

Beneficiary Planner

Using Your Beneficiary Planner

Collecting vital details about your finances, contracts, and other day-to-day matters is one of the last things you'll want to trouble your loved ones with after you're gone.

This *Beneficiary Planner* is your gift and a comprehensive place for your important data. Take some time to fill in this convenient organizer and put it in a secure place. Then, share your *Planner's* location with someone you trust. Remember to review your information annually to keep it current.

Thank you.

You & Your Family

Full Name		
Primary Address		
City	State	_ Zip
PO Box		
Birthdate and Place		
Social Security #		
License/ID Type & Number		
Email	Password	
☐ Single ☐ Married	☐ Widow/Widower	Divorced
Spouse's Name		
Children's Names		
	Phone	
Family Birth Certificates Location	(s)	

Your Professional Contacts

Your Attorney's Name, Address, and Phone Number

Name	Phone		
Address			
Email Address			
Your Doctor's Name, Address	s, and Phone Number		
Name	Phone		
Address			
Email Address			
Your Accountant's Name, Ad	dress, and Phone Number		
Name	Phone		
Address			
Email Address			
Your Employment			
Actively working	Retired		
Employer	Phone		
Address			
City	State Zip		
Website			
Your Military Servic	e		
Branch of Service	Rank at Discharge		
Date & Place of Discharge			
Military Service #			

Your Important Document Locations

Will	
Marriage Certificate	
Military Discharge Papers	
Tax Records	
Car Registration	
Safe Deposit Box	
Safe Deposit Box #	
Safe Deposit Box Key	
Your Insurance	
Policy Type	
Policy #	Policy Amount
Insurance Company	
Contact and Phone #	
Website	Agent email
Username	Password
Policy Type	
Policy #	Policy Amount
Insurance Company	
Contact and Phone #	
Website	Agent email
Username	Password

Policy Type		
Policy #	Policy Amount	
Insurance Company		
Contact and Phone #		
Website	Agent email	
Username	Password	
Policy Type		
Policy#	Policy Amount	
Insurance Company		
Contact and Phone #		
Website	Agent email	
Username	Password	
Your Bills		
Utilities		
Company	Website	
Account #	Phone #	
Username	Password	
Utilities		
Company		
Account #	Phone #	
Username	Password	
Mobile Phone		
Company		
Account #	Phone #	
Username	Password	
Cable/Internet		
Company		
Account #	Phone #	
Username	Password	

Your Bills (continued)

Subscriptions

Company		
Account #	Phone #	
Username	Password	
Subscriptions		
Company		
Account #	Phone #	
Username	Password	
Other Autopay Accounts		
Company		
Account #	Phone #	
Username	Password	
Other Autopay Accounts		
Company		
Account #	Phone #	
Username	Password	
Other Autopay Accounts		
Company		
Account #	Phone #	
Username	Password	
Other Debts/Loans		
Company		
Account #	Phone #	
Username	Password	
Other Debts/Loans		
Company		
Account #	Phone #	
Username	Password	

Your Bank/Credit Union Accounts

Account Type	Bank/Credit Union		
Account #	Card #	Contact	
Address		Phone #	
Username	Password		
Account Type	Bank/Credit Union		
Account #	Card #	Contact	
Address		Phone #	
Username	Password		
Account Type	Bank/Credit Union		
Account #	Card #	Contact	
Address		Phone #	
Username	Password		
Your Credit Card	S		
Credit Card Company			
Card #		Phone #	
Website			
Username	Password		
Credit Card Company			
Card #		Phone #	
Website			
Username	Password		
Credit Card Company			
		Phone #	
Website			
Username		Password	

Your Investments

Investment Name	Account #	
Company/Broker	Phone #	
Contact		
Username	Password	
Investment Name	Account #	
Company/Broker	Phone #	
Contact		
Website		
Username	Password	
Your Retirement	Plans & Pensions	
Plan Type	Account #	
Company	Phone #	
Contact		
Website		
Username	Password	
Plan Type	Account #	
Company	Phone #	
Contact		
Website		
Username	Password	
Plan Type	Account #	
Company	Phone #	
Contact		
Website		
Username	Password	

Your Real Estate

Primary Residence	Own	Rent	
Deed or Lease Location			
☐ Bank or Mortgage Comp	oany	Landlord	
Address		Name	
State	Cit	ty	Zip
Contact & Phone #			
Other Real Estate			
Property Type		Account #	
Address			
City	Sta	ite	Zip
Contact & Phone #			
Email			
Your Vehicles			
Make	Model		Year
License Plate		VIN	
Vehicle Location			
Make	Model		Year
License Plate		VIN	
Vehicle Location			

Your Pets

Pet's Name	Pet Type	
Favorite Food/Treats		
Medication		
Pet's Name	Pet Type	
Favorite Food/Treats		
Medication		
Other Important Informatio		
Vet's Name	Phone	e#
Address		
City	State	Zip
Your Social Media	/Other Accounts	and Passwords
Account type	Website	
Username	Password	
Account type	Website	
Username	Password	
Account type	Website	
Username	Password	
Account type	Website	
Username	Password	

Your Special Requests or Wishes



Colonial Penn Life Insurance Company In NY, Bankers Conseco Life Insurance Company

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