



LETTER OF LAST INSTRUCTION

Member
FDIC



WHY YOU NEED A LETTER OF LAST INSTRUCTION & HOW TO WRITE ONE.

In our business, we often help clients prepare for what happens after they're gone. We set up estate plans and consult with their attorneys on wills and the legal side of distributing their assets. Despite all that work, families can still be left with difficult problems after a loved one dies. A detail missed or vital account that can't be accessed complicates their path forward during a sad and difficult time.

We often encourage our clients to complete a letter of last instruction as an essential part of their estate plans. It's not a replacement for a will, and in fact it's not even a legal document. But it can be incorporated into the necessary legal documents as a guide and the key to making sure everything is accounted for and accessible to the family members left behind. Written correctly, it can augment your will to make the probate process quicker and much clearer.

Writing one isn't easy or quick. It's a long process that should be tackled in stages over the course of a few weeks or months.

It should include as much detail as possible and be kept alongside your will and other documents.

It should include:

- Your final instructions
- All financial information
- Personal details
- How to access everything

Once completed, copies of your letter should be given to your attorney, executor and spouse, and another should be kept in your safe or safe deposit box. You can keep paper copies as needed and a digital copy in a safe and secure location, like an encrypted cloud storage service or a thumb drive locked away in a safe.

If you're married or have a life partner, this is a good exercise to do together. You can also bring in your attorney, accountant and financial advisor for guidance.

Explore this packet to get started, and please feel free to reach out with any questions or concerns.

LETTER OF LAST INSTRUCTION CHECKLIST

1. Incoming Money

From my employer

Name of Employer _____
Person to Contact _____
Phone _____
Life Insurance _____
Profit Sharing _____
Accident Insurance _____
Pension Plan _____
Thrift Saving Plan _____
Unused Annual & Sick Leave _____
Other Employee Benefits _____

From insurance companies

Name of Company _____
Person to Contact _____
Phone _____
Total Amount _____

Name of Company _____
Person to Contact _____
Phone _____
Total Amount _____

Name of Company _____
Person to Contact _____
Phone _____
Total Amount _____

From social security (1-800-772-1213)

Lump Sum (if eligible) _____ Yes _____ No _____
Monthly Benefit _____

From Veterans' Administration (you must contact VA to receive benefits)

Lump Sum (if eligible) _____
Monthly Benefit _____

From other sources

2. Bank Accounts

Fill in the following information for each account owned

Bank Name _____
Address _____
Type of Account _____
Name(s) on Account _____
Type of Ownership _____
Account Number _____
Location of Checks and Statements _____
Any Special Instructions _____

Bank Name _____
Address _____
Type of Account _____
Name(s) on Account _____
Type of Ownership _____
Account Number _____
Location of Checks and Statements _____
Any Special Instructions _____

Bank Name _____
Address _____
Type of Account _____
Name(s) on Account _____
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Account Number _____
Location of Checks and Statements _____
Any Special Instructions _____

Bank Name _____
Address _____
Type of Account _____
Name(s) on Account _____
Type of Ownership _____
Account Number _____
Location of Checks and Statements _____
Any Special Instructions _____

3. Safe Deposit Box

Bank Name _____
Address _____
Box Number _____
In Whose Name(s) _____
Location of Keys _____
(Attach a list of contents to this letter) _____

4. Bank Accounts

Fill in the following information for each policy

Location of All Policies _____

Policy Number _____

Name of Insured _____

Company Name _____

Name of Agent _____

Agent Contact Info _____

Type of Policy _____

Beneficiary _____

How it is paid out _____

Policy Number _____

Name of Insured _____

Company Name _____

Name of Agent _____

Agent Contact Info _____

Type of Policy _____

Beneficiary _____

How it is paid out _____

Policy Number _____

Name of Insured _____

Company Name _____

Name of Agent _____

Agent Contact Info _____

Type of Policy _____

Beneficiary _____

How it is paid out _____

Policy Number _____

Name of Insured _____

Company Name _____

Name of Agent _____

Agent Contact Info _____

Type of Policy _____

Beneficiary _____

How it is paid out _____

5. Other Insurance Policies

Auto Insurance

Coverage _____
Company _____
Address _____
Policy Number _____
Beneficiary _____
Location of Policy _____
Term (when to renew) _____
Agent, if any _____

Accident Insurance

Coverage _____
Company _____
Address _____
Policy Number _____
Beneficiary _____
Location of Policy _____
Term (when to renew) _____
Agent, if any _____

Homeowner's Insurance

Coverage _____
Company _____
Address _____
Policy Number _____
Beneficiary _____
Location of Policy _____
Term (when to renew) _____
Agent, if any _____

Medical Insurance

Coverage _____
Company _____
Address _____
Policy Number _____
Beneficiary _____
Location of Policy _____
Term (when to renew) _____
Agent, if any _____

6. Vehicles

Provide the following for each vehicle

Year, Make and Model _____
Location of Title _____
Year, Make and Model _____
Location of Title _____
Year, Make and Model _____
Location of Title _____

7. Important Documents

Write in the locations of the following documents. Cross out those that do not apply.

Birth/Baptismal Certificates _____
Communion/Confirmation Certificates _____
Divorce Decree _____
Last Will and Testament _____
Living Will _____
Marriage Certificate _____
Military Records _____
Other (adoption papers, etc.) _____

8. Credit Cards

Credit cards should be canceled or converted to the name remaining on joint accounts.

Fill in the following information for each card.

Company _____
Phone _____
Name(s) on Account _____
Account Number _____

Company _____
Phone _____
Name(s) on Account _____
Account Number _____

Company _____
Phone _____
Name(s) on Account _____
Account Number _____

Company _____
Phone _____
Name(s) on Account _____
Account Number _____

9. Mortgage/Equity Line/Other Loans

Fill in the following information for each loan.

Lender or Mortgage Holding Company _____
Address _____
Name(s) on the Loan _____
Account Number _____
Monthly Payment _____
Location of Papers _____
Collateral, if any _____

Lender or Mortgage Holding Company _____
Address _____
Name(s) on the Loan _____
Account Number _____
Monthly Payment _____
Location of Papers _____
Collateral, if any _____

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Address _____
Name(s) on the Loan _____
Account Number _____
Monthly Payment _____
Location of Papers _____
Collateral, if any _____

Lender or Mortgage Holding Company _____
Address _____
Name(s) on the Loan _____
Account Number _____
Monthly Payment _____
Location of Papers _____
Collateral, if any _____

10. Investments

Fill in the following information for each investment.

Investments - Retirement/IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

Investments - Retirement/IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

Investments - Retirement/IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

Investments - Non-IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

Investments - Non-IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

Investments - Non-IRA

Company _____
Advisor Contact Info _____
Account Number _____
Statement Location _____
Beneficiary _____

11. Income Tax Returns

Location of previous returns _____
Name of Tax Preparer/CPA _____
Address _____
Phone Number _____

12. Properties/Land Owned

Property Address _____
Names on Title _____
Property Address _____
Names on Title _____
Property Address _____
Names on Title _____

13. Doctors/Physicians

Doctor/Physician _____
Address _____
Phone Number _____
Doctor/Physician _____
Address _____
Phone Number _____
Doctor/Physician _____
Address _____
Phone Number _____
Doctor/Physician _____
Address _____
Phone Number _____
Doctor/Physician _____
Address _____
Phone Number _____
Doctor/Physician _____
Address _____
Phone Number _____

14. Relatives/Friends to Contact

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Updated _____

(Today's Date)

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