

# PEACE OF MIND PLAN

## INTRODUCTION

Congratulations, you are taking another important step that will help your family if you become critically ill, disabled, or die. Preparing your **PEACE OF MIND** plan will help guide your loved ones when you cannot. Your plan collects information your family or survivor(s) will need. Also, it will ease the stress and grief on your loved ones during a very difficult emotional time.

## HOW YOUR *PEACE OF MIND PLAN* WORKS

Use your plan to guide your survivor or another trusted person to your estate plan documents (your Last Will & Testament, power of attorney, advance medical directive, life insurance, trust).

- Review the following pages covering common issues that arise when a person becomes critically ill or dies to decide which to include.
- Not everyone needs or will use every page.
- Pick those you desire and fill in your information.
- Add additional pages for other items you want to cover and number the pages in your plan.
- You might encourage your spouse (or your parent(s)) to complete his or her own plan.

## PRESERVING & REVIEWING YOUR PLAN

- Store your plan where it will be found easily, perhaps in a fireproof box in your home, or give a copy to a close friend or trusted relative who lives elsewhere (maybe in an envelope marked to be opened in the event you are seriously injured or die).
- Review your plan regularly – perhaps annually on your birthday, anniversary, or another important day, whenever the information in it changes, or whenever you experience any of these life events: divorce, separation, death of a beneficiary, birth of a child, adoption of a child.
- Also, be sure to discuss your plan with your legal assistance or civilian attorney whenever you obtain estate planning advice.

## LEARN MORE

- [\*Do Your Family a Favor: Get Organized\*](#) After you make your estate plan, you can help your family by addressing the practical issues discussed here.
- [USAA Education Foundation's publications site](#) offers [Personal Records](#) (PDF) is helpful for taking personal inventory of possessions and keeping your personal records organized.
- The Retired Officer Association ([TROA](#)) offers a useful [Survivor Checklist](#) & a [Personal Affairs Workbook](#).

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## GETTING STARTED

Your plan is a great gift for your family or survivor(s) showing you care enough to plan ahead to help them deal with your disability or death. Taking the time now will help them make difficult decisions later, when they might be overly emotional, confused, or weary from loss of sleep and grief. You might start your plan with a letter to your spouse or other loved one like the sample included after a sample cover sheet. It could include your personal thoughts and a list of the contents of the rest of your plan.

**PEACE OF MIND PLAN OF \_\_\_\_\_**

## MY PEACE OF MIND PLAN

Dear \_\_\_\_\_:

If you are reading this, something serious has happened to me. Please remember how much I love you and enjoy our time together. Because I care, here is My Peace of Mind Plan to help you through this tough time. It has important information that you will need.

My plan contains [**X** all that apply]:

My Important Papers List	A list and location of documents you may need
My Important People Contact List	Important people to notify
My Living Will/Organ Donation	My living will has my desires on life support & health care if I am terminally ill
My Power of Attorney	Identifies any agents I appointed
My Insurance	Compiles insurance policy information/POCs
My Will	Identifies storage location; guardian/executor nominees
My Money Matters	Compiles important financial information – account numbers, POCs
My Social Security Benefit Information	Lists my Social Security Number
My Veteran's Benefit Information	Lists my military service information
My Funeral Preferences/Plan	Summarizes my funeral desires; military funeral information
My Utilities/Services	Lists utility & service company POC information
Miscellaneous	
My Obituary	Information to help with my obituary

I prepared this plan to put things in order to relieve and help you. It also gives me comfort and peace of mind to know that it will guide you.

\_\_\_\_\_  
[your signature]

\_\_\_\_\_  
[date]

## MY IMPORTANT PAPERS LIST

I organized and stored my records to help you find them when you need them. I kept most of these in:

	My fire proof box/safe located in	<b>Fireproof Box</b> - the place for those <i>hard to replace</i> documents such as birth certificates, naturalization papers, marriage and divorce documents, adoption papers, a parent's or spouse's death certificate.
	My file cabinet in  _____	<b>Home Filing Cabinet</b> - documents to save/store here include: <ul style="list-style-type: none"> <li>• Income tax returns and supporting documents, which you should keep for three years after filing with the IRS or state in case you are audited.</li> <li>• Documents used in determining the cost of an asset. Records of stock purchases are critical in determining the cost basis for taxes when you sell your shares, and receipts for major home improvements, which add to the value of your house. Keep these as long as you keep the assets &amp; until at least 3 years after you file your taxes accounting for any gain or loss.</li> <li>• Keep insurance policies &amp; warranties as long as they are in force or while you have the product.</li> <li>• Save canceled child support checks as proof of payment, especially if you had a contested divorce.</li> <li>• Credit card statements: after you have verified all the charges trash the individual receipts unless you think you will need them for tax purposes. The statements can go after three or four months.</li> <li>• Toss ATM receipts and deposit slips after you reconcile your bank statement at the end of the month. Many people keep their bank statements until tax time, then pull out the canceled checks they need to prove deductions before disposing of them.</li> <li>• Toss LES or pay stubs after you receive your W-2 in January. (You might retain the December LES.)</li> <li>• Brokerage accounts, mutual funds and retirement accounts – retain the year-end statement that usually summarizes the activity in the account for the full year. Saving it allows you to keep track over time of how your account changes (<i>hopefully growing</i>).</li> </ul>
	Describe other location:	Identify other locations your spouse or other trusted individual should check.

On the next page is a list of my documents that you may need to manage my affairs or settle my estate.



## MY IMPORTANT PEOPLE CONTACT LIST

Please notify (check my address book too):

	Name	Address	Telephone	E-mail/Internet
<b>Family/relatives/friends:</b>				
<b>Employer/supervisor:</b>				
<b>Attorney:</b>				
<b>Insurance agent:</b>				
Life	SGLI	Office of Servicemembers' Group Life Insurance 290 West Mt. Pleasant Avenue Livingston, New Jersey 07039	1-800-419-1473 Claims: 1-877-832-4943	<a href="mailto:osgli.osgli@prudential.com">osgli.osgli@prudential.com</a> <a href="http://insurance.va.gov/sglivgli/sglivgli.htm">http://insurance.va.gov/sglivgli/sglivgli.htm</a>
Car				
Home				
<b>Organizations (military, fraternal):</b>				

	<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>E-mail</b>
<b>Other:</b>				

## MY LIVING WILL/HEALTH CARE POWER OF ATTORNEY/ORGAN DONATION

A living will expresses wishes on life support and health care decisions. It is often used with a health care power of attorney that applies specifically to health care decisions.

\_\_\_ I made a Living Will/Advance Medical Directive in case I am in a terminal condition.

\_\_\_ I made a Health Care Power of Attorney appointing an agent to make medical care decisions for me in case I cannot. I gave that to \_\_\_\_\_ [or placed it \_\_\_\_\_].

\_\_\_ I put a copy of my Living Will/Advance Medical Directive in my medical records.

\_\_\_ I gave \_\_\_\_\_, my doctor, (telephone \_\_\_\_\_), a copy of my Living Will/Advance Medical Directive.

\_\_\_ I decided to donate my organs at my death and recorded my decision:

\_\_\_ on my driver's license.

\_\_\_ here below:

### ORGAN DONATION/ANATOMICAL GIFT

[Note: Your driver's license may contain your organ donation decision.]

When I die, to \_\_\_\_\_

I hereby donate:

\_\_\_ Any needed organ parts

\_\_\_ Only these body parts \_\_\_\_\_.

\_\_\_ Limitations \_\_\_\_\_.

\_\_\_ I hereby revoke any previous document or writing where I donated my organs, tissues, or parts to take effect on my death. I intend this document to direct the removal of my organs, tissues, or body parts at my death.

Date: \_\_\_\_\_  
\_\_\_\_\_ Donor's Signature

Witness signature: \_\_\_\_\_  
Witness' Printed Name: \_\_\_\_\_

Witness signature: \_\_\_\_\_  
Witness' Printed Name: \_\_\_\_\_



## MY POWER OF ATTORNEY

I prepared a power of attorney that would be effective even if I became disabled. I gave my appointed agent the original. A copy is stored \_\_\_\_\_.

Other power(s) of attorney/agents:

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As you know, all my powers of attorney expire when I die.

# MY INSURANCE

• **LIFE INSURANCE POLICIES**

\_\_\_\_ I have no life insurance.  
or

\_\_\_\_ I have a Serviceman's Group Life Insurance Policy, value: \_\_\_\_\_.

Office of Servicemembers' Group Life Insurance  
290 West Mt. Pleasant Avenue  
Livingston, New Jersey 07039

1-800-419-1473 Claims: 1-877-832-4943

E-mail: [osqli.osqli@prudential.com](mailto:osqli.osqli@prudential.com)  
<http://insurance.va.gov/sqlivqli/sqlivqli.htm>

\_\_\_\_ I have \_\_\_\_ commercial life insurance policies:

COMPANY NAME/ADDRESS	POLICY NUMBER	POLICY VALUE*	BENEFICIARIES	POLICY LOCATION

\*Value may be less than face value if there are any policy loans outstanding, or the cash surrender value may differ if the policy has an "earning" component.

• **MEDICAL, DENTAL, & DISABILITY INSURANCE POLICIES**

COMPANY NAME/ADDRESS	POLICY NUMBER	POLICY LOCATION

• **HOMEOWNER'S/RENTER'S INSURANCE POLICIES**

COMPANY NAME/ADDRESS	POLICY NUMBER	POLICY LOCATION

• **AUTO INSURANCE POLICIES**

COMPANY NAME/ADDRESS	POLICY NUMBER	POLICY LOCATION

• **PERSONAL LIABILITY & UMBRELLA INSURANCE POLICIES**

COMPANY NAME/ADDRESS	POLICY NUMBER	POLICY LOCATION

# MY WILL

\_\_\_\_\_ I did not make a Will.

or

\_\_\_\_\_ My Will is stored \_\_\_\_\_.

**My Beneficiaries:** \_\_\_\_\_

**In my Will I nominated:**

\_\_\_ **Guardians for my minor child(ren):** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternate Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_ **Trustee for a trust I created in my Will:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternate Trustee:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_ **Executor for my Will:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Alternate Executor:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

# MY MONEY MATTERS

Your agent or executor may need to contact each source about these.

• **FINANCIAL INSTITUTIONS (BANK, CREDIT UNION):**

INSTITUTION NAME/ADDRESS	ACCOUNT #	OWNERSHIP NATURE/BENEFICIARIES	STATEMENT LOCATION

• **INVESTMENTS**

TYPE	INSTITUTION NAME/ADDRESS	ACCOUNT #	OWNERSHIP NATURE/BENEFICIARIES	STATEMENT LOCATION

• **RETIREMENT/IRAS/THRIFT SAVINGS PLAN:**

TYPE	INSTITUTION NAME/ADDRESS	ACCOUNT #	OWNERSHIP NATURE/BENEFICIARIES	STATEMENT LOCATION

• **VEHICLES (AUTO, MOTORCYCLE, RV, BOAT, OTHER):**

MAKE	MODEL	YEAR	VEHICLE ID	TITLE LOCATION

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

• **CREDIT CARD(S):**

INSTITUTION NAME/ADDRESS/TELEPHONE NUMBER	ACCOUNT #	STATEMENT LOCATION

## MY SOCIAL SECURITY INFORMATION

My Social Security number: \_\_\_\_\_

The Social Security Administration (SSA) Web site, <http://www.ssa.gov>, has information on survivor benefits.

When I die:

- Promptly tell SSA of my death by calling SSA toll-free: 1-800-772-1213.
- If monthly benefits were being paid by direct deposit, notify the bank or other financial institution of my death. Request that any funds received for the month of my death and later be returned to SSA.
- If benefits were being paid by check, DO NOT CASH any check(s) for the month in which I died or thereafter. Return the check(s) to SSA as soon as possible (use return receipt requested mail).

### **One-time Lump Sum Death Benefit:**

SSA will pay a one-time payment of \$255 to my surviving spouse living with me at my death (OR if living apart, you were eligible for SSA benefits on my earnings record for the month I died). This death benefit may be paid to a child who was eligible for benefits on my earnings record in the month of my death if I die without a surviving spouse.

### **Benefits for Survivors:**

Monthly survivors benefits can be paid to certain family members, including the beneficiary's widow or widower, dependent children and dependent parents.

Two booklets on the SSA Web site have information about filing for benefits and can be downloaded:

**Survivors Benefits** (Publication No.05-10084)

Survivor Benefits, <http://www.ssa.gov/pubs/10084.html>

**Social Security: Understanding the Benefits** (Publication No.05-10024)

Understanding the Benefits, <http://www.ssa.gov/pubs/10024.html>

## **MY VETERAN'S BENEFIT INFORMATION**

I served in the military from \_\_\_\_\_ to \_\_\_\_\_. If I died while on active duty a Casualty Assistance Officer will assist with survivor benefits.

Information on Veteran's Benefits is available from the Department of Veteran's Affairs Web site: <http://www.va.gov/>.

If I retired from the military, you may find information on getting a copy of my military records on [DefenseLINK](http://www.defenselink.mil/faq/pis/PC03MLTR.html) @ <http://www.defenselink.mil/faq/pis/PC03MLTR.html>.

## MY FUNERAL PREFERENCES/PLAN

I pre-arranged/paid for my funeral. The contract is stored: \_\_\_\_\_ or contact \_\_\_\_\_.

Although I did not pre-arrange for my funeral, I did set money aside to cover my funeral expenses. It is \_\_\_\_\_.

I desire preparation, casketing, and transportation to be handled by:

Next of kin working with  
     \_\_\_\_\_ funeral establishment: \_\_\_\_\_      \_\_\_\_\_ other: \_\_\_\_\_

Military authorities in contact with funeral establishment: \_\_\_\_\_

I prefer:

Conventional Burial      Casket type: \_\_\_\_\_  
     \_\_\_\_\_ in military uniform.

Cremation

No preference

Embalming       Yes       No  
 Viewing       Yes       No  
 Eulogy       Yes       No

**Relatives or friends who can assist**

Name	Address	Telephone	Relationship

**Burial Place or Disposition of Ashes:**

Private Cemetery: \_\_\_\_\_  
     Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
     Point of contact: \_\_\_\_\_

National or other Government Cemetery: \_\_\_\_\_  
     Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
     Point of contact: \_\_\_\_\_

Burial at sea.

As Next of Kin determines

I desire the following:

Church service at: \_\_\_\_\_ Clergy/person to officiate: \_\_\_\_\_

Funeral home service

Memorial service

Graveside committal service

Other: \_\_\_\_\_

Military honors if available (<http://www.militaryfuneralhonors.osd.mil/>).

Pallbearers: \_\_\_\_\_

I prefer:

Government-furnished headstone or marker

Flowers, memorials, agencies, contributions made to: \_\_\_\_\_

Favorite music, psalms, reading, or other special request: \_\_\_\_\_

Friends to notify:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other:

### MY UTILITIES/SERVICES

<b>TYPE</b>	<b>COMPANY NAME/ADDRESS/ACCOUNT</b>	<b>TELEPHONE</b>	<b>REFUNDABLE DEPOSIT</b>
Telephone			
Cell Phone			
Electric			
Gas			
Water			
Sewer			
Garbage			
Security System			
Cable TV			
Satellite TV			
Internet			
Newspaper			



## MISCELLANEOUS

Use this page for additional information you desire to share with your agent or survivor. You might indicate where you keep keys, computer passwords, or other information.

## MY OBITUARY

**FAMILY:**

**SCHOOLS ATTENDED:**

**CLUBS, FRATERNITIES, ASSOCIATIONS OR HONOR SOCIETIES:**

**MILITARY SERVICE:**

**CITATIONS:**

**HIGHEST RANK/GRADE:** \_\_\_\_\_

**CIVIC OR PUBLIC OFFICES HELD:**

**SPECIAL ACHIEVEMENTS/RECOGNITION:**