

In this section, you'll find information about my current and former employment, whether fulltime or part-time, paid or volunteer. For every position I've listed, I've indicated whether or not benefits are available if I become incapacitated or die. (These benefits may be detailed elsewhere in this planner—for example, in the Insurance or Retirement Plans and Pensions sections—but I include them here so they will not be overlooked.)

### **Current Employment**

Please contact my current employers if I become incapacitated or when I die. In addition to collecting any benefits due, if I have worked until the time of my incapacity or death, my agent or executor should ask my employer for any unpaid wages or commissions, expense reimbursements, or bonuses that are due to me or to my estate.

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			□Yes%	
			□No	
			□Yes%	
			□No	

## **Current Employment, continued**

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			□Yes%	
			□No	
			☐Yes%	
			□No	
			□Yes%	
			No	

## **Current Employment, continued**

Employer's Contact Information	Position	Start Date	Ownership Interest	Current Benefits and Location of Documents
			□Yes%	
			□No	

<b>Additional Notes</b>			

# **Previous Employment**

Employer's Contact Information	Last Position	Start and End	Ownership	Current Benefits and
		Dates	Interest	Location of Documents
			□Yes%	
			□No	
			☐Yes%	
			□No	
			□IN0	
			□Yes%	
			□No	

## Previous Employment, continued

Employer's Contact Information	Last Position	Start and End Dates	Ownership Interest	Current Benefits and Location of Documents
			□Yes%	
			□No	
			□Yes%	
			□ Yes%	
			□Yes%	
			□No	

Additional Notes		

# Business Interests

Following is an overview of my current and former business interests. It contains information to help you notify the right people (co-owners, employees, and so on) of my incapacity or death. Over time, this information will also help you manage or sell my business interests.

### **Current Business Interests**

This section provides detailed information about businesses in which I have a current ownership interest.

#### Name and Location

Business Name and Type of		
Business	Main Office Address and Telephone	Subsidiaries or Branch Offices

### Ownership

Business Owners	Contact Information	Job Title or Position	Ownership Percentage

## Ownership, continued

		Job Title or	Ownership
Business Owners	Contact Information	Position	Percentage

Ownership Documents	Location of Documents
	_

Ownership Do	cuments			Loc	ation of	Documents	
Disposition							
These instructions will h incapacitated, or upon m		or wind	up my b	ousiness affai	rs if I be	ecome	
incapacitated, or upon in	iy deatii.						
Disposition of Entire	☐ Continue	☐ Tra	nsfer	☐ Sell		iquidate	
Business							
Disposition of My Interest		☐ Tra	nsfer	☐ Sell		iquidate	
Disposition of my interest	Contact Inf	iarmatia	n for Vo	v ladividual	•		
A 44		ormatio	n for Ke	y Individual	5		
Attorney	Accountant						
		Disposit	ion Not	es			

Disposition Notes, continued				
Title and Location of Documents				

### **Key Employees**

This section lists employees who are essential to keeping the business running, or who have special agreements with the business.

Employee Name	Agreement	Location of Documents	Other Information

## Key Employees, continued

Employee Name	Agreement	Location of Documents	Other Information

### **Business Taxes**

Business tax records are located as follows:

<b>Current-Year Records</b>	
Prior-Year Records	

### **Significant Assets and Liabilities**

This section lists important assets and liabilities, to help you manage, transfer, or sell the business.

### **Assets**

ASSEIS		•		
	Location of	Access	Contact Name and	
Description of Asset	Asset	Information	Information	Location of Documents
			_	
		l		

### Assets, continued

Assets, continue	Location of	Access	Contact Name and	
Description of Asset	Asset	Information	Information	Location of Documents
Description of Asset	ASSEL	Information	Information	Location of Documents
				-
				-
				-
				-
				-
				-
				-
				1

### Liabilities

Description of Liability	Contact Name and Information	Location of Documents

### Liabilities, continued

Description of Liability	Contact Name and Information	Location of Documents

Additional Note	S					

### **Prior Business Interests**

My prior business interests are outlined below. My investments, rights, and responsibilities in these businesses have been fully resolved and terminated; no additional expenses will be incurred and no income realized. I have described these business interests for your reference, in case you have questions or receive any future claims.

Business Name and Type of Business	Main Office Address and Telephone	Ownership and Dissolution Documents	Location of Documents

Contact Information					

Business Name and Type of Business	Main Office Address and To	elephone	Ownership and Dissolution Documents	Location of Documents
	Contact I	nformation		

Business Name and Type of Business	Main Office Address and Telephone	Ownership and Dissolution Documents	Location of Documents

Contact Information			

Additional Notes	

# 9 Memberships

Following is a list of clubs, groups, programs, and organizations to which I belong. You may need this information to notify others of my death, complete my obituary, cancel memberships, or transfer membership benefits.

	Membership Number	
Organization Name and Contact Information	and Position Held	Additional Notes

	Membership Number	
Organization Name and Contact Information	and Position Held	Additional Notes

	Membership Number	
Organization Name and Contact Information	and Position Held	Additional Notes

# Service Providers

My current service providers are listed below. This information may help you manage bills and expenses or provide ongoing care for me, my home, or my other property. Over time, you should cancel or modify these service arrangements, as needed.

### **Health Care Providers**

Name and Contact Information	Type of Care and Location

## Health Care Providers, continued

Name and Contact Information	Type of Care and Location

### Health Care Providers, continued

Name and Contact Information	Type of Care and Location

### **Other Service Providers**

Name and Contact Information	Type of Care and Location

Name and Contact Information	Type of Care and Location

Name and Contact Information	Type of Care and Location

Name and Contact Information	Type of Care and Location

Name and Contact Information	Type of Care and Location

Additional Note	es			

# Health Care Directives

In this section, you'll find information about documents I have made to direct my health care if I am incapacitated and unable to speak for myself.

### **Health Care Agent**

In my health care documents, I have named the person listed below to be my health care agent. My agent will supervise my care if I am incapacitated. If he or she is unable to serve, I have named alternates to serve in the order listed.

Health Care Agent	
Alternate 1	
Alternate 2	
Alternate 3	

### **Health Care Documents**

Following is basic information about my health care documents.

If an attorney or other professional helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.

Document Title		
Date Prepared		
Effective Date	☐ Immediately ☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other professional helped me prepare this document:	Yes
		□ No

Professional's Name,		
Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		
Document Title		
Date Prepared		
Effective Date	☐ Immediately ☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
		□ No
Professional's Name,		
Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		

Document Title		
Date Prepared		
Effective Date	☐ Immediately ☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
		□ No
Professional's Name,		
Title, and Contact Information		
Location of Original		
Document		
Locations of Copies of		
This Document		
Additional Notes		
Document Title		
Date Prepared		
Effective Date	☐ Immediately ☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other professional helped me prepare this document:	☐ Yes
		□ No
Professional's Name,		•
Title, and Contact		
Information		
Location of Original Document		
Locations of Copies of		
This Document		
Additional Notes		

Document Title			
Date Prepared			
Effective Date	☐ Immediately	☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other p prepare this documen	professional helped me tt:	☐ Yes
			□ No
Professional's Name,			
Title, and Contact			
Information			
Location of Original			
Document			
Locations of Copies of This Document			
Additional Notes			
Document Title			
Date Prepared			
Effective Date	☐ Immediately	☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other p	rofessional helped me t:	☐ Yes
			□ No
Professional's Name,			
Title, and Contact			
Information			
Location of Original			
Document			
Locations of Copies of			
This Document			
Additional Notes			

# Durable Power of Attorney for Finances

This section contains information about my durable power of attorney for finances.

I have also listed any nondurable powers of attorney for finances I have made. Nondurable powers of attorney are no longer valid if I become incapacitated. Please destroy them.

If an attorney or other professional helped me prepare a document listed here, I have included contact information for him or her. You can consult the listed professional if you have questions about the document or need help carrying out its terms.

### **Durable Power of Attorney for Finances**

The following document is durable, which means it remains effective after I am incapacitated and unable to manage my own affairs. All powers granted under the document terminate upon my death. For information about who has authority to handle my affairs after death, see Section 17, Will and Trust.

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents'		
Names		
Effective Date	☐ Immediately ☐ Upon my incapacity	☐ Other:
Professional Help	An attorney or other professional helped me prepare this document:	Yes
		□ No
Professional's Name,		
Title, and Contact		
Information		
Location of Original		
Document		
Locations of Copies of		
This Document		

Additional Notes	

## **Other Financial Powers of Attorney**

The following documents are not durable, which means that they are no longer valid if I become incapacitated. If possible, please locate and destroy all copies of these documents to prevent anyone from mistakenly taking action under them.

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents' Names		
Effective Date	☐ Immediately ☐ Upon my incapacity	Other:
Professional Help	An attorney or other professional helped me prepare this document:	Yes
		□ No
Professional's Name,		
Title, and Contact		
Information		
Location of Original		
Document		
Locations of Copies of		
This Document		
Additional Notes		

Document Title		
Date Prepared		
Agent's Name		
Alternate Agents' Names		
Effective Date	☐ Immediately ☐ Upon my incapacity	Other:
Professional Help	An attorney or other professional helped me prepare this document:	Yes
		□ No
Professional's Name,		
Title, and Contact Information		
Location of Original Document		
Locations of Copies of This Document		
Additional Notes		