

FinancialCop Legacy Go-Bag

A guide to help organize your important financial documents and ensure your legacy is carried out according to your wishes.



In the event that I pass away or am seriously injured, the following pages should serve as a means to assist my family in helping locate important financial documents, and/or help them organize personal finances. The information included is only meant for my family and/or agency use with my permission.

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Investment advice offered through IFP Advisors, LLC, d/b/a Independent Financial Partners (IFP), a Registered Investment Adviser. IFP and FinancialCop are not affiliated.

INSTRUCTIONS AND PURPOSE

The purpose of a Legacy Go-Bag is to create an organized place to have all important personal information and instructions to help your family locate items related to your personal finances and final wishes. A Legacy Go-Bag will help give them specific instructions, from you, about how you want things to occur in the event that you pass away or are seriously injured.

Consider keeping the items within this Legacy Go-Bag in a safe and secure place, like a bank safety deposit box or a very secure and fireproof rated safe. Accordion files can be good tools to keep the sections separated with this Legacy Go Bag as the first section. Ensure backup copies are made and kept with trusted people.

ITEMS TO CONSIDER INCLUDING IN YOUR LEGACY GO-BAG

- Letters to loved ones and department instructions
 - Spouse
 - Children
 - Department
- Last Will and Testament
- Funeral Instructions
- Financial Accounts
- Passwords
- Insurance Policies
- Income Taxes
- Monthly Budgets
- Important Documents
- Special Items

The following pages are designed to help you gather this information and begin to organize these items. They may not be inclusive of everything as each individual's circumstances may require more, or less information that is included within this packet.

Date Completed

Personal Information

Full Legal Name _____ DOB _____

Address _____

Social Security Number _____ Badge Number _____

Department contacts

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Spouse Information:

Full Legal Name _____ DOB _____

Address _____

Social Security Number _____ Phone Number _____

Children Information:

Full Legal Name _____ DOB _____

Child lives with _____

Address of Child _____ Phone Number _____

Children Information:

Full Legal Name _____ DOB _____

Child lives with _____

Address of Child _____ Phone Number _____

Children Information:

Full Legal Name _____ DOB _____

Child lives with _____

Address of Child _____ Phone Number _____

Children Information:

Full Legal Name _____ DOB _____

Child lives with _____

Address of Child _____ Phone Number _____

COVER LETTERS

This section is designed to let family members know where important instructions / letters are at to help guide them on your wishes and locations of the documents within this Legacy Go Bag. You should consider writing a letter to each of the people below.

For more information on these go to www.financialcop.com/resources/legacy-planning

- Letter to your spouse.
- Letter to children and loved ones.
- Departmental letter to Include items in this letter if you are killed or injured in the line of duty such as:
 - Notification instructions to spouse and children to include which close officer you wish to accompany administration to make notifications.
 - Designate the officer you want as the liaison between family and your department.
 - Include lock combinations for locker if applicable

LAST WILL & TESTAMENT / LIVING WILL

These documents detail how you want to disperse your assets and property, how you want your estate to be handled and divided once you pass away, how to preserve your wealth, and what your wishes for your assets are. For more information about these different documents go to www.financialcop.com/wills-living-wills

Date Will & Testament completed _____ Named Executor _____

Location of Will & Testament _____

Attorney used _____ Law Firm Name _____

Attorney phone number _____

A Living Will details how things should be treated while you are still alive. List the dates each of these were completed

Medical Power of Attorney _____ Medical Directive _____

Durable/Financial Power of Attorney _____ HIPPA Release _____

Organ Donor _____ YES _____ NO

Location of Documents _____

FUNERAL INSTRUCTIONS

In the event of my passing the following are my preferences.

I request: _____ Cremation _____ Interment _____ Entombment

If cremation, I wish my ashes to be _____

My burial location preference _____ Purchased lot _____

I request my service location to be at _____

My church affiliation is _____ Religious affiliation: _____

I wish to be wearing: _____ Class A Uniform _____ Military Uniform
_____ Suit _____ Other

I wish my pall bearers to be: _____

Veterans Benefits: ___ Yes ___ No

Military Honors: ___ Yes ___ No

Please include the following in my Obituary: _____

FINANCIAL ACCOUNTS

The following is a list of financial accounts. You should consider including copies of recent statements in this section of your Legacy Go-Bag, and you should consider updating these statements on a semi-annual basis.

Banks Name _____ Account Type _____
Account Number _____ Statement in file ___ Yes ___ No
Login Username _____ Password _____
Notes _____

Banks Name _____ Account Type _____
Account Number _____ Statement in file ___ Yes ___ No
Login Username _____ Password _____
Notes _____

Banks Name _____ Account Type _____
Account Number _____ Statement in file ___ Yes ___ No
Login Username _____ Password _____
Notes _____

Banks Name _____ Account Type _____
Account Number _____ Statement in file ___ Yes ___ No
Login Username _____ Password _____
Notes _____

FINANCIAL ADVISOR

Financial Advisor Name _____ Phone Number _____
Address _____
Login Username _____ Password _____
Notes _____

PENSION

Pension Company Name _____ Phone Number _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

RETIREMENT ACCOUNTS

Account type _____ 457 _____ 401k _____ 403b _____ IRA _____ Brokerage

Firm name where assets are held _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

Account type _____ 457 _____ 401k _____ 403b _____ IRA _____ Brokerage

Firm name where assets are held _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

Account type _____ 457 _____ 401k _____ 403b _____ IRA _____ Brokerage

Firm name where assets are held _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

Account type _____ 457 _____ 401k _____ 403b _____ IRA _____ Brokerage

Firm name where assets are held _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

Account type _____ 457 _____ 401k _____ 403b _____ IRA _____ Brokerage

Firm name where assets are held _____

Account Number _____ Statement in file ___ Yes ___ No

Login Username _____ Password _____

Notes _____

PASSWORDS

It is important to ensure trusted contacts have a way to access your passwords to close out accounts and ensure bills can still be paid. Include utilities, email accounts, social media accounts, and anything else that has a username and password. There are many good encrypted programs that can help store and create secure passwords as well should you wish to use one of them.

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

Account type _____ Account number _____

Login Website _____

Username _____ Password _____

INSURANCE POLICIES

Ensure insurance policy copies are included in your Legacy Go-Bag file section

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

Account type _____ Auto ___ Home ___ Umbrella ___ Life ___ Other
Insurance Company name _____
Insurance Agent phone number _____
Account Number _____ Statement in file ___ Yes ___ No
Coverage Amounts _____
Login Username _____ Password _____
Notes _____

INCOME TAXES

You should consider keeping income taxes from previous years readily available.

Do you use a CPA/Accountant _____ Yes _____ No

CPA/Accountant Name _____ Phone Number _____

If taxes were done online: _____

Online Program Name _____

Username _____ Password _____

Previous return copies are located at _____

Notes _____

MONTHLY BUDGET

Having previous monthly budgets can be an important aspect to help surviving family members navigate the monthly expenses. For more information on budgets check out www.financialcop.com/resources/budgeting

Monthly Budgeting method: _____ Excel/Handwritten/Budgeting website

If utilizing an online budgeting website: _____

Website name _____

Username _____ Password _____

How many previous months are accessible? _____

Notes you wish to discuss about your monthly budgeting

IMPORTANT DOCUMENTS

It is essential for important people to know the location of important documents. These can be kept within your accordion file and/or the location disclosed below.

Birth certificate location _____

Marriage certificate location _____

Social Security Card location _____

Passport location _____

Divorce decree location _____

Child Custody agreement location _____

SPECIAL ITEMS

This section is comprised of those items that do not fit in any of the categories above.

Vehicles:

Vehicle year, make, model _____

Title Registration location _____

Lien Holder _____ Account Number _____

Phone Number of Lien Holder _____

Vehicle year, make, model _____

Title Registration location _____

Lien Holder _____ Account Number _____

Phone Number of Lien Holder _____

Vehicle year, make, model _____

Title Registration location _____

Lien Holder _____ Account Number _____

Phone Number of Lien Holder _____

Vehicle year, make, model _____

Title Registration location _____

Lien Holder _____ Account Number _____

Phone Number of Lien Holder _____

Home

Mortgage Holder _____ Account Number _____

Property Taxes / Property Insurance Escrowed ___ Yes ___ No

Username _____ Password _____

Phone Number of Lien Holder _____

Mortgage Holder _____ Account Number _____

Property Taxes / Property Insurance Escrowed ___ Yes ___ No

Username _____ Password _____

Phone Number of Lien Holder _____

Weapons

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Description _____ Location _____

Serial Number _____

Other Personal Property

Description _____ Location _____

Notes _____

Description _____ Location _____

Notes _____

Description _____ Location _____

Notes _____

Description _____ Location _____

Notes _____

Description _____ Location _____

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Description _____ Location _____

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Description _____ Location _____

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Description _____ Location _____

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Description _____ Location _____

Notes _____

MISCELLANEOUS

In this section include anything specific you can think of that is not included above, that you want your loved ones to know about.

SIGNATURE

DATE

Your FinancialCop Legacy Go-Bag is designed as a guide to help you organize important documents, thoughts, and instructions for your loved ones. No matter how thorough you are it can be difficult to anticipate, and think of any, and all, situations that may arise if you were to tragically pass away or be involved in a serious accident. This Legacy Go-Bag should help you prepare your family, loved ones, and department as best as possible to help ease the burden they may go through if an event like that occurred.

Oftentimes when an event happens that facilitates the need for this there are massive amounts of emotions and grieving that can end up causing decisions to be rushed and/or made in the heat of the moment. Once you have completed your Legacy Go-Bag you should consider reviewing the contents with the people you intend this to benefit so that they are prepared and know the contents prior to the event happening. This can help lessen the stress if this Legacy Go-Bag gets put to use.



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