



Your Legacy and Last Wishes Guide

Be the Reassuring Voice When They Need It Most



**Gerber Life
Insurance**

Your Legacy and Last Wishes Guide

Welcome

There is an old phrase – usually attributed to ancient Greece – that states, *“The whole is greater than the sum of its parts.”* The phrase means that when individual pieces are added together, the resulting entity has even more value than its original pieces. This guide is a perfect example. The booklet is a collection of company names, account numbers and various places to find documents, but the value is much greater than those individual facts. This guide is a gentle, caring hand leading your family during a most difficult time.

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.*



**Gerber Life
Insurance**

* 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.

Contents

Letter to Loved Ones	5
Personal Information	6
Will and Estate Plan Information	7
Insurance Information	8
Financial Information	10
Important Contacts	16
Funeral Planning Information	17
Estimated Funeral Expenses	20
People to be Notified	21
Legacy Information	22
Personal Bequests	24
Special Instructions	26



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
------	-------	---------------------------

Parent's:

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

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

Divorce Records*:

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

*If applicable.

Military Service

Did you serve in the armed forces? ☐ Yes ☐ No

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

Education

High School:

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

College:

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

Tax Records

Location	Accountant's Name	Accountant's Phone Number
----------	-------------------	---------------------------

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

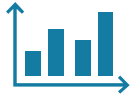
Company				
Phone				
Policy Number				
Location Policy				
Primary Beneficiary*				
Contingent Beneficiary*				
Policy Owner				
Face Value*				
Cash Value*				
Annual Cost/ Contribution*				

**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.

Name:

Name Plan Number

Street City State Zip Code

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.)	

[illegible]



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

*To be completed by family.

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.



Article

Special Instructions

Gerber Life Insurance Company A Name Synonymous with Caring

You can depend on Gerber Life. For more than 50 years, Gerber Life has been providing budget-friendly life insurance so that children and adults can have greater financial protection. Founded in 1967 by the Gerber Products Company, we share a common heritage and values in caring for the millions of families who place their trust in us. You can count on Gerber Life to provide insurance plans for the entire family that offer the reliability, flexibility, and peace of mind you deserve.

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.
Gerber Life Insurance is a trademark. Used under license from Société des Produits Nestlé S.A. and Gerber Products Company.
© 2024 Gerber Life Insurance Company, White Plains, NY 10605.
Not FDIC Insured | Not Bank Guaranteed | Not a Deposit or Other Bank Obligation



**Gerber Life
Insurance**