



# A Letter of Final Instructions to My Family

Now Truist

I have completed the following letter to ensure my family and friends are aware of my personal thoughts and desires and are able to locate my personal documents if I should become incapacitated or upon my death. This completed form should be placed in a safe, secure location known to you and those you trust.

To download a copy of this form and complete on your computer, visit [BBTPerspectives.com/Resources](http://BBTPerspectives.com/Resources).

Name: \_\_\_\_\_

## Part I. Post-Mortem Arrangements

### A. Donation of organs and/or my body (please check one)

- I have a formal arrangement with \_\_\_\_\_ that will permit any of my bodily parts to be donated for science and/or the benefit of another person.
- I have not entered into a formal arrangement but desire to donate any part of my body that can be used for science/the benefit of another person/etc.
- I do not desire to have my organs/bodily parts donated.

### B. Regarding my body (please check one)

- I want to be cremated and:
  - I want my ashes scattered at/over the following location: \_\_\_\_\_
  - I want my ashes buried at the following location: \_\_\_\_\_
  - I would like for my family to retain my ashes.
- I do not wish to be cremated
- I do not care whether or not I am cremated.

### C. Funeral Arrangements (complete all that apply)

1. I have already made funeral pre-arrangements with \_\_\_\_\_ (funeral home), and you may contact (name) \_\_\_\_\_ at \_\_\_\_\_ (phone number) to discuss.
2. I have not made preburial arrangements, but prefer my family/executor engage \_\_\_\_\_ (funeral home) to handle my funeral proceedings.
3. I have a cemetery plot at \_\_\_\_\_ that I would like to be used for my burial.
4. I have made no arrangements and desire for my family to choose how to handle any and all funeral arrangements (Y/N): \_\_\_\_\_
5. I desire for a memorial service to be held at: \_\_\_\_\_
6. I would prefer to only have a graveside funeral service (in lieu of a memorial service or other funeral service) (Y/N): \_\_\_\_\_

\_\_\_\_\_  
Initials

**D. Additional Information**

1. I have these special requests for any of the services listed on the preceding page:

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2. Where to send flowers/to whom to make donations:

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3. Obituary information, including important organizations/people/, military and/or career history, etc.  
(attach additional sheet if desired):

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**E. Information for a Death Certificate (complete in full).**

1. My father's name is \_\_\_\_\_. He was born on \_\_\_\_\_ at \_\_\_\_\_.  
He passed away on \_\_\_\_\_ at \_\_\_\_\_.
2. My mother's maiden name is \_\_\_\_\_. She was born on \_\_\_\_\_ at \_\_\_\_\_.  
She passed away on \_\_\_\_\_ at \_\_\_\_\_.
3. My spouse's name is \_\_\_\_\_. He/She was born on \_\_\_\_\_ at \_\_\_\_\_.  
He/She passed away on \_\_\_\_\_ at \_\_\_\_\_.
4. I was born on \_\_\_\_\_ at \_\_\_\_\_.

**F. Decisions Deferred to Family (choose one option, if desired)**

\_\_\_\_\_ I desire that \_\_\_\_\_ make these elections on my behalf. If \_\_\_\_\_ is not living at the time of my passing, then \_\_\_\_\_ shall make the final decision.

\_\_\_\_\_ I desire for my children to make the decision regarding the above matters. If they are unable to come to a unanimous agreement then a majority vote shall be held.

## Part II. Estate and Financial Information

### A. Safe Deposit Box

\_\_\_\_\_ I have a safe deposit box with \_\_\_\_\_ (financial institution),  
at \_\_\_\_\_ (address).

1. The key(s) is located: \_\_\_\_\_

2. The following people are authorized to access the box: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ A copy of my will dated \_\_\_\_\_ is in my safe deposit box (y/n): \_\_\_\_\_

\_\_\_\_\_ A copy of my will is not in my safe deposit box but can be located at/with:  
\_\_\_\_\_

\_\_\_\_\_ Location of any other important legal or financial documentation not stored in safe deposit box:

1. Trust Agreement(s) (dated): \_\_\_\_\_

2. Power of Attorney (Legal or Health Care) – (dated): \_\_\_\_\_

3. Other: \_\_\_\_\_

### B. Disposition of Tangible Personal Property (Personal Items and Mementos – Check All That Apply)

\_\_\_\_\_ I've prepared a written memo dated \_\_\_\_\_ and it is located: \_\_\_\_\_

\_\_\_\_\_ My executor should defer to my will regarding the disposition of my tangible personal property.

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

### C. Contact Information for Important Professionals

1. My lawyer's name is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

2. My accountant's name is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

3. My business lawyer is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

4. My business accountant is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

5. My financial advisor's name is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

6. My Physician's name is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

7. (If the beneficiary of a trust) The Trustee's name is \_\_\_\_\_, and you can contact him/her at

Ph: \_\_\_\_\_; Email: \_\_\_\_\_;

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

\_\_\_\_\_  
Initials

**D. Regarding my Bank Accounts (check/complete as applicable)**

\_\_\_\_\_ I have a checking/savings/money market/CD account with the following institutions (please include the following information): 1) Name of Financial Institution, 2) Type of Account 3) Ownership (Sole, JTWR0S, etc.) and 4) Account Number. (Consider attaching a consolidated statement, if available.)

1. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
2. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
3. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
4. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access

**E. Regarding my Investments Accounts and/or Securities (check/complete as applicable)**

\_\_\_\_\_ I have brokerage/investment accounts with the following firms (please include the following information: 1) Name of Financial Institution, 2) Ownership and 3) Account Number. (Consider attaching a consolidated statement, if available.)

1. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
2. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
3. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access

\_\_\_\_\_ I have physical certificates/bonds held in the following location(s):

\_\_\_\_\_

\_\_\_\_\_ I have invested in shares of the following mutual funds directly with these companies (consider attaching statements, if available):

1. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
2. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access
3. \_\_\_\_\_  
i. \_\_\_\_\_ Online Access User ID/Password: \_\_\_\_\_  
\_\_\_\_\_ I do not wish to share this information/do not have online access

**F. Business Interests** (C Corporation, S Corporation, LLC, Partnership, etc.) - (consider attaching additional sheets, if needed)

1. \_\_\_\_\_

\_\_\_\_\_ Type of Entity: \_\_\_\_\_

\_\_\_\_\_ Percent Ownership: \_\_\_\_\_

\_\_\_\_\_ Names and Ownership Percentage of Other Owners \_\_\_\_\_

\_\_\_\_\_ Is there an existing buy-sell agreement? (Y/N) Where located?: \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ Type of Entity: \_\_\_\_\_

\_\_\_\_\_ Percent Ownership: \_\_\_\_\_

\_\_\_\_\_ Names and Ownership Percentage of Other Owners \_\_\_\_\_

\_\_\_\_\_ Is there an existing buy-sell agreement? (Y/N) Where located?: \_\_\_\_\_

**G. Regarding my Insurance Policies** (Life, Medical, Disability, Long-Term Care, Homeowners, Automobile)  
(check/complete as applicable)

\_\_\_\_\_ I have insurance policies with the following providers (please include: 1) name of insurer, 2) policy type and 3) policy number; attach a separate page for additional policies):

1. \_\_\_\_\_

\_\_\_\_\_ Insurer contact information: \_\_\_\_\_

\_\_\_\_\_ I know the beneficiary of the policy is: \_\_\_\_\_

\_\_\_\_\_ I do not know who the beneficiary of this policy is. \_\_\_\_\_

\_\_\_\_\_ Face amount/death benefit: \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ Insurer Contact Information: \_\_\_\_\_

\_\_\_\_\_ I know the beneficiary of the policy is: \_\_\_\_\_

\_\_\_\_\_ I do not know who the beneficiary of this policy is. \_\_\_\_\_

\_\_\_\_\_ Face amount/death benefit: \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ Insurer Contact Information: \_\_\_\_\_

\_\_\_\_\_ I know the beneficiary of the policy is: \_\_\_\_\_

\_\_\_\_\_ I do not know who the beneficiary of this policy is. \_\_\_\_\_

\_\_\_\_\_ Face amount/death benefit: \_\_\_\_\_

**H. Regarding my Retirement Accounts**

(IRAs/Qualified Retirement Plans (401k, Profit Sharing)/Pension Plans etc.) You may contact:

1. \_\_\_\_\_ (name) at/with \_\_\_\_\_ (firm).

i. Contact Information: \_\_\_\_\_

ii. Passcode or PIN (if applicable): \_\_\_\_\_

iii. Account Name/Number: \_\_\_\_\_

iv. Name of Beneficiary and Contact Information (if known) \_\_\_\_\_

2. \_\_\_\_\_ (name) at/with \_\_\_\_\_ (firm).

i. Contact Information: \_\_\_\_\_

ii. Passcode or PIN (if applicable): \_\_\_\_\_

iii. Account Name/Number: \_\_\_\_\_

iv. Name of Beneficiary and Contact Information (if known)

3. \_\_\_\_\_ (name) at/with \_\_\_\_\_ (firm).

i. Contact Information: \_\_\_\_\_

ii. Passcode or PIN (if applicable): \_\_\_\_\_

iii. Account Name/Number: \_\_\_\_\_

iv. Name of Beneficiary and Contact Information (if known)

4. \_\_\_\_\_ (name) at/with \_\_\_\_\_ (firm).

i. Contact Information: \_\_\_\_\_

ii. Passcode or PIN (if applicable): \_\_\_\_\_

iii. Account Name/Number: \_\_\_\_\_

iv. Name of Beneficiary and Contact Information (if known)

5. I have a separate list of beneficiaries, and I will attach it to this letter.

**I. Regarding my Real Property (check/complete as applicable)**

\_\_\_\_\_ I only own the real property located at my primary address

\_\_\_\_\_ I also own real/personal property in other locations (please include type of property, how it is titled and its address)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**J. Regarding Obligations (check/complete as applicable)**

\_\_\_\_\_ I owe nothing but current utility/cable/cellular phone bills.

\_\_\_\_\_ I owe these amounts for the following liabilities (amount, issuer, account number):

1. Mortgage: \_\_\_\_\_

i. Online Access User ID/Password: \_\_\_\_\_

2. Auto Loan \_\_\_\_\_

i. Online Access User ID/Password: \_\_\_\_\_

3. Credit Card/Line of Credit \_\_\_\_\_

i. Online Access User ID/Password: \_\_\_\_\_

4. Credit Card/Line of Credit \_\_\_\_\_

i. Online Access User ID/Password: \_\_\_\_\_

5. Additional/Other: \_\_\_\_\_

\_\_\_\_\_ I am owed the following amounts from people (include borrower, amount and terms of loan):

1. \_\_\_\_\_

2. \_\_\_\_\_

**K. Regarding Financial Records/Income Tax Returns and Access (check/complete as applicable)**

\_\_\_\_\_ I have kept paper files for my financial records/income tax returns, and they are stored in the following locations:

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_ I have maintained my financial records and/or income tax returns on my computer, and they are located in the following folder (include folder name and/or location):

1. Folder name: \_\_\_\_\_
2. The password to my computer is: \_\_\_\_\_
3. The passcode for the financial records folder (if applicable) is: \_\_\_\_\_

\_\_\_\_\_ Financial records unavailable in the locations above may be available with my financial advisor/broker/investment manager who can be contacted at (include name, address and telephone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**L. Regarding my Digital Assets (Email, Social Media, Online Business/Financial Accounts etc).**

\_\_\_\_\_ I desire the following actions be taken after my death, with regards to digital accounts/assets (attach a separate sheet for additional accounts):

1. Email Accounts

- i. Email Address: \_\_\_\_\_  
a. Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- ii. Email Address: \_\_\_\_\_  
a. Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- iii. Email Address: \_\_\_\_\_  
a. Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_

2. Social Networking Accounts

- i. Facebook a. User ID/Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- ii. Twitter a. User ID/Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- iii. Cloud/Google Drive a. User ID/Password: \_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_

3. Websites/Blogs (Personal and/or Business)

- i. URL Address: \_\_\_\_\_ a. Web Hosting Company: \_\_\_\_\_  
b. User ID/Password: \_\_\_\_\_ c. Action To Be Taken: \_\_\_\_\_
- ii. URL Address: \_\_\_\_\_ a. Web Hosting Company: \_\_\_\_\_  
b. User ID/Password: \_\_\_\_\_ c. Action To Be Taken: \_\_\_\_\_

4. Digital Pictures/Music/Videos

- i. Action To Be Taken: \_\_\_\_\_

5. Loyalty Programs (Airline, Lodging, etc)

- i. Loyalty Program: \_\_\_\_\_ a. Username/Loyalty Number and Password: \_\_\_\_\_  
\_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- ii. Loyalty Program: \_\_\_\_\_ a. Username/Loyalty Number and Password: \_\_\_\_\_  
\_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_
- iii. Loyalty Program: \_\_\_\_\_ a. Username/Loyalty Number and Password: \_\_\_\_\_  
\_\_\_\_\_ b. Action To Be Taken: \_\_\_\_\_

Part III. Personal Message to my Family and/or Friends (attach a separate page if desired)

Ruled lines for writing a personal message.

Part IV. Other Information/Notes

Ruled lines for providing other information or notes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Horizontal line below the signature and date fields.

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