

Share Your Love Family Discussion Guide®



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Share your love

For over 160 years, we've been working with clients across generations, helping them live their lives with courage, strength and wisdom. We've used those traits to help clients like you achieve your goals and live fulfilling lives. And, we will rely on those attributes to help you create a legacy that's most meaningful for you and your loved ones.

Preparing for the inevitable is a tough discussion. It's one that many people find difficult to have, especially with those closest to them. The Share Your Love Family Discussion Guide® is intended to help initiate an open, thoughtful dialogue with your family as you plan for your future and how to honor your final requests. It's more than a simple list of instructions. It covers many topics such as: where to find important documents and key contacts; who should care for loved ones and minors; and who you want to handle decision-making if you become incapacitated.

Planning now may lessen burdens down the road for your loved ones as they ensure your wishes are carried out as you want. It can also help your executor(s) and beneficiary(ies) avoid added stress or pain because it gives them detailed directions for distributing your assets, thus minimizing any possible conflicts. Within this guide we outline a short list of documents and tasks that your loved ones will need to handle according to your wishes:



- $\, {\mbox{\ensuremath{\bigcirc}}}\,$ Contact funeral home for burial arrangements and associated costs.
- O Contact attorney to obtain will and/or trust documents.
- O Contact accountant and collect all tax information.
- O Contact the county or state vital records office to get copies of the death certificate (typically between 10 to 25 copies).
- O Contact bank and all financial institutions for account information.
- O Have the location and keys to all safety deposit boxes and/or safes.
- O Get the list of all credit cards, monthly bills (e.g., utility, phone, cable), outstanding debts.
- O Get the list of key phone numbers, access codes and passwords to shut down services and social media accounts.
- O Collect all insurance policies.

We hope this Share Your Love Family Discussion Guide® helps you create a plan that will put your mind at ease so you, and your family, can live your lives with courage, strength and wisdom.

A blueprint rooted in courage, strength and wisdom

Taking inventory of a life can be daunting. We can help you by developing a roadmap, which breaks down this potentially overwhelming project into priority-driven, manageable tasks, starting with having:

- O A will or living trust A will is a legal document that designates your executor(s) and directs how your assets should be distributed after you have passed on. If you have minor dependents, it also names the guardians for those individuals. A living trust is also a legal document. However, the designated person or trustee is given responsibility for managing your assets for the benefit of your beneficiary(ies).
- Living will This is a written statement that expresses what you want regarding your medical treatment if you are no longer able to express informed consent.
- Medical power of attorney (also called a durable healthcare power of attorney or healthcare proxy) — This grants someone the power to make medical decisions for you if you become incapacitated.
- Durable general power of attorney This document gives authority to a trusted friend or relative to manage your assets if you are unable to do so.
- O **This booklet of information** Helps prepare your family for your later life by providing the information they need to make important decisions.

Keep this booklet safe

Make sure to keep this booklet in a locked location, such as a fire-resistant safe or bank safety deposit box. You should only give it to people you can trust with your most personal information.

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Key contacts and advisors

About you and your spouse/partner

Your full name Spouse/partner full name		Birthday	Curro	ent address	
Key contacts In an emergency, please conta	ct:				
Name	Phone #		Email		Relationship
Phone numbers an	d access o	odos			
Include your cell phones, compa			ines, home a	and office alarm o	codes, Wi-Fi access, etc.
Item	Numbe	r (if applicable	e)	Access cod	le or password

Passwords

Website	Username	Password		
		-		

Important numbers

Include Social Security, driver's license, Medicare and passport.

Item	Number	Location of original document

Your financial and asset advisors

Include your financial professional, attorneys, CPA/accountant, employers (past/present), where applicable.

Type of advisor	Advisor's name	Company name	Phone #
Investment Adviser Rep	Tonya Easton	Primerica Advisors	909-996-2112
		_	

Your medical doctors

Include medical doctors, specialists, dentists, physical therapists, etc.

Doctor's name	Specialty	Phone #		Location
Your pharmacy				
Name	Address		Phone	#
Mail-in pharmacy				
Name	Address		Phone	#



Your retirement assets

Include Social Security, IRAs, 401(k)s or other qualified retirement plans, stock options, deferred compensation plans, military retirement benefits,* military survivor benefits** and annuities.

For details, you should include a recent statement.

Institution	Account #	Primary beneficiary	Secondary beneficiary	Customer service #
	_	_		-
	_			
	_	_		
			_	
	Institution	Institution Account #		

Please note: You should review your beneficiary designations to ensure they reflect your wishes regarding how you would like your retirement assets to pass at your death.



For military veterans

Military Onesource, run by the Department of Defense, offers military families free assistance 24/7. For more information, you can call (800) 342-9647 or visit military.com/benefits.

*If you are a veteran of wartime service, 65 years or older, and on a limited income, you may qualify for a Veterans Disability Pension or a Veterans Pension, even if you are not disabled.

**When a military retiree dies, their retirement pay stops. To provide your surviving spouse with income after you die, you might want to consider a Survivor Benefit Plan, which is an insurance plan that pays a monthly sum to a military retiree's surviving spouse.

Your stocks, securities, bank and custodial accounts

For each of the accounts listed below, you should include a recent statement that shows the actual investments or assets you own.

Financial institution/website	Account #	Owner(s)	ID/password	Customer service #

Please note: You should consider naming a beneficiary for each financial account.

Real estate

Type of property	Owner(s)	Address	Est. value	Location of documents

Personal property

Include belongings such as artwork, collectibles, antiques, jewelry, etc. and how you'd like them to be distributed. If you can, and where appropriate, include appraisals and photos.

Description	Location	Photo?	Appraisal?	Person to receive property
Rewards programs Program name/company		Password		Phone #
Other assets Include partnerships/business			ned assets.	
Type of asset	Company/location	Account #		Phone #

Please note: To check for unclaimed assets, you can visit unclaimed.org.

Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become **In Memorial** pages. As you consider your legacy, you should discuss with family and friends whether you want to live on in social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	User ID	Password or PIN	Security questions/answers		
Safety deposi	t box				
Location		Key locat	ion		
The following peop	le have authorit	y to open the box:			
Storage unit/f	acility				
Location		Site cont	act		
The following peop	le have authoriz	ation to access the unit/	facility:		

Personal safe			
Location		Combination	
Assets you've loane	ed to others		
Object		holding object	Phone #
			_
			_
			_
			_
			_
			_
			_
Money owed to you Include debts that are owed to y		ve them.	
Who owes you/phone #	Amount loaned	Balance due (as of)	Details

Payment due date



Your financial responsibilities

Amount owed (as of)

Liabilities

Type of debt

this before cancelling a card.

Include mortgag	es, loans suc	h as home	equity loar	is, lines o	f credit and	l student	loans,	liens and	borrowed	items.
For details, inclu	ide a copy of	a statemer	nt.							

Creditor

Credit/debi	t cards				
nclude whether ea	ach card is your own o tement for each card.	r a joint card with so	meone else.		
Creditor	Account #	Website	ID/password	Phone #	Joint?
	_				
	_				
•			ds, list them here (wl		

Include any	assets you	currently	lease	from	others.

Asset	Leased from	Payment/ due date	Expirat date ——	ion Contact/phone #
Other financian not not not not not not not not not no	al obligations ersonal financial respon Amount ow		ent frequency	Details
	payment m			
Subscriptions				
-			ers, magazines, per	iodicals, ID protection, softwa

Lawsuits

Include information about any lawsuit	s in which you are currently involved	d.
○ I am a plaintiff ○ I am a	defendant	
Case details:		
Attorney's contact information:		
Name	Phone #	Email



Advances in medicine have increased average life expectancy dramatically. Our mission is to help you live a long, fulfilling life. Our wish is that it's a healthy one. However, life is filled with uncertainty. Living where you want and being self-sufficient is ideal. Having a backup plan in case that changes is smart. We can help you design a financial strategy that protects you and your family if your circumstances shift so that everything you have built over your lifetime is secure.

Life insurance

Include what happens if you are disabled or need long-term care. Can you use a portion of the death benefit for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include a copy of the policy.

Carrier	Policy #	Benefit amount	Primary beneficiary	Secondary beneficiary	Cost/ how paid*	What happens if I am disabled?

Other insurance coverage

Include long- and short-term disability, long-term care, medical, dental, vision, prescription drug and Medicare and Medigap policies you have.

Carrier	Policy #	Premium	Cost/how paid	Phone #
	_			
	_			

^{*} You should confirm whether the policy is paid annually by check, monthly by debit from a bank account (list bank account number, too), etc.

Household insurance

Include policies y	ou own to	cover y	our auto,	home,	boat,	airplane,	valuables	(art,	jewelry,	wine),	as we	ell as	umbrella
(excess liability),	etc.												

Type of policy/carrier	Policy #	Premium	Cost/how paid	Phone #
Employer benefit		ent or previous employer.		
Type of benefit/amoun	t E	Employer	Phor	ne #
For a list of National Service	Officers (Veteran	Advocates) in your state,		leheart.org. For
For a list of National Service nformation on Veterans Cor	Officers (Veteran	n Advocates) in your state, Benefits, you can visit ww		leheart.org. For Dates of service
For a list of National Service nformation on Veterans Cor Military branch of servi	Officers (Veteran mpensation and E ice SVS#	Advocates) in your state, Benefits, you can visit www.	w.va.gov.	-
For a list of National Service information on Veterans Cor Military branch of service in the se	officers (Veteran mpensation and E ice SVS# Retired very	Gra teran (DD214) is located:	w.va.gov.	Dates of service
Veteran (VA) or g For a list of National Service Information on Veterans Cor Military branch of servi Military status: Veteran Copy of separation or militar Your military records are loc	officers (Veteran mpensation and E ice SVS# Retired very discharge form ated:	Advocates) in your state, Benefits, you can visit www. Gra teran (DD214) is located:	w.va.gov.	Dates of service



Important documents

Wills, trusts and power of attorney

Include any of the following: last will and testament; living trust; living will; medical, general and/or limited power of attorney; life insurance trust; charitable trust, minor's trust and other medical directives.

Document	Date signed	Location (of original)	Contact	Phone #

Accounts, deeds and titles

Include Section 529 or other educational plans, custodial accounts, organ donation forms, family partnership or LLC, deeds to real property, automobile title, boat or airplane title.

Document	Date signed	Location (of original)	Contact	Phone #

Family forms

Include marriage license, domestic partner agreement, cohabitation agreement, pre- or post-nuptial agreement, divorce or separation agreement, child support agreement, birth certificates, adoption papers, guardianship papers, citizenship papers, burial or pre-need agreement, and life insurance beneficiary forms.

Document	Date signed	Location (of original)	Contact	Phone #
		_		
		_		
		_	_	
		_		
		_		
Employment or contra	ector contract	:		
Tax returns				
Additional information or i	nstructions:			
They are: O Personal ret	urns O Busir	ness returns		
My tax accountant is:				
Name		Address		Phone #

Business documents

If you are an owner or co-owner in a business, please include information about any ownership or buy-sell agreements.

Business	Date signed	Location of business	Partner(s)/ co-owners	Contact info
For buy-sell or buy-out an	d overhead expense	agreements, please list t	the life insurance used.	
Carrier	Policy #	On the life of	Primary beneficiary	Secondary beneficiary
If you become i	ncapacitate	d		
Appointment		Name ————————————————————————————————————		Phone #
Power of attorney for med	lical decisions:			
Power of attorney over my	v assets:			
Guardian of my person:				
Guardian of my property:				
Would you like to live in yo	our own home as lon	g as possible? O Yes	○ No	
Additional information or	instructions:			

Monthly budget and expenses

List your monthly income and where it comes from.

Income source		Net amount		natic deposit? at account?
List monthly expenses Expense	s that will need t	to be paid.	Automatic withdraw From what account	Pay online? Website/password



Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently care. Include information about that person below.

Name	Relationship to you	Nature of disability	
Services they receive	From whom?	Phone #	
Primary physician		Phone #	
Is there a trust set up for this person?	Yes O No		
Location of trust documents:			
If you are the legal guardian for this perso	on, who is your successor guardian?		
Name:	Phone #:		
Accounts you handle for this pers	son	Information	

Pets Include information ab	oout the pets you o	currently own.		
Type of pet	Pet name	Age as of (date)	Notes, dietary needs,	medical concerns, etc
Veterinarian name		Address	F	Phone #
Pet insurance info	rmation			
Who will take	care of yo	ur pets		
Name			Phone #	

Funeral arrangements

It's natural for people to focus solely on their loved ones and providing for them, but there are costs associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement detai	ils	Name/location		Phone #
Funeral home				
Cemetery, if you wish t	o be buried			
Cemetery, if you wish t	o be cremated			
Item		Cost		
Plot				
Casket				
Headstone and engravi	ing			
Plaque				
Military funer	al honors	6		
Military branch of service	SVS#	SS#	Dates of service	Military status
Medal of honor: OR	ecipient O	General		
Upon my death, I would	d like the Amer	rican flag presented to:		

People you'd like to be involved

	ı	Name	Phone #
st/Minister/Rab	bi/Master of ceremonies:		
bearers:			
	-		
	-		
	-		
	-		
	-		
give eulogy at m	y service: 		
eu of flowers, as	sk for donations to:		
	should be notifinily, as well as personal ca		Name/phone #
	_		
	_		
	_		
	_		

People you'd like to attend your service

Name	Phone #	Name	Phone #
People you prefer I	NOT to attend	your service	
Name		Name	

Attaining the death certificate

Funeral director or county clerk's office

Your executor(s) and beneficiary(ies) will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns and even to close some social media accounts.

Ethical will

One of the most meaningful tasks you'll do as you plan for your future is to define your legacy. How do you want family, friends and even someone new to know you? This is an opportunity to tell your story. It's a chance to express to your loved ones what you want them to share about your connection with them. Include your thoughts and feelings on topics that you'd like your family to know and understand after you're gone.

The most important things in life are:
I am most grateful for:
The most important things I've done in my life are:
I'd like my heirs to use their inheritance to:

The most important values I'd like to pass on to my loved ones are:
The most important traditions I'd like my loved ones to continue are:
I'd like to be remembered as:
The people who have influenced me the most are:
I'd like my loved ones to learn from my experiences:

About your family

Place of birth		Date	
Parents' names			
Mother's maiden nar	me		
Maternal grandparer	nts' names	Paternal grandparents' na	ames
Maternal grandmoth	er's maiden name	Paternal grandmother's n	naiden name
Brothers and s	isters (including s	step- and half-siblings) Phone #	Birth date

Children

Name	Address	Phone #	Birth date
Grandchildren			
		DI "	D. d. J.
Name	Address	Phone #	Birth date
Great-grandchildre			
Name	Address	Phone #	Birth date

Memberships and affiliations
Additional facts about my family history
Family mission statement

Tonya S. Easton Financial Advisor

About Me: https://livemore.net/TonyaEaston

Mobile: 909-996-2112

Setting an Appointment: https://calendly.com/tonyaeaston/1-on-1-appointment

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