

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			





# 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.

[MutualofOmaha.com](http://MutualofOmaha.com)



Courtesy of Mutual of Omaha Insurance Company

<<Name>>

<<Phone>>

<<Email>>