

# GLENMIEDE

## Guide for My Family and Advisors

PERSONAL AND CONFIDENTIAL

NAME: \_\_\_\_\_

# 01 Introduction

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## **Welcome to Glenmede's Guide for Your Family and Advisors**

Gathering detailed information, such as that requested in the pages following, can certainly be a time-consuming exercise. Yet having one's personal information organized in one place can make a world of difference to a family, especially during a time of crisis. For those completing the Guide, it brings the peace of mind that comes from knowing your affairs are in good order.

This form does not need to be completed in one sitting. The information gathered here, by its very nature, is confidential. Great care should be taken to secure the Guide where others cannot access it without your knowledge or permission. We urge Glenmede clients to save this document in your on-line personal secure Webview vault. This electronic Glenmede vault already holds your tax information and periodic account statements. We encourage you to add important documents, like this one, to it. If you keep a copy on your personal computer, you may want to protect the document by locking it with a password. If you keep a paper copy, a safe deposit box is appropriate so long as a family member or advisor has access to the box in your absence.

**Letter of Instruction:** On the very first page of the Guide, we ask if you have prepared a Letter of Instruction for your family. This letter is something we encourage you to write, separate from the Guide, detailing instructions for your funeral or other arrangements that need to occur immediately following your death. The letter need not contain any financial information and can be kept somewhere easily accessed by your family or someone close to you. Such a letter can truly help your family to avoid misunderstandings or differences of interpretation with respect to your wishes.

## 02 Personal Information

Name:	
Address:	
Secondary Address:	
I have left a Letter of Instruction with arrangements to be made at my death (see below): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Phone:	Voicemail password:
Cell Phone:	Voicemail password:
Work Phone:	Voicemail password:
Email Address:	E-mail Password:
Place of Birth:	Date of Birth:
Mother's Maiden Name:	
Father's Name:	
Name of Spouse:	
Date of Current Marriage:	Place of Marriage:
Prior Marriages:	
My Children (Names & Birthdates):	

# 03 My Contacts

Attorney	Name & Address:	Phone:
Accountant	Name & Address:	Phone:
Financial Advisor	Name & Address:	Phone:
Primary Physician	Name & Address:	Phone:
Executor of Will	Name & Address:	Phone:
Employer Contact	Name & Address:	Phone:
Property Insurance Agent	Name & Address:	Phone:
Life Insurance Agent	Name & Address:	Phone:

# 04 Clubs and Other Important Contacts

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Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

Entity:	
Contact Name:	Phone:

# 05 Where to Find It

Safe Deposit Box	Bank Name:
	Box #:
	Key location:
	Bank Address:
My Will (the original)	Location:
Medical Directive	Location:
Letter of Instructions (do not put in safe deposit)	Location:
Power of Attorney	Location:
Birth Certificate	Location:
Military Discharge Papers	Location:
Passport	Passport Number
	Expiration Date
	Usual location of original
	Location of copy
Marriage License (the original)	Location:
Real Estate Deeds (including deed to cemetery lot & deeds for time shares)	Location:
Titles to Cars, Boats, etc.	Location:
Life Insurance Policies	Location:
Medical & Property Insurance Policies	Location:
Tax Returns (last 3 years)	Location:
Partnership & Business Agreements	Location:
Divorce Decree & Other Family Papers	Location:
Addendum	See attached addendum: <input type="checkbox"/> Yes <input type="checkbox"/> No

# 06 Real Property

Primary Residence	
Address:	
Purchase Date:	Purchase Price:
Trusted Handyman:	Phone:
Electrician:	Phone:
Plumber:	Phone:
Other:	Phone:
Mortgage Lender:	Phone:

Secondary Residence	
Address:	
Purchase Date:	Purchase Price:
Trusted Handyman:	Phone:
Electrician:	Phone:
Plumber:	Phone:
Other:	Phone:
Mortgage Lender:	Phone:
Rental Agent:	Phone:

Other Real Estate	
Address:	
Purchase Date:	Purchase Price:
Agent:	Phone:

# 07 Financial Accounts

**Bank Accounts**

Bank 1 Name & Telephone No.:	Account No.:
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Type of Account:  Checking  Savings  Loan  Other \_\_\_\_\_

Bank 2 Name & Telephone No.:	Account No.:
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Type of Account:  Checking  Savings  Loan  Other \_\_\_\_\_

Bank 3 Name & Telephone No.:	Account No.:
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Type of Account:  Checking  Savings  Loan  Other \_\_\_\_\_

**Credit Cards**

Card 1 Issuer Name & Telephone No.:	Account No.:
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Type of Account:  Visa  MasterCard  AmEx  Other \_\_\_\_\_

Card 2 Issuer Name & Telephone No.:	Account No.:
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Type of Account:  Visa  MasterCard  AmEx  Other \_\_\_\_\_

Card 3 Issuer Name & Telephone No.:	Account No.:
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Type of Account:  Visa  MasterCard  AmEx  Other \_\_\_\_\_

Card 4 Issuer Name & Telephone No.:	Account No.:
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Type of Account:  Visa  MasterCard  AmEx  Other \_\_\_\_\_



# 07 Financial Accounts (Continued)

Investment Accounts	
Investment 1 Advisor Name & Telephone No.:	Account No.:
Investment 2 Advisor Name & Telephone No.:	Account No.:
Investment 3 Advisor Name & Telephone No.:	Account No.:
Pension Plan Contact Name & Telephone No.:	
Employee 401 (k) Contact Name & Telephone No.:	
Other Investments	

Life Insurance Policies		
Company 1:	Policy #:	Expected Proceeds:
Owner:	Insured:	
Company 2:	Policy #:	Expected Proceeds:
Owner:	Insured:	
Company 3:	Policy #:	Expected Proceeds:
Owner:	Insured:	
Company 4:	Policy #:	Expected Proceeds:
Owner:	Insured:	

## 07 Financial Accounts (Continued)

Airline Mileage Accounts	
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:
Airline:	Mileage Account #:

## 08 Physical Assets

Vehicle 1 Year, Make & Model:	VIN:
License Plate:	Insurance Co.:
Vehicle 2 Year, Make & Model:	VIN:
License Plate:	Insurance Co.:
Vehicle 3 Year, Make & Model:	VIN:
License Plate:	Insurance Co.:
Boats, Planes, Other Vehicles Description:	
Special Assets Description (Coins, stamps, art, collectibles, etc.):	

09 ADDENDUM - Additional Information

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1:

2:

3:

4:

# 10 Passwords

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Account 1:	
User Name:	Password:
Account 2:	
User Name:	Password:
Account 3:	
User Name:	Password:
Account 4:	
User Name:	Password:
Account 5:	
User Name:	Password:
Account 6:	
User Name:	Password:
Account 7:	
User Name:	Password:
Account 8:	
User Name:	Password:
Account 9:	
User Name:	Password:
Account 10:	
User Name:	Password: