

LIVING PROMISE®
WHOLE LIFE INSURANCE

RECORD KEEPER

Living Promise Workbook



This workbook is intended to be a source that can be used to help make decisions during a difficult time. The information here covers a variety of topics, some you may not have thought of yet.

Please fill in as much information as you can, as anything included can be used to make processes quicker and easier for your loved ones.



Personal Information

This information will be useful in accessing records and accounts, as well as writing an obituary.

Full Name

First: _____ Middle: _____

Last: _____ Maiden Name: _____

Address

Street: _____

City: _____ State: _____

ZIP Code: _____

Birth

City: _____ State: _____

Date of Birth: _____

Work

Occupation: _____ Date Retired: _____

Employer(s): _____

Marital Status

Married Single Divorced Widowed

Spouse's Name: _____

Military Record

Branch of Service: _____

Serial Number: _____ Rank: _____

Digital Information

Information regarding digital platforms to access or discontinue.

Devices (Phone, Tablet, Computer)	
Device Type	Passcode/Password

Social Media/Website Accounts		
Platform	Login	Password

Email Accounts		
Email Provider	Login	Password

Advisors

These people can advise on how best to handle financial, legal and personal matters.

Advisor	Name	Phone
Attorney		
Accountant		
Financial Advisor		
Insurance Agent		
Employer Benefits		
Other		



Finances

Information about financial dealings.

Banking	
Checking Account(s)	Institution(s)
Savings Account(s)	Institution(s)
Other	

Investments	
Investment Type(s)	Account or Certificate Number

Real Estate	
Owners	Title Held as

Credit Cards		
Company	Login	Password

Loans	
Mortgage	
Vehicle	
Other	

Insurance Coverages	
Health	
Life	
Disability	
Critical Illness	
Property and Casualty	
Long-Term Care	

Important Documents

Information about the location of special documents

Safety Deposit Box	
Location	
Box Number	
Location of Keys	

Document	In Safety Deposit Box	In Other Location	Other Location
Will			
Living Will			
Medical Power of Attorney			
Financial Power of Attorney			
Trusts			
Social Security Card			
Military Records			
Insurance Cards			
Insurance Policies			
Pensions and Retirement Plans			
Income Tax Documents			
Stocks and Bonds			

Document	In Safety Deposit Box	In Other Location	Other Location
Property Deeds and Mortgages			
Bank Records			
Automobile Titles			
Birth Certificate			
Marriage License			
Other			

Memorial Service

Here are requests for a memorial service and final resting place.

Burial

Type of Burial: Traditional Cremation

Would you like an open casket viewing? Yes No

What type of casket would you prefer? Wood Casket Metal Casket

Do you need an urn? _____

What would you like done with your ashes? _____

Would you like a funeral or memorial service? _____

Phone number for funeral home: _____

Pallbearers

Special Requests

Clothing: _____

Eulogy: _____

Music: _____

Prayers or Readings: _____

Flowers: _____

Donations: _____

Preferred Cemetery or Mausoleum: _____

Plot Purchased: Yes No

Location: _____

Headstone or Monument: _____

Inscription: _____

Special Request Instructions: _____

Why Mutual of Omaha

Over 50 years of Mutual of Omaha's Wild Kingdom taught us that the animal kingdom and the human kingdom have something in common ... an instinct to protect what matters most. Through insurance and financial products, we help people protect their lives, protect their families, protect their kingdoms.

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Courtesy of Mutual of Omaha Insurance Company

<<Name>>

<<Phone>>

<<Email>>