows does not allow you to stop making premium payments.

I have the following **long-term care insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following **health insurance** policies:

CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM	THIS POLICY IS PAID BY THE BUSINESS
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have the following other policies:

TYPE	CARRIER	POLICY LOCATED AT	POLICY NUMBER	ANNUAL PREMIUM
Auto				\$
Umbrella				\$
Home				\$
Boat/Airplane				\$
Overhead Expenses				\$
Jewelry				\$
				\$
				\$
				\$

The following insurance premiums are paid automatically from my bank account. (Please make sure you do not close my account without making sure the premiums are still being paid.):

MY EMPLOYMENT BENEFITS

I have the following disability and/or death benefits where I work or worked (briefly describe):

Retirement Plan(s): _____

Military Retirement Benefits: _____

Military Survivor Benefits: _____

Life Insurance: _____

Health Insurance: _____

Long-Term Care Insurance: _____

Disability Insurance: _____

Deferred Compensation: _____

Stock Ownership: _____

Stock Options: _____

Cafeteria Plan: _____

Flexible Spending Accounts: _____

Other: _____

I am am not entitled to military and/or governmental benefits. List the benefits:

I am am not entitled to other benefits. List the benefits:

With regard to my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know:

SECTION THREE — Documents & Other Information

MY DOCUMENTS

I have executed each of the following documents and you can find them where noted:

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
Will			<input type="checkbox"/>
Living Will			<input type="checkbox"/>
Medical Power of Attorney			<input type="checkbox"/>
Medical Directive			<input type="checkbox"/>
General Power of Attorney			<input type="checkbox"/>
Living Trust			<input type="checkbox"/>
Insurance Trust			<input type="checkbox"/>
Charitable Trust			<input type="checkbox"/>
Minor's Trust			<input type="checkbox"/>
Custodial Account			<input type="checkbox"/>
Organ Donation			<input type="checkbox"/>
Children Adoption Papers			<input type="checkbox"/>
Section 529 Education Plan			<input type="checkbox"/>
Pre-Nuptial Agreement			<input type="checkbox"/>
Post-Nuptial Agreement			<input type="checkbox"/>
Divorce Decree or Settlement			<input type="checkbox"/>
Citizenship Papers			<input type="checkbox"/>
Burial Agreement			<input type="checkbox"/>

DOCUMENT	DATE SIGNED	LOCATION	NOT APPLICABLE
Retirement Plan Beneficiary Designation			<input type="checkbox"/>
Insurance Beneficiary Designation			<input type="checkbox"/>
Military Discharge Papers (DD214)			<input type="checkbox"/>
Employment or Independent Contractor Contract			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>
Other			<input type="checkbox"/>

My important records can generally be found at:

- my home filing cabinet
- my safe deposit box
- my home safe
- my attorney's office
- my accountant's office
- my financial planner's office
- other: _____

My most recent personal and any business tax returns can be found at: _____

I have do not have a divorce decree which may require that certain payments be made after I am disabled or after my death.

I may receive an inheritance from: _____

The amount of the inheritance may be as much as \$ _____

Upon my death, my heirs will will not receive a distribution or benefits from a trust.

If yes, the trust instrument was created by : _____

The Trust instrument can be found: _____

I am am not currently the Trustee for a trust.

If I am a Trustee, the trust document is located at: _____

I am am not a beneficiary of a trust.

If I am a beneficiary, the trust document is located at: _____

I am currently Legal Guardian for the following person(s): _____

Documents appointing me can be found at: _____

I have ownership and/or buy-sell agreements for the following businesses in which I have an ownership:

BUSINESS	DATE SIGNED	LOCATION	PARTNER

I have buy-out insurance for the following businesses: _____

I have a buy-sell agreement for the following businesses: _____

MY GENERAL INFORMATION

I do do not have a safe deposit box.

It can be found at: _____

The key can be found at: _____

The following people have signature authority on the box:

I do do not have a personal safe.

The combination is: _____

The safe can be found: _____

The Password to my Computer is: _____

My Email Address is: _____ Password: _____

Other Passwords: _____

My Internet Account is with: _____ Account Number: _____

Other important Passwords Include:

ITEM, PROGRAM OR BANK	ACCESS NAME	PASSWORD

I have have not attached a list of the persons I want to receive my personal property when I die.

I have have not attached a list of important personal property which I own.

My Social Security number is: _____

My driver's license number is: _____

My Medicare number is: _____

My passport number is: _____

The passport can be found: _____

I am a member of the following religious group(s):

I am a member of the following fraternal group(s):

I have provided the following for the education of my family in the following manner:

I have a special needs family member or friend who I take care of:

Name: _____

Relationship: _____

Nature of disability: _____

Special services they receive: _____

Primary Physician & Phone #: _____

Is there a Trust for such person? Yes No

Trust Documents are at: _____

I have been Appointed Legal Guardian for such person: Yes No

I believe the following person should take over this responsibility: _____

Information on any Accounts I handle for this person:

With regard to my general information, the following is additional information which I think is important for my family and advisors to know:

IN THE EVENT OF MY INCAPACITY

I have appointed (in the above documents) the following persons to act on my behalf if I become disabled:

Power of Attorney over my Assets: 1st _____ 2nd _____

Power of Attorney for Medical Decisions: 1st _____ 2nd _____

Guardian over my Property: 1st _____ 2nd _____

Guardian over my Person: 1st _____ 2nd _____

It is my desire that the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I do do not want to be kept at home as long as possible, taking into account the cost.

In the event of my incapacity, the following is additional information which I think is important for my family and advisors to know:

IN THE EVENT OF MY DEATH

I have the following final wishes:

Funeral Home: _____

Location: _____

Cemetery: _____

Plot/Drawer #: _____

I have have not prepaid:

my burial costs

for my burial plot

for my casket

Information can be found at: _____

I have a deceased spouse parent child who is buried at: _____
and I wish to be buried next to such person if I check here .

I do do not want to be cremated. Crematory: _____

Minister/Rabbi to Perform Service: _____

Pallbearers:

SPECIAL REQUESTS:

Obituary Reading: _____

Tombstone Engraving: _____

Organs for Donation: _____

In lieu of flowers, please ask for donations to: _____

Other Special Requests: _____

I would like the following songs, music, poetry, etc. at my funeral: _____

I currently have the following pets: _____

I ask that _____ take care of my pets and receive as a debt of my estate the sum of \$_____ for taking care of such pets for the rest of their lives.

In the event of my death, the following is additional information which I think is important for my family and advisors to know: _____

SECTION FOUR — Family History & Ethical Will

MY FAMILY HISTORY

I was born in _____ on _____, 19_____.
City, State *Month, Day*

My parents are/were _____ and _____.
Full Name *Full Name*

My maternal grandparents are/were _____ and _____.
Full Name *Full Name*

My paternal grandparents are/were _____ and _____.
Full Name *Full Name*

I have the following brothers and sisters (including step and half-siblings):

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

My children are:

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

_____ Born _____

I have no children.

I was adopted and my birth mother and father are/were: _____

I have do not have detailed information on my family's history. It is located at:

Some important facts about my family history:

It is my hope that my family will use its inheritance from me to accomplish the following goals in their lives:

How I would like to be remembered:

I have attached to this Family Love Letter my favorite quote poem story scripture.

I have signed this Family Love Letter this _____ day of _____.

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my express desire that each heir, family member, Power Holder, Executor, Trustee and Guardian will use this Family Love Letter and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

Print Name

Copies of this document were delivered to:

I have attached the following documents to my Family Love Letter:

- my current financial statement
- a copy of my current life insurance
- a policy in force statement for my life insurance policies
- a personal property ownership list
- a personal property disposition list
- a more detailed ethical will
- personal property agreements

CAUTION

Identity theft has become a major problem in the United States. The Family Love Letter is purposely designed to provide your family and advisors as much information as possible about you and your personal financial situation. It is also information, which in the wrong hands, could help someone steal your identity and/or your assets. We strongly advise you to (1) keep all copies of the Family Love Letter in a locked location which is only accessible by people you fully trust and (2) provide copies of the Family Love Letter only to persons who you are confident can be trusted to maintain the secrecy of your information.

Author: John J. Scroggin, AEP, J.D., LL.M. is a graduate of the University of Florida and is a nationally recognized speaker and author. Mr. Scroggin has written over 300 published articles and outlines, and three books. To be added to his free blast email system on estate and income tax planning, contact Luann@scrogginlaw.com. Mr. Scroggin can be contacted at Jeff@scrogginlaw.com.

Additional copies of this Family Love Letter can be obtained at www.axaenterprise.com.

THE FAMILY LOVE LETTER

John J. Scroggin, J.D., LL.M., practices as a tax and estate planning attorney in Roswell, Georgia and is a graduate of the University of Florida. He is a nationally recognized speaker and author and has been quoted in *The Wall Street Journal*, *Forbes*, *Fortune*, *Journal of Financial Services Professionals*, *National Underwriter*, *Kiplinger's Personal Finance*, *Financial Planning*, *Registered Representative*, *Life Association News*, *Advisor Today*, *Dow Jones Investment Advisor*, *Medical Economics*, *SmartMoney Magazine*, *Active Times Magazine*, *South China Morning Post*, *The Los Angeles Times*, *The Atlanta Journal/Constitution*, *Secured Retirement* and *Money*.



Investments in mutual funds are not FDIC insured, not bank guaranteed and may lose value. Investors should consider a fund's investment objectives, risks, charges and expenses carefully before investing. For a prospectus containing this and other information about The Enterprise Group of Funds, AXA Enterprise Funds, AXA Enterprise Allocation Funds and/or AXA Enterprise Multimanager Funds, please call 1-800-432-4320. Read it carefully before investing or sending money.

Distributing Broker/Dealer: Enterprise Fund Distributors, Inc., Member NASD/SIPC
Atlanta Financial Center, 3343 Peachtree Road, N.E., Suite 450, Atlanta, Georgia 30326-1022
1-800-432-4320 • www.axaenterprise.com