



FCSU
Financial®

**First Catholic Slovak Union
Life Insurance & Annuities**

ESTATE PLANNING BOOKLET

Your Personal Record Keeper

Dear FCSU Member:

Family values are important to us at the FCSU Financial® (First Catholic Slovak Union). After all, faith, family and fraternalism are the foundations of our Society. Our portfolio of insurance and annuity products is designed with the financial protection of loved ones in mind, as well.

We have compiled this guidebook in the same spirit: helping you provide your loved ones with all the information needed for processing your estate. Filling out and regularly reviewing these pages are among the best ways to ensure that your information is centralized and up to date.

Of course, the FCSU is always here to help our members. Should you need any additional help or information, please give us a call at 800.533.6682 or email us at fcsu@fcsu.com.

Fraternally,

Your FCSU Team

For My Family

This booklet contains important information which will be helpful to you in the event of my death or disability.

Name: _____

Signature: _____

Date booklet completed: _____

Dates information was reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

reviewed: _____

Important Phone Numbers

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

Doctors:

Name: _____

Specialty: _____

Phone: _____

Name: _____

Specialty: _____

Phone: _____

My Lawyer:

Name: _____

Law Firm: _____

Phone: _____

Email: _____

Personal Information

I was born in:

Location: _____

Date: _____

Social Security #: _____

Birth Certificate:

My birth certificate is located: _____

I do not have a birth certificate.

Citizenship Papers: (if born outside the United States)

My citizenship papers are located: _____

I am currently a legal resident of:

City: _____

State: _____

I was married in:

Location: _____

Date: _____

Marriage Certificate:

My marriage certificate is located: _____

Divorce:

I have not been divorced or legally separated.

I have been divorced or legally separated.

Date of divorce or separation: _____

State of jurisdiction: _____

Military Service:

I did not serve in the military.

I served in this branch of the military: _____

Service serial number: _____

Discharge papers are located: _____

Notes: _____

Family Information

My father's name: _____

Father's place of birth: _____

My mother's maiden name: _____

Mother's place of birth: _____

My sibling's names: _____

My children's name(s) and date(s) of birth: _____

Other Information

Church I am a member of: _____

Schools I have attended: _____

Degrees I earned: _____

My fraternity, sorority, or honor society: _____

Organizations I belong to: _____

Public or civic offices I have held: _____

My special achievements or recognition: _____

My work history: _____

Important Passwords

Email: _____

User Name: _____

Password: _____

Security Question: _____

Answer: _____

Email: _____

User Name: _____

Password: _____

Security Question: _____

Answer: _____

Website: _____

User Name: _____

Password: _____

Security Question: _____

Answer: _____

Website: _____

User Name: _____

Password: _____

Security Question: _____

Answer: _____

Medical Information

I have been treated for:

Cancer Yes No

Heart Condition Yes No

Stroke Yes No

Kidney Disease Yes No

Diabetes Yes No

Other: _____

My allergies (medications or other): _____

My Primary Care Doctor:

Doctor's Name: _____

Practice Name: _____

Phone: _____

Other Doctors:

Doctor's Name: _____

Practice Name: _____

Phone: _____

Doctor's Name: _____

Practice Name: _____

Phone: _____

Health Insurance:

Company: _____

ID #: _____

Group #: _____

Phone: _____

Company: _____

ID #: _____

Group #: _____

Phone: _____

Company: _____

ID #: _____

Group #: _____

Phone: _____

Notes: _____

Final Wishes

I have a Living Will

Yes No

It is located: _____

My Durable Power of Attorney is: _____

Copies are located: _____

My Durable Medical Power of Attorney is: _____

Copies are located: _____

People to Notify

In the event of my death or serious illness/injury the following persons should be notified:

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

People to Notify continued

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

Name: _____

Relationship to me: _____

Phone: _____ Email: _____

Minor Children

Name(s) and date(s) of birth: _____

I have made arrangements for their care in my will: Yes No

_____ is the appointed Guardian.

Phone: _____ Email: _____

My Pets

My pets are: _____

I have made arrangements for their care in my will: Yes No

Funeral Arrangements

I have made arrangements in advance for my:

- Funeral Cremation Memorial Service

Funeral Home Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

My preferred pallbearers are: _____

- I have complete instructions in my will.
- My instructions are in a letter or other document, located:

I own a plot in:

Cemetery Name: _____

Address: _____

Phone: _____

The deed to the plot is located: _____

I have arranged for perpetual care of the plot: Yes No

My Will

Date my will was made: _____

State where I made my will: _____

Date my will was last updated: _____

The original signed copy of my will is located: _____

Name of the lawyer who prepared my will: _____

Law firm name: _____

Address: _____

Phone: _____

Email: _____

The Executor of My Estate is: _____

Relationship: _____

Phone: _____

Email: _____

I have not made a will.

Notes: _____

Trust Funds

Date I established a trust fund: _____

State where the trust fund was made: _____

Name of trustees: _____

The trust agreement is located: _____

Name of the lawyer who prepared the trust agreement: _____

Law firm name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Notes: _____

Financial Information

Pensions and Benefits

I receive Social Security Benefits Yes No

My Social Security number is: _____

My Social Security card is located: _____

I receive a check in the mail

Check is deposited directly into my bank

Bank Name: _____

Account Number: _____

I receive a Pension Yes No

Former employer name: _____

Pension administrator: _____

Address: _____

Phone: _____

Email: _____

Website: _____

I receive a check in the mail

Check is deposited directly into my bank

Bank Name: _____

Account Number: _____

Checking Accounts

Bank: _____

Account #: _____

Bank: _____

Account #: _____

Bank: _____

Account #: _____

Savings Accounts

Bank: _____

Account #: _____

Bank: _____

Account #: _____

Bank: _____

Account #: _____

Money Market Accounts

Bank/Financial Institute: _____

Account #: _____

Bank/Financial Institute: _____

Account #: _____

Bank/Financial Institute: _____

Account #: _____

These people have been authorized to sign checks for me:

Name: _____ Date of Birth _____

Address: _____

Phone: _____

Email: _____

Name: _____ Date of Birth _____

Address: _____

Phone: _____

Email: _____

Safe Deposit Box

My safe deposit box is located:

Bank: _____

Address: _____

Phone: _____

Keys to the box are located: _____

Contents of the box include: _____

These people also have access to my safe deposit box:

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Email: _____

401(k) accounts

Bank/Financial Institution: _____

Address: _____

Phone: _____

Website: _____

User Name: _____ Password: _____

Beneficiary: _____

Bank/Financial Institution: _____

Address: _____

Phone: _____

Website: _____

User Name: _____ Password: _____

Beneficiary: _____

IRA Accounts

Bank/Financial Institution: _____

Address: _____

Phone: _____

Website: _____

User Name: _____ Password: _____

Beneficiary: _____

Bank/Financial Institution: _____

Address: _____

Phone: _____

Website: _____

User Name: _____ Password: _____

Beneficiary: _____

Annuities

Type: _____

Value: _____

Contract #: _____

Issuing company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Beneficiary: _____

Certificates of Deposit

Amount	Interest Rate	Maturity Date

Purchased from bank or other company name: _____

Address: _____

Phone: _____

Website: _____

User Name: _____ Password: _____

Beneficiary: _____

The certificates are located: _____

Stocks

Company Name	# of Shares	Date of Purchase

Stock ownership is:

- Held in my name only
- Held jointly with: _____

The stock certificates are:

- In my possession, located: _____
- _____

- Held by my broker:

Broker's Name: _____

Brokerage Firm: _____

Address: _____

Phone: _____

Email: _____

Website: _____

User Name: _____ Password: _____

- I have a trading account with my broker,
with a current value of \$ _____

Mutual Funds

Company Name: _____

Name on Fund: _____

Number of shares: _____

Website: _____

User Name: _____ Password: _____

Company Name: _____

Name on Fund: _____

Number of shares: _____

Website: _____

User Name: _____ Password: _____

These mutual fund shares were:

Purchased directly by me

Purchase records are located: _____

Purchased through a bank or brokerage

Banker/Broker's Name: _____

Bank/Brokerage Firm: _____

Address: _____

Phone: _____

Email: _____

Website: _____

User Name: _____ Password: _____

Notes: _____

Bonds

I own the following U.S. Savings Bonds:

Type of Bond: _____

Serial #: _____ Purchase Date: _____

Value at Maturity: _____ Maturity Date: _____

Type of Bond: _____

Serial #: _____ Purchase Date: _____

Value at Maturity: _____ Maturity Date: _____

Type of Bond: _____

Serial #: _____ Purchase Date: _____

Value at Maturity: _____ Maturity Date: _____

Type of Bond: _____

Serial #: _____ Purchase Date: _____

Value at Maturity: _____ Maturity Date: _____

Type of Bond: _____

Serial #: _____ Purchase Date: _____

Value at Maturity: _____ Maturity Date: _____

Bond ownership is:

Held in my name only

Held jointly with: _____

Beneficiary: _____

The bonds are located: _____

Credit Cards

Credit Card Company: _____

Name on Card: _____

Account #: _____ Exp. Date: _____

Phone: _____ CRV: _____

Recurring bills charged to this card: _____

Credit Card Company: _____

Name on Card: _____

Account #: _____ Exp. Date: _____

Phone: _____ CRV: _____

Recurring bills charged to this card: _____

Credit Card Company: _____

Name on Card: _____

Account #: _____ Exp. Date: _____

Phone: _____ CRV: _____

Recurring bills charged to this card: _____

Credit Card Company: _____

Name on Card: _____

Account #: _____ Exp. Date: _____

Phone: _____ CRV: _____

Recurring bills charged to this card: _____

Real Estate

I own property located at:

Address: _____

City: _____

State: _____ Zip: _____

Title to the property is: Held in my name only Held jointly with: _____ There is a mortgage on this property

Mortgage holder: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Documents pertaining to this real estate are located: _____

Notes: _____

Additional Real Estate

Address: _____

City: _____

State: _____ Zip: _____

Title to the property is:

- Held in my name only
- Held jointly with: _____
- There is a mortgage on this property

Mortgage Holder: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Documents pertaining to this real estate are located: _____

Notes: _____

Personal Property

I currently own the following tangible personal property:

Household Furnishings	Value	Location
Antiques	Value	Location
Car(s)	Value	Location
Jewelry	Value	Location

Collectibles (Stamps, Coins, etc.)	Value	Location
Other	Value	Location

Evidence of ownership such as bill of sales are located: _____

Appraisals or other evidence of values are located: _____

The property listed is protected by fire, theft, and/or liability insurance: Yes No

Insurance Company: _____

The insurance policies are located: _____

Life Insurance

Type: _____

Face Value: _____ Cash Value: _____

Policy #: _____

Issuing company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Beneficiary: _____

Type: _____

Face Value: _____ Cash Value: _____

Policy #: _____

Issuing company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Beneficiary: _____

Notes: _____

Type: _____

Face Value: _____ Cash Value: _____

Policy #: _____

Issuing company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Beneficiary: _____

Type: _____

Face Value: _____ Cash Value: _____

Policy #: _____

Issuing company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Beneficiary: _____

I have borrowed money against some policies, from:

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Auto Insurance

Policy #: _____

Issuing company: _____

Name of Agent: _____

Phone: _____

Email: _____

Website: _____

Password: _____

Policy Located at: _____

Policy #: _____

Issuing company: _____

Name of Agent: _____

Phone: _____

Email: _____

Website: _____

Password: _____

Policy Located at: _____

Homeowners Insurance

Policy #: _____

Issuing company: _____

Name of Agent: _____

Phone: _____

Email: _____

Website: _____

Password: _____

Policy Located at: _____

Tax Information

My tax preparer is:

Name: _____

Company: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Copies of my past tax returns are located: _____

Worksheets and supporting documents are located: _____

Notes: _____

Compliments of:



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