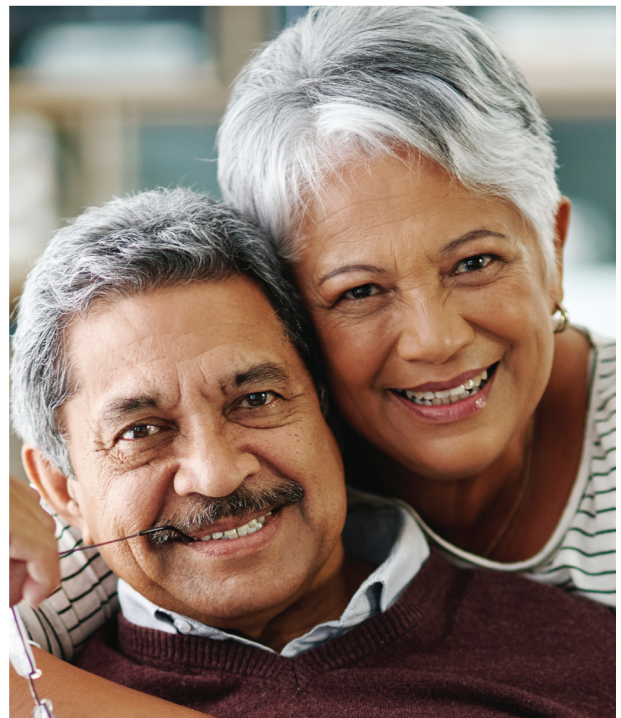




Planning for Change



I've completed this booklet in the hopes that it
will help you handle my affairs.

Signed: _____

Date: _____

WoodmenLife® is pleased to provide this booklet as a guide to help you identify and
organize your important records. It is not intended to replace the advice of your legal
and financial advisors.

We hope that it will serve as a helpful reference for you and your family.

Planning for Change

Advance planning makes change – even the difficult change involved in illness or death – easier to cope with. Planning will give you the peace of mind knowing that your affairs are in order. Communicating your plans will also ease the burden on your survivors who will handle your affairs after you've died.

This planning booklet should not be used in place of a will, an inventory of personal possessions or any kind of agreement between you and others. It is intended to help you collect important information in one place for planning and reference. It can help you plan for life changes, and it can serve as a convenient record book to help your heirs handle your estate.

Review it with your family so they know where to find your important papers and are aware of your wishes.

Pages in this booklet are a starting point. You can modify them, change categories, add lines – whatever you need to make them suit your personal situation. The important thing is simply to fill them in so the information is there when needed, because your situation will change and the forms will need to be updated occasionally.

We hope your planning brings you and your heirs peace of mind.

Once you start filling in this booklet, you'll want to keep it in a safe place, because it will have your personal information in it.

Where To Find My Keys, Documents, etc.

I keep some of my valuables and important documents locked up. The keys to access them are kept in the places I've noted below.

| Location | #/combination/key/password |
|---|----------------------------|
| <input type="checkbox"/> Safe deposit box | _____ |
| <input type="checkbox"/> Desk | _____ |
| <input type="checkbox"/> Strongbox | _____ |
| <input type="checkbox"/> Safe | _____ |
| <input type="checkbox"/> Computer | _____ |
| <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

Personal Documents

| Safe Deposit Box | Other location/notes |
|---|----------------------|
| <input type="checkbox"/> Last will and testament | _____ |
| <input type="checkbox"/> Living will/directive to physician | _____ |
| <input type="checkbox"/> Birth certificate | _____ |
| <input type="checkbox"/> Adoption papers | _____ |
| <input type="checkbox"/> Marriage certificate | _____ |
| <input type="checkbox"/> Divorce decree/settlement papers | _____ |
| <input type="checkbox"/> Change of name certificates | _____ |
| <input type="checkbox"/> Naturalization papers | _____ |
| <input type="checkbox"/> Military discharge | _____ |
| <input type="checkbox"/> Veterans Administration claim # | _____ |
| <input type="checkbox"/> Social Security card | _____ |
| <input type="checkbox"/> Power of attorney | _____ |
| <input type="checkbox"/> Medical power of attorney | _____ |
| <input type="checkbox"/> Funeral arrangement agreement | _____ |
| <input type="checkbox"/> Other personal records/papers | _____ |
| <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | _____ |

Digital Assets

I store many files electronically and have the following accounts online. In the event of my death or incapacity, please retrieve files and handle the accounts as I've noted below.

| Type of Account | Location | User ID/Password/PIN | Notes |
|-------------------|----------|----------------------|-------|
| Email: | _____ | _____ | _____ |
| Photos: | _____ | _____ | _____ |
| Social Media: | _____ | _____ | _____ |
| Personal website: | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

My Pets

In the event of my incapacity, please see to the immediate care of my pets:

| Name | Breed | Notes (medication, diet, special handling, etc.) |
|-------|-------|--|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Veterinarian name: _____ Phone: _____

Powers of Attorney

In the event of my incapacity, I have appointed the following persons to act on my behalf.

Power of attorney over my assets:

1st: _____

2nd: _____

Original document location: _____

Power of attorney for medical decisions:

1st: _____

2nd: _____

Original document location: _____

Financial Documents

Safe Deposit Box

Other location/notes

- Mortgages/leases _____
 - Deeds _____
 - Trust agreements _____
 - Business agreements _____
 - Vehicle registration papers/title _____
 - Tax statements/records _____
 - Other financial records/papers _____
- _____

Financial Accounts

Institution: _____ Phone: _____

Type of account: Checking Savings CD Money market Other

Address: _____

Institution: _____ Phone: _____

Type of account: Checking Savings CD Money market Other

Address: _____

Institution: _____ Phone: _____

Type of account: Checking Savings CD Money market Other

Address: _____

Institution: _____ Phone: _____

Type of account: Checking Savings CD Money market Other

Address: _____

Institution: _____ Phone: _____

Type of account: Checking Savings CD Money market Other

Address: _____

Custodial Accounts

Institution: _____ Phone: _____

Type of account: Custodial Account 529 Plan Minor's Trust Other

For the benefit of: _____

Address: _____

Credit Cards

I hold credit cards with the following companies:

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Name of company: _____
Phone: _____ Last four digits of card #: _____
Address: _____
Other names on the account: _____

Stocks/Bonds/Mutual Funds

I own the following stocks/bonds/mutual funds. The original documents are kept:

In my safe deposit box By my brokerage house Other location: _____

Type of Security:

C = Common stock **P** = Preferred stock **CP** = Convertible preferred **B** = Bond
M = Mutual fund **CB** = Convertible bond **MMF** = Money market fund

| Company | Type of Security | Number of Shares | Date of Purchase | Initial Purchase Price/Share |
|---------|------------------|------------------|------------------|------------------------------|
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Brokerage firm #1

Firm name: _____ Phone: _____

Address: _____

Other names on the account: _____

Brokerage firm #2

Firm name: _____ Phone: _____

Address: _____

Other names on the account: _____

Brokerage firm #3

Firm name: _____ Phone: _____

Address: _____

Other names on the account: _____

Please make sure that these policies do not accidentally lapse if I am disabled. The premiums I pay may be automatically drawn from my account monthly, quarterly, semi-annually, or annually.

Life Insurance Policies

Company: _____ Type of policy: _____

Agent: _____

Certificate/Policy #: _____ Face amount: _____

Beneficiary: _____

Address & phone of company or agent: _____

Company: _____ Type of policy: _____

Agent: _____

Certificate/Policy #: _____ Face amount: _____

Beneficiary: _____

Address & phone of company or agent: _____

Company: _____ Type of policy: _____

Agent: _____

Certificate/Policy #: _____ Face amount: _____

Beneficiary: _____

Address & phone of company or agent: _____

Company: _____ Type of policy: _____

Agent: _____

Certificate/Policy #: _____ Face amount: _____

Beneficiary: _____

Address & phone of company or agent: _____

Disability Insurance Policies

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Please make sure that these policies do not accidentally lapse if I am disabled. The premiums I pay may be automatically drawn from my account monthly, quarterly, semi-annually, or annually.

Long Term Care Policies

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Medicare Supplement Policies

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Health Insurance Policies

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Company: _____

Agent: _____ Policy #: _____

Address & phone of company or agent: _____

Business Interests

I have ownership interest in the following businesses:

Business name: _____ Type of business: _____
Address: _____ % of ownership: _____
Partner(s): _____ % of ownership: _____
Partner(s): _____ % of ownership: _____

Business name: _____ Type of business: _____
Address: _____ % of ownership: _____
Partner(s): _____ % of ownership: _____
Partner(s): _____ % of ownership: _____

Business name: _____ Type of business: _____
Address: _____ % of ownership: _____
Partner(s): _____ % of ownership: _____
Partner(s): _____ % of ownership: _____

Notes about my business interests:

Automobiles/Boats/Planes/ Miscellaneous Vehicles

I own the following vehicles:

| Make/model/year | VIN # | Balance owed to |
|-----------------|-------|-----------------|
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Real Estate Holdings

I have ownership interest in the following property:

Type of real estate:

R = Residence **CO** = Commercial **F** = Farmland **IND** = Industrial
C = Condominium **I** = Investment **O** = Other

Property #1

Street address: _____ City or township: _____

County: _____ State: _____

Type of real estate: _____ Purchase price: \$ _____

My ownership interest is sole community property

joint with right of survivorship with: _____

I owe money on the property to: _____

Name: _____

Address: _____

The deed mortgage, land contract, record of sale, purchase, payments, rentals, improvements, etc., are located: _____

Property #2

Street address: _____ City or township: _____

County: _____ State: _____

Type of real estate: _____ Purchase price: \$ _____

My ownership interest is sole community property

joint with right of survivorship with: _____

I owe money on the property to: _____

Name: _____

Address: _____

The deed mortgage, land contract, record of sale, purchase, payments, rentals, improvements, etc., are located: _____

Property #3

Street address: _____ City or township: _____

County: _____ State: _____

Type of real estate: _____ Purchase price: \$ _____

My ownership interest is sole community property

joint with right of survivorship with: _____

I owe money on the property to: _____

Name: _____

Address: _____

The deed mortgage, land contract, record of sale, purchase, payments, rentals, improvements, etc., are located: _____

Social Security, Pensions and Other Retirement Benefits

I have or have not filed an application for monthly Social Security benefits. If so, the application was filed on my earnings record or the earnings record of:

I have or do not have certain pension rights.

Name of payor: _____ Phone: _____

Payor's address: _____

Pension identification #: _____

There are or are not benefits payable to my survivors under the plan.

I have or do not have an individual retirement account (IRA).

Name of institution: _____ Phone: _____

Institution's address: _____

I have or do not have a Keogh pension plan.

Name of institution: _____ Phone: _____

Institution's address: _____

I have or do not have a 401(k) plan.

Name of institution: _____ Phone: _____

Institution's address: _____

Other retirement plan (describe): _____

Name of institution: _____ Phone: _____

Institution's address: _____

Other retirement plan (describe): _____

Name of institution: _____ Phone: _____

Institution's address: _____

Installment Payments on Debts

Company: _____
Address & phone: _____

Company: _____
Address & phone: _____

Company: _____
Address & phone: _____

Company: _____
Address & phone: _____

Other Debts

I owe the following debts which have not been previously mentioned:

| To Whom | Address | For What | Amount |
|---------|---------|----------|--------|
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Final Wishes

I have made funeral arrangements with _____ Funeral Home
at (address/phone) _____

Any prepayment arrangements are as follows: _____

I have not already made specific funeral arrangements, but these are my wishes:

Regarding my body, I would like:

- to be an organ donor
 - I have executed a Uniform Donor Card.
It is located: _____
- to be cremated (I would like my ashes buried scattered other _____)
- to be buried in the ground at (location): _____
- to be entombed in a mausoleum at (location): _____

I own or have legal use of a cemetery lot mausoleum niche vault
Name of cemetery: _____
Address: _____ Section: _____ Lot #: _____
The deed is located: _____

I would like a grave marker monument. In addition to my name, date of birth and date of death, I would also like to include the following information as my epitaph: _____

Services

Regarding my wake/funeral/memorial service, I would like:

Minister(s): _____

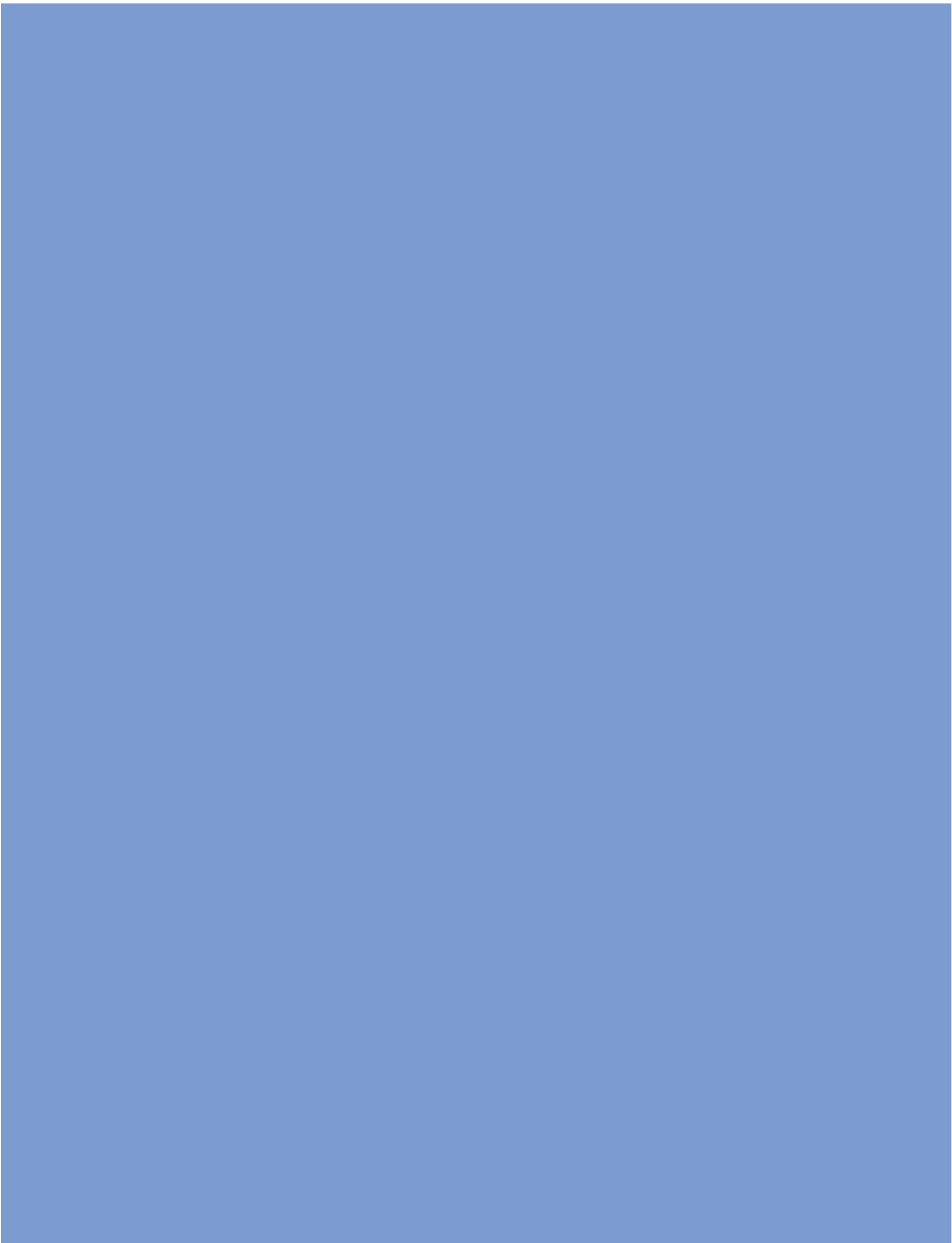
Location: _____

Special readings: _____

Music/Musicians: _____

Memorial contributions to: _____

Other: _____





Woodmen of the World Life Insurance Society

Home Office: Omaha, Nebraska

1-800-225-3108

woodmenlife.org