



Last instructions for my survivors

Would your loved ones know your wishes and desires upon your death? Would they find comfort in knowing you had planned ahead so they could make all the necessary important decisions?

One problem survivors often have is finding documents and valuable papers. You can help your survivors with this process by completing this form. Give copies to your loved ones, executor/executrix, lawyer, and anyone else who will need this information. You should review and update this information periodically.

Personal data

Full birth name

Social Security number

Date of birth

Place of birth

Country of citizenship

Military Service (Branch/Rank/Serial Number)

Spouse/Partner's full birth name

Parents' names (including mother's maiden name)

Address

Phone

Upon death please contact

Name

Address

Relationship

Phone

Name

Address

Relationship

Phone

Concerning my estate

Name of Executor(s) or Trustee(s)

Address

Phone

Name of Children's Guardian

Address

Phone

Name of Lawyer

Address

Phone

Name of Financial Advisor

Address

Phone

Name of Bank Trust Officer

Address

Phone

Location of Will or Trust (all copies)

If you have a safety deposit box, list location(s) and location of keys

Others with keys

Location of important papers not in safety deposit box(es)

Brokerage/Bank/Savings and loan — Account information

Company

Phone

Branch

Address

Type of account

Account number

Company

Phone

Branch

Address

Type of account

Account number

Company

Phone

Branch

Address

Type of account

Account number

Company

Phone

Branch

Address

Type of account

Account number

Life insurance policies

Company & Agent Name

Policy number

Phone

Company & Agent Name

Policy number

Phone

Company & Agent Name

Policy number

Phone

Company & Agent Name

Policy number

Phone

Other death benefits (give details)

Pension

Military

Fraternal organizations

Other (specify)

Final arrangements

Religious affiliation, if any

Place of worship, if any

Clergy to contact

Address

Phone

I prefer: Burial Cremation Body bequeathal

I prefer: Funeral service Memorial service No ceremony

Funeral Home

Address

Phone

Cremation Society

Address

Phone

Bequeathal arrangement with

Address

Phone

Other arrangements

If funeral

Cemetery preferred

Address

Phone

I would like to request the following pallbearers

If cremation

Cremation Urns:

Urn

Keepsake urn

Scattering Urn

Cremation society preferred

I would like my ashes to be handled as follows

Arrangement preferences

I prefer:

A viewing

No viewing

Closed casket

Open casket

No casket/green burial

Embalming

No embalming

Flowers

No flowers

If service will be held, I prefer the following:

Music

Readings

Participants

I prefer no more than \$

be spent on my funeral, if possible.

Biographical data (For obituaries and death notices)

Survivors (immediate family)

Education

Civic affiliations

Religious affiliations

If funeral

Military service

Honors/awards/achievements

Political affiliations

Employment highlights

Hobbies/Volunteer activities

This information was current as of:

Copies provided to

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