

FOR MY FAMILY IN THE EVENT OF MY DEATH

Life Insurance Policies

1. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_
  
2. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_
  
3. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_

**Other Insurance**

(Major Medical, Homeowners, Auto, Disability)

4. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_
  
5. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_  
Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_
  
6. Name of Insurance Company \_\_\_\_\_  
Type of Policy \_\_\_\_\_ Policy Number \_\_\_\_\_  
Owner of Policy \_\_\_\_\_ Insured/Annuitant \_\_\_\_\_  
Face Value \_\_\_\_\_ Premium Amount \_\_\_\_\_

Primary Beneficiary \_\_\_\_\_ Secondary Beneficiary \_\_\_\_\_  
Location of Policy \_\_\_\_\_