

LEGACY PROTECTION BINDER

WHAT YOUR LOVED ONES NEED TO KNOW

This Binder Belongs To: _____



LEGAL
DOCUMENTS



HEALTHCARE
INFORMATION



ACCOUNTS
& FINANCES



PROPERTY
INFORMATION



IMPORTANT
CONTACTS



DIGITAL
ASSETS



CLAIM MY LEGACY

PLAN TODAY • PROTECT TOMORROW • EMPOWER FOREVER



ClaimMyLegacy.com



602-550-7365



602-332-0780



Introduction

LEGACY PROTECTION BINDER

GETTING STARTED

We never know what will happen in life. If an emergency were to suddenly make it impossible for you to communicate with the people who care about you, would they have the information they need to carry on?

This Legacy Protection Binder was developed by experienced attorneys to provide your loved ones with the necessary information in case of an emergency. When used alongside a proper estate plan, this resource becomes a crucial tool for navigating some of life's most challenging situations.

SECTIONS

The Legacy Protection Binder has been organized into two major sections:



1

Family Information

The Family Information section contains commonly needed information during a temporary absence or short-term medical emergency. This will enable your family to effectively manage an emergency and handle tasks like insurance claims, bill payments, and other matters that often get overlooked during such situations.



2

Critical Documents & Information

This includes the critical information that will be needed in the event that you or your spouse are no longer with us or experience permanent incapacity. It encompasses account numbers, access to passwords, and other important information that you will be unable to provide to your loved ones.

Please Note:

This binder will be an important resource for your loved ones in the event of an emergency, but it is not a replacement for a proper estate plan. It is crucial to ensure that you have the following:

- ✓ Medical Power of Attorney or Advanced Medical Directive with HIPAA provisions;
- ✓ Financial Power of Attorney;
- ✓ Living Will for End of Life Decisions;
- ✓ Will for designating who will care for minor children and to direct assets to a Living Trust; and
- ✓ Living Trust to designate beneficiaries of your estate.

If you need any of the aforementioned documents prepared, please email us at info@claimmylegacy.com and we can help.

STEP - BY - STEP INSTRUCTIONS

1

Familiarize Yourself with the Binder

Scan the sections and get an idea of how the Legacy Protection Binder is organized, and what you will need to complete it. (This should not take more than 15 minutes.)

Planning Tips

Protect Passwords

2

Get a Physical Binder to Organize Your Workbook

If you are going to fill in the information electronically, wait until you are done to print your Legacy Protection Binder. You might want to buy some letter-sized pocket holders from the supply store to hold important documents. If you are going to print this, we recommend printing in color.

3

Gather Your Important Documents

We recommend that you gather together your recent utility bills, mortgage statements, insurance documents, bank and brokerage statements as well as your official documents such as birth certificates, passports, marriage certificates, etc. This will make completing the Legacy Protection Binder easier for you and allow you to complete it quickly.

Take Your Time

This isn't a race, so take your time and do your best. Every minute you spend on your Legacy Protection Binder can save hours of frustration for a loved one.

4

Dive-In and Complete as Much as You Can

A blank binder will not help anyone, so dive in & complete the easy-to-complete information first. We recommend starting by completing as much of the Family Information as possible before moving to the Critical Information.

5

Review Annually

Your Legacy Protection Binder should be reviewed annually to update usernames, account numbers, and any other information that has changed. It is also a great opportunity to reflect on your legacy and update any wishes you may have. If you have a Living Trust, ensure that you update your Personal Gifts to include any purchases made during the previous year.

1

FAMILY INFORMATION

Household Information Personal
Documents Medical Information
Financial Information Information for
Non-Parent Caregivers Insurance
Details



Household Information

LEGACY PROTECTION BINDER

EMERGENCY NUMBERS

Hospital:	Phone:	Email:
Doctor:	Phone:	Email:
Dentist:	Phone:	Email:
Vet:	Phone:	Email:

In Case of Emergency Contacts

Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:

Family, Neighbors, Organizations & Friends

Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:

EMERGENCY NUMBERS

Additional Contacts

Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:
Name:	Relationship:	Cell:	Email:



Personal Documents

LEGACY PROTECTION BINDER

PERSONAL DOCUMENTS

Include copies of the following documents for each person completing this Legacy Protection Binder. Please check each of the boxes below if a copy is included in the Legacy Protection Binder.

Name:

- ☐ Driver's License
- ☐ Passport
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Green Card or Other Immigration Paperwork

Name:

- ☐ Driver's License
- ☐ Passport <https://ClaimMyLegacy.com> 602-550-7365 602-332-0780
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Green Card or Other Immigration Paperwork

For Married Couples only:

☐ Marriage Certificate

Additional Information:



Medical Information

LEGACY PROTECTION BINDER

MEDICAL POWER OF ATTORNEY INFORMATION

If you do not have a medical power of attorney or similar document, skip this page.

Include copies of the following documents for each person completing this Legacy Protection Binder.

Name (Spouse 1):

Write in the name of the individual who is your medical power of attorney

My Primary Medical Power of Attorney is:

If the primary medical power of attorney cannot serve, who is your secondary person.

My Secondary Medical Power of Attorney is:

Is a copy included in the binder?

☐

Yes

☐

No

Name (Spouse 2):

Write in the name of the individual who is your medical power of attorney

My Primary Medical Power of Attorney is:

If the primary medical power of attorney cannot serve, who is your secondary person.

My Secondary Medical Power of Attorney is:

Is a copy included in the binder?

☐

Yes

☐

No

If you need any of the aforementioned documents prepared, please email us at info@claimmylegacy.com and we can help.

MEDICAL INFORMATION: SPOUSE 1

Name (Spouse 1):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:

Health Insurance Details

Health Insurance Provider:

Member Number:

Phone:

Coverage for (Names):

Health Insurance Details (Secondary)

Health Insurance Provider:

Member Number:

Phone:

Coverage for (Names):

Pharmacy:

Phone:

Address:

Regular Prescriptions:

MEDICAL INFORMATION: SPOUSE 2

Name (Spouse 2):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:

Health Insurance Details

Health Insurance Provider:

Member Number:

Phone:

Coverage for (Names):

Health Insurance Details (Secondary)

Health Insurance Provider:

Member Number:

Phone:

Coverage for (Names):

Pharmacy:

Phone:

Address:

Regular Prescriptions:

CHILDREN MEDICAL INFORMATION

Name (Child 1):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:

Name (Child 2):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:

CHILDREN MEDICAL INFORMATION

Name (Child 3):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:

Name (Child 4):

DOB:

Primary Care Doctor:

Address:

Phone:

Dentist Name:

Phone:

Allergies:

Notes:



Financial Information

LEGACY PROTECTION BINDER

FINANCIAL INFORMATION

Accountant/Tax Preparer Information

Firm Name:

Accountant Name:

Phone Number:

Email:

Address:

☐

A copy of my/our last tax return is included in the Legacy Protection Binder.

Name (Spouse 1):

My Primary Financial/Durable Power of Attorney is:

My Secondary Financial/Durable Power of Attorney is:

Is a copy included in the binder? ☐ Yes ☐ No

Name (Spouse 2):

My Primary Financial/Durable Power of Attorney is:

My Secondary Financial/Durable Power of Attorney is:

Is a copy included in the binder? ☐ Yes ☐ No

If you need any of the aforementioned documents prepared, please email us at info@claimmylegacy.com and we can help.

SECRET PASSWORD SHEET

Please keep this sheet separate from your Legacy Protection Binder. DO NOT STORE THIS SHEET INSIDE THE LEGACY PROTECTION BINDER. Keep this sheet in a secure location. DO NOT INCLUDE USERNAME ON THIS SHEET.

The Password Number will correspond to the number assigned in the Legacy Protection Binder. Some lines will be blank because there is no password to assign. You will need both this Password Sheet as well as the Legacy Protection Binder to access any accounts listed in the Legacy Protection Binder.

Password #	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Password #	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

Password #	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	

Password #	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	

Password #	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Password #	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	

BILLS

Sample Bills to Include

- Mortgage /Rent
- Property Taxes
- Utilities (Light, Gas)
- Insurance
- Childcare
- Cell Phone
- Cable
- Internet
- Gym Memberships

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

BILLS

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

Bill Type:

Company Name:

Account Number:

Website:

Username:

Password:

Monthly Due Date:

Auto Pay: ☐ Yes ☐ No

DEBTS

Sample Debts to Include

- Mortgage Payment
- Car Loan
- Student Loan
- Furniture Loan
- RV/Boat Loan

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

DEBTS

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

Debt Type:

Account Name:

Website:

Username:

Password:

See Secret Password Sheet Row ____

Current Balance:

Monthly Payment:

Interest Rate:

CREDIT CARDS

You should include all of your open credit cards in your records. Make sure to note which ones carry a balance versus being paid odd in full each month. Additionally, include information on any recurring payments linked to your credit cards (such as Netflix subscriptions) and any reward points balances.

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

Credit Card Account Name:

Username:

Password:

See Secret Password Sheet Row ___

CASH ACCOUNTS

Include information about your checking accounts, savings accounts, and certificates of deposit (CDs) in the binder. Make sure to note which accounts have auto-pay for bills or direct deposit.

Account Name :

Account Owner:

Financial Institution:

Account Type: (Checking, Saving, etc.)

Username:

Password: See Secret Password Sheet Row ___

Notes:

Account Name :

Account Owner:

Financial Institution:

Account Type: (Checking, Saving, etc.)

Username:

Password: See Secret Password Sheet Row ___

Notes:

CASH ACCOUNTS

Account Name :

Account Owner:

Financial Institution:

Account Type: (Checking, Saving, etc.)

Username:

Password: See Secret Password Sheet Row ___

Notes:

Account Name :

Account Owner:

Financial Institution:

Account Type: (Checking, Saving, etc.)

Username:

Password: See Secret Password Sheet Row ___

Notes:



Investment Information

LEGACY PROTECTION BINDER

INVESTMENT DOCUMENTS

The following are included in or attached to this Legacy Protection Binder:

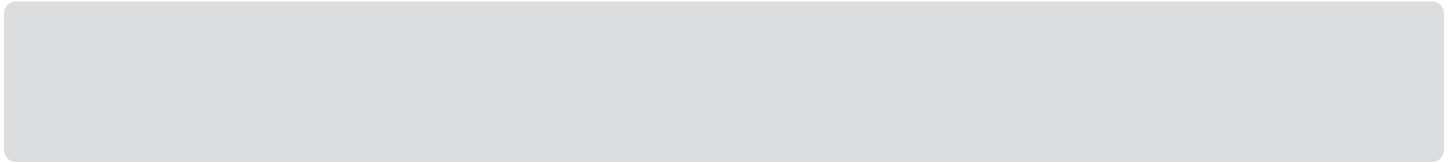
(Check each box that applies)

- ☐ A most recent annual statement for each account
- ☐ Copy of any ongoing agreement with a financial advisor
- ☐ Deeds/mortgage documents for any real estate assets
- ☐ Current lease agreements for any rental properties
- ☐ Current management agreement with any property managers

THINGS YOU HAVE TO DO EVERY MONTH

Make a simple list of what you do each month with regard to investments. For example, if you are a landlord, it might be that you review both your bank statement for deposits and a property management statement from your property manager. If you are not able to do these tasks, someone else will be able to review this information and know that it needs to be done.

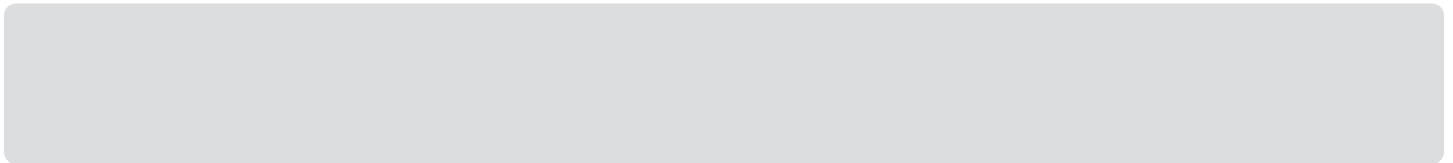
Task 1:



Task 2:



Task 3:



Task 4:



Task 5:



MY INVESTMENT STRATEGY

Here is how I describe my investment strategy:

Here is who I listen to for advice:

Here are books and other resources I use to invest:

INVESTMENT ACCOUNTS

INVESTMENT PROVIDER

Name:

Website:

Username:

Password:

See Secret Password Sheet Row ___

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

INVESTMENT ACCOUNTS

INVESTMENT PROVIDER

Name:

Website:

Username:

Password:

See Secret Password Sheet Row ___

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

INVESTMENT ACCOUNTS

INVESTMENT PROVIDER

Name:

Website:

Username:

Password:

See Secret Password Sheet Row ___

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

INVESTMENT ACCOUNTS

INVESTMENT PROVIDER

Name:

Website:

Username:

Password:

See Secret Password Sheet Row ___

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

INVESTMENT ACCOUNTS

INVESTMENT PROVIDER

Name:

Website:

Username:

Password:

See Secret Password Sheet Row ___

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

ACCOUNTS

Account Type: ☐ Taxable ☐ Traditional IRA ☐ Roth IRA ☐ Other

Account Owner(s):

Estimated Value:

RENTAL PROPERTY DIAGRAM

- ☐ I am attaching a structure diagram of how my rental property is structured.
- ☐ Below is a summary of my rental structure

RENTAL PROPERTY

Address:

Name on Title:

Mortgage: ☐ Yes ☐ No

Mortgage Provider:

Account Number:

Website:

Username:

Password:

Property Manager: ☐ Yes ☐ No

Name:

Contact Info:

Insurance Provider:

Policy Number:

Website:

Username:

Password:

Notes:

RENTAL PROPERTY / BILLS

Electric:

Website:

Username:

Password:

How to Pay:

Oil/Gas:

Website:

Username:

Password:

How to Pay:

Sewer & Water:

Website:

Username:

Password:

How to Pay:

Other:

Website:

Username:

Password:

How to Pay:

Current Tenant Name:

Contact Info:

Lease Term:

Rental Rate:

Rent Due:

RENTAL PROPERTY

Address:

Name on Title:

Mortgage: ☐ Yes ☐ No

Mortgage Provider:

Account Number:

Website:

Username:

Password:

Property Manager: ☐ Yes ☐ No

Name:

Contact Info:

Insurance Provider:

Policy Number:

Website:

Username:

Password:

Notes:

RENTAL PROPERTY / BILLS

Electric:

Website:

Username:

Password:

How to Pay:

Oil/Gas:

Website:

Username:

Password:

How to Pay:

Sewer & Water:

Website:

Username:

Password:

How to Pay:

Other:

Website:

Username:

Password:

How to Pay:

Current Tenant Name:

Contact Info:

Lease Term:

Rental Rate:

Rent Due:

RENTAL PROPERTY

Address:

Name on Title:

Mortgage: ☐ Yes ☐ No

Mortgage Provider:

Account Number:

Website:

Username:

Password:

Property Manager: ☐ Yes ☐ No

Name:

Contact Info:

Insurance Provider:

Policy Number:

Website:

Username:

Password:

Notes:

RENTAL PROPERTY / BILLS

Electric:

Website:

Username:

Password:

How to Pay:

Oil/Gas:

Website:

Username:

Password:

How to Pay:

Sewer & Water:

Website:

Username:

Password:

How to Pay:

Other:

Website:

Username:

Password:

How to Pay:

Current Tenant Name:

Contact Info:

Lease Term:

Rental Rate:

Rent Due:

RENTAL PROPERTY

Address:

Name on Title:

Mortgage: ☐ Yes ☐ No

Mortgage Provider:

Account Number:

Website:

Username:

Password:

Property Manager: ☐ Yes ☐ No

Name:

Contact Info:

Insurance Provider:

Policy Number:

Website:

Username:

Password:

Notes:

RENTAL PROPERTY / BILLS

Electric:

Website:

Username:

Password:

How to Pay:

Oil/Gas:

Website:

Username:

Password:

How to Pay:

Sewer & Water:

Website:

Username:

Password:

How to Pay:

Other:

Website:

Username:

Password:

How to Pay:

Current Tenant Name:

Contact Info:

Lease Term:

Rental Rate:

Rent Due:



Information for Non-Parent Caregivers

LEGACY PROTECTION BINDER

SCHEDULE / PREFERENCE INFORMATION

Name (Child 1):

School/Daycare:

Address:

Phone Number:

Regular Activities (Sports, Music, etc):

Best Friends (With Contact Information For Parents):

Name (Child 2):

School/Daycare:

Address:

Phone Number:

Regular Activities (Sports, Music, etc):

Best Friends (With Contact Information For Parents):

SCHEDULE / PREFERENCE INFORMATION

Name (Child 3):

School/Daycare:

Address:

Phone Number:

Regular Activities (Sports, Music, etc):

Best Friends (With Contact Information For Parents):

Name (Child 2:

School/Daycare:

Address:

Phone Number:

Regular Activities (Sports, Music, etc):

Best Friends (With Contact Information For Parents):

PET INFORMATION

Name (Pet 1):

Pet Type & Breed :

Color:

Veterinarian:

Phone Number:

Address:

Pet Sitter:

Contact Information:

Food (What kind of food, How much, How often):

Medication:

Notes:

PET INFORMATION

Name (Pet 2):

Pet Type & Breed :

Color:

Veterinarian:

Phone Number:

Address:

Pet Sitter:

Contact Information:

Food (What kind of food, How much, How often):

Medication:

Notes:



Insurance Details

LEGACY PROTECTION BINDER

INSURANCE DOCUMENTS

Make sure to include any insurance policies offered by your employer, and provide information on how your spouse or other family members can contact your benefits office if necessary.

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

INSURANCE DOCUMENTS

Make sure to include any insurance policies offered by your employer, and provide information on how your spouse or other family members can contact your benefits office if necessary.

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

INSURANCE DOCUMENTS

Make sure to include any insurance policies offered by your employer, and provide information on how your spouse or other family members can contact your benefits office if necessary.

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

INSURANCE DOCUMENTS

Make sure to include any insurance policies offered by your employer, and provide information on how your spouse or other family members can contact your benefits office if necessary.

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

INSURANCE DOCUMENTS

Make sure to include any insurance policies offered by your employer, and provide information on how your spouse or other family members can contact your benefits office if necessary.

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

☐ Copies of Current Policy Documents are Included in the Legacy Protection Binder.

Company Name :

Type of Policy:

Other Insurance (If Any):

Insurance Provider:

Account Number:

Coverage Level:

Website:

Username:

Password:

Phone Number:

Pay Schedule:

☐

Annual?

☐

Monthly?

Autopay:

☐

Yes

☐

No

CRITICAL DOCUMENT & INFORMATION SECTIONS

Estate Planning Documents

Where to Find

Employer Information

Military Information

Burial & Memorial / Services

Emergency Call Logs



Estate Planning Documents

LEGACY PROTECTION BINDER

ESTATE PLANNING DOCUMENTS

Name (Spouse 1):

Please check where applicable

- ☐ I have a Living Trust
- ☐ I have a Living Will
- ☐ I have a Healthcare Power of Attorney (or similar document)
- ☐ I have a Financial Power of Attorney (or similar document)
- ☐ I have a Will (or Pour-Over Will)
- ☐ I have a Schedule of Gifts

Are copies of the above attached or included in the Legacy Protection Binder?

- ☐ Yes
- ☐ No

Attorney/Firm Information (If you hired a firm to create your Estate Planning documents):

Firm Name:

Accountant Name (If Applicable):

Phone Number:

Email:

Address:

If you need any of the aforementioned documents prepared, please email us at info@claimmylegacy.com and we can help.

<https://ClaimMyLegacy.com> 602-550-7365 / 602-332-0780

ESTATE PLANNING DOCUMENTS

Name (Spouse 2):

Please check where applicable

- ☐ I have a Living Trust
- ☐ I have a Living Will
- ☐ I have a Healthcare Power of Attorney (or similar document)
- ☐ I have a Financial Power of Attorney (or similar document)
- ☐ I have a Will (or Pour-Over Will)
- ☐ I have a Schedule of Gifts

Are copies of the above attached or included in the Legacy Protection Binder?

- ☐ Yes
- ☐ No

Attorney/Firm Information (If you hired a firm to create your Estate Planning documents):

Firm Name:

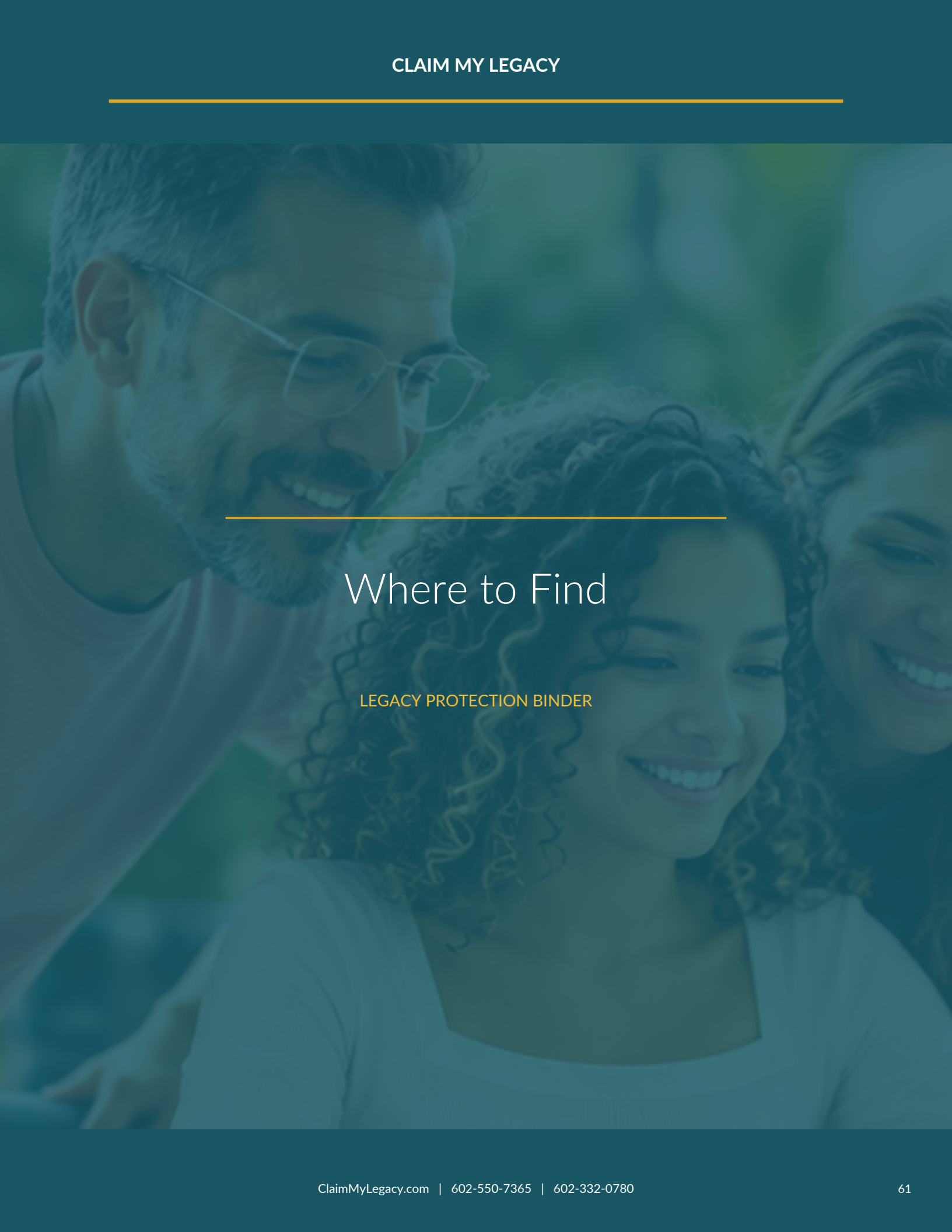
Accountant Name (If Applicable):

Phone Number:

Email:

Address:

If you need any of the aforementioned documents prepared, please email us at info@claimmylegacy.com and we can help.



Where to Find

LEGACY PROTECTION BINDER

ORIGINAL DOCUMENTS & SAFES, SAFETY DEPOSIT BOXES

If you do not have original copies of important documents such as birth certificates, wills, or mortgage information in this binder, it's important to provide a detailed description of where they can be found. This might include the name and contact information of the attorney who drafted the will or the location of the safety deposit box where the documents are kept. You should also include instructions for accessing any confidential documents.

WE DO NOT RECOMMEND YOU INCLUDE PASSWORDS OR SAFE COMBINATIONS IN THE BINDER. THERE WILL BE A SEPARATE PASSWORD SHEET THAT CORRESPONDS TO ANY USER NAME OR SAFE YOU LIST THAT SHOULD BE KEPT IN A SECURE LOCATION (AWAY FROM THE LEGACY PROTECTION BINDER)

Original Copies - Important Documents

Document Name	Location

Safes & Safety Deposit Boxes

Secure Location Name/Type	Location	Security Code/Key Location	Contents



Employer Information

LEGACY PROTECTION BINDER

EMPLOYER INFORMATION

Information For (Name):

Company:

Address:

Phone:

Direct Manager:

Current Title:

Annual Salary:

Is Salary Direct Deposited:

☐

Yes

☐

No

Date Hired:

Employee Portal (URL):

Username:

Password: See Secret Password Sheet Row ____

Security Question:

Benefits

Life Insurance:

☐

Yes

☐

No

Coverage Level:

Short-term Disability:

☐

Yes

☐

No

Coverage Level:

Long-term Disability:

☐

Yes

☐

No

Coverage Level:

EMPLOYER INFORMATION

Information For (Name):

Company:

Address:

Phone:

Direct Manager:

Current Title:

Annual Salary:

Is Salary Direct Deposited:

☐

Yes

☐

No

Date Hired:

Employee Portal (URL):

Username:

Password: See Secret Password Sheet Row ____

Security Question:

Benefits

Life Insurance:

☐

Yes

☐

No

Coverage Level:

Short-term Disability:

☐

Yes

☐

No

Coverage Level:

Long-term Disability:

☐

Yes

☐

No

Coverage Level:

Military Information

LEGACY PROTECTION BINDER

IMPORTANT NOTE

Compensation, perks, and social communication within the military structure are distinctive and often intricate. To all retired and active duty military members: It is essential that you take special care when completing this particular section. Dates, names of commands, membership groups, and various form types can prove to be incredibly challenging for non-military personnel to navigate. By providing these details now, you can save your loved ones a great deal of time and avoid any potential confusion down the road.

Additional Resources

U.S. Department of Veteran Affairs: Information on memorial services and VA burial along with military funeral honors.

<https://www.va.gov/burials-memorials/>

Defense Finance & Accounting Service: Process to report a military retired person's death to receive forms for Retired Serviceman's Family Protection Plan or Survivor Benefit Plan and to stop compensation.

<https://www.dfas.mil/retiredmilitary/survivors/Retiree-death.html>

KEY DOCUMENTS TO INCLUDE

Armed Forces Division:

Rank:

Copies of the following are Included in the Binder (check where appropriate)

- | | |
|--|---|
| ☐ DD 214 | ☐ SGLI/FSGLI Insurance/Designation |
| ☐ Retirement orders | ☐ Enlistment/Re-Enlistment Paperwork |
| ☐ Separation papers | ☐ Advanced medical directive/living will/POA for Health Care |
| ☐ Medical records | ☐ Military ID |

Other coverage and Resources :

<https://ClaimMyLegacy.com> 602-550-7365 / 602-332-0780

PERSONAL INFORMATION

Full Name:

Social Security Number:

DOB:

Place of Birth:

Date Retired From Military:

Exit Rank:

Date of Exit Rank:

Date of Initial Entry to Military Service (DIEMS):

Pay Entry Base Data (PEBD):

FRATERNAL GROUPS & MEMBERSHIP ORGANIZATIONS

Name of Organization:

Website:

Phone Number:

Membership Term (& Fees):

Notify of Death?

☐

Yes

☐

No

Name of Organization:

Website:

Phone Number:

Membership Term (& Fees):

Notify of Death?

☐

Yes

☐

No

MILITARY PAY & BENEFITS

MILITARY PAY / PENSION

MyPay : myPay.DFAS.mil/ (where you can find pay info, tax forms)

Username:

Password:

MyPay automatically changes passwords every 60 days. You can find the most recent password:

Pay Received By: ☐ Check ☐ Direct Deposit

Direct Deposit Account:

If MyPay deposits a payment after my death, but before you've notified the DFAS, it may be recouped in arrears from the direct deposit account. Either leave enough in the account to handle that debit or notify DFAS and close the account ASAP.

SURVIVOR BENEFITS

You can find benefits elections and coverage levels on MyPay.

Survivor Benefit Plan (SBP):

Enrolled?

☐ Yes ☐ No

Beneficiary:

Reserve Component Survivor Benefit Plan (RC-SBP):

Enrolled?

☐ Yes ☐ No

Beneficiary:

Retired Serviceman's Family Protection Plan (RSFPP):

Enrolled?

☐ Yes ☐ No

Beneficiary:

BURIAL & OBITUARY WISHES

Military honors at funeral service?: ☐ Yes ☐ No

Preferences for honors & service proceedings:

OBITUARY

Note: The Military Guide recommends taking the time to draft an obituary, even though it may seem morbid. Obituaries typically contain dates and names of commands, which can be difficult for survivors to comprehend, especially during a time when they are already overwhelmed with numerous critical tasks. By writing their own obituary, military veterans can provide their loved ones with the basic information they need to answer questions, even if it's not published in a local newspaper.

Make sure to format your obituary in accordance with the guidelines of the publication or platform where you would like it shared. Additionally, include it with your other important documents in this section.

Publications, websites, & groups where I would like my obituary shared:

HELPFUL CONTACT INFORMATION

Defense Finance and Accounting Service:

Stop pension payments and receive documents to begin any relevant annuity payments.

Online: <https://www.dfas.mil/retiredmilitary/survivors/Retiree-death/>

Or Call DFAS at 1-800-321-1080

Social Security Administration:

Begin any death benefits. You cannot apply for benefits online, but you can obtain useful information at:

Online: <https://www.ssa.gov/benets/survivors/>

Or Call SSA at 1-800-772-1213

Department of Veterans Affairs (VA):

Call the VA if the retiree received any disability compensation or if the service member qualified for the funeral or burial benefits.

Online: <https://www.va.gov/contact-us/>

Call VA at 1-800-827-1000

Helpful Information on Funeral Honors:

Online: <https://www.militaryonesource.mil/leaders-service-providers/sp-l-casualty-assistance/funeral-directory-and-planner-resources/>

Office of Personnel Management:

If the military retiree was also a current or retired federal civilian employee.

Online: https://www.opm.gov/support/retirement/contact/?utm_source=%2Fretirement-services%2Fcontact-retirement%2F&utm_medium=301&utm_campaign=call-center

[Call 1-888-767-6738](https://www.opm.gov/support/retirement/contact/?utm_source=%2Fretirement-services%2Fcontact-retirement%2F&utm_medium=301&utm_campaign=call-center)

SOCIAL MEDIA ACCOUNTS AND WEBSITES

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

SOCIAL MEDIA ACCOUNTS AND WEBSITES

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

SOCIAL MEDIA ACCOUNTS AND WEBSITES

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

SOCIAL MEDIA ACCOUNTS AND WEBSITES

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

Social Media/Website:

Account For:

Username:

Password:

See Secret Password Sheet Row ____

DIGITAL LEGACY & SOCIAL MEDIA WISHES

Use this page to record what you would like your family to do with your social media and digital accounts. Platform features can change, so this page records your wishes rather than replacing current platform instructions.

FACEBOOK

☐ I have named a Legacy Contact ☐ I have not named a Legacy Contact

Legacy Contact Name:

My preference after my death:

☐ Memorialize my profile ☐ Delete my profile ☐ Let my family decide

☐ I have enabled any available download/archive option for my Legacy Contact

INSTAGRAM

☐ I have named a Legacy Contact ☐ I have not named a Legacy Contact

Legacy Contact Name:

My preference after my death:

☐ Memorialize my profile ☐ Remove my profile ☐ Let my family decide

OTHER DIGITAL LEGACY INSTRUCTIONS

Other social media or online accounts requiring special instructions:

Important photos, videos, posts, cloud files, or digital items I want preserved:

Where my family can find my digital-access instructions:

PASSWORD SECURITY

Do not write passwords on this page. Use the separate Secret Password Sheet provided with your Legacy Protection Binder, and keep that sheet in a secure location away from the binder.

Burial Memorial / Services

LEGACY PROTECTION BINDER

MEMORIAL PREFERENCES

These are the memorial preferences of:

DEPOSITION OF REMAINS

☐ Burial ☐ Cremation ☐ Organ Donor / Medical Science

I would like my remains to be handled as follows:

SERVICES

The following are my preferences for various services:

Religious Preferences for All Services:

Memorial or Wake:

Viewing:

Funeral:

MEMORIAL PREFERENCES

These are the memorial preferences of:

Where I Would Like Obituary Published / Shared:

Headstone or Gravesite Marker & Epitaph (if applicable):

Flowers, Memorial Funds, & Donations in My Name:

Other Memorial Preferences:



Emergency Call Logs

LEGACY PROTECTION BINDER

EMERGENCY CALL LOGS

During an emergency or disaster situation, it can be overwhelming to make multiple calls to various individuals and organizations, particularly when dealing with probate and estate matters. Managing and keeping track of who you have spoken to, when the conversations took place, how to contact them, and the required information for the next steps can be a daunting task. These logs can assist in organizing and tracking this information, making the process smoother.

We recommend printing multiple copies of this page to include in your Legacy Protection Binder, as well as additional copies stored in a desk drawer or office. This ensures that your family has access to extra copies if needed, even if they are not able to immediately retrieve the binder.

Organization Contacted:	Date:	Spoke With (Name):	Contact Number	Next Steps

EMERGENCY CALL LOGS

Organization Contacted:	Date:	Spoke With (Name):	Contact Number	Next Steps

EMERGENCY CALL LOGS

Organization Contacted:	Date:	Spoke With (Name):	Contact Number	Next Steps

EMERGENCY CALL LOGS

Organization Contacted:	Date:	Spoke With (Name):	Contact Number	Next Steps

ACKNOWLEDGMENTS

I believe everyone needs to have a Legacy Protection Binder to help themselves and those that they love. I have seen the devastation of not having such basic information in an easy-to-use format and know that taking the time to complete this Legacy Protection Binder pales in comparison to the amount of time and stress having it will save your loved ones in an emergency or should the inevitable occur.

I would be remiss if we did not acknowledge the hard work and dedication of so many people in putting this together. To the staff at Claim My Legacy Advisors who handled the formatting and editing and numerous re-writes, as well as the numerous contractors and advisors I used to review the binder and provide edits and ideas, I owe a big Thank You. I also need to give a big shout-out to someone named Sonny Lewis whose own legacy binder I saw years ago while teaching a business group and from which I borrowed much of the formatting when creating Claim My Legacy's Legacy Protection Binder. While it is not a voluminous book, it is still difficult to write and craft something that is easy to use and I needed all the help I could get.

My goal is simple: Make sure people have a written plan in place.

To achieve this goal, I need to get the Legacy Protection Binder into as many hands as possible. So please share it with anyone you think could use it.



David Walter & Rebecca Siddiqui
Founders of Claim My Legacy, LLC