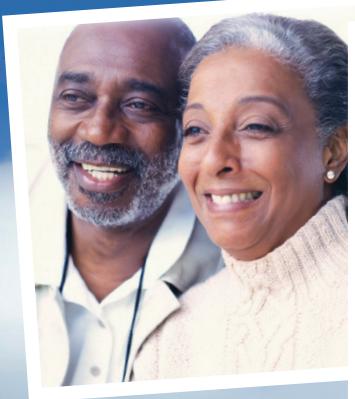


DignityTM

PLANNING



Final Wishes Planning Guide

Final Wishes Planning Guide

Dear

(Your Name)

It is my wish that you be spared from anxiety, expense and inconvenience at the time of my death.

Therefore, as a gift to you, I have taken the caring and loving steps to alleviate both the emotional and financial burdens my passing will create.

By setting up this final arrangement plan I hope that you will celebrate my life the way I want you to.

Within this plan I have documented my final wishes with specific arrangements that should be implemented at the time of my death. This document will also act as a road map as to where important documents can be found and which people should be notified.

I sincerely hope you will find these arrangements helpful and that they will help you retain a warm memory of the wonderful years we have spent together.

This information will be sent to you via mail:

Signature

Username _____ Password _____
Website: www._____

This gift presented by:

Representative Insurance Shops

Phone 215-613-4999

Email info@insshops.com

Personal Information

Personal Information (cont.)

(Please provide Name, Address and Primary Next-of-Kin in the application located at the back of this Planning Guide.)

Secondary Next-of-Kin

Name _____
Phone and/or Address _____
Email _____

Secondary Next-of-Kin

Name _____
Phone and/or Address _____
Email _____

Secondary Next-of-Kin

Name _____
Phone and/or Address _____
Email _____

My Birthplace

City _____ State _____
Date of birth _____ Country _____

Occupation

Employer(s) _____ Date retired _____

Marital Status

Married Single Divorced Widowed

Spouse's Name

Education

Highest Grade Completed _____

Degree(s) _____

(Please provide Name, Address and Primary Next-of-Kin in the application located at the back of this Planning Guide.)

Father's Name _____
Birthplace _____

Mother's Name _____
Birthplace _____

If you are a Veteran, please complete this information:

Branch of Service _____ Service Serial Number _____
Date Enlisted _____ Place _____

Type of Separation or Discharge of Service _____
Place of Separation _____ Date _____

Location of Military Discharge Papers (DD214) _____

Highest Grade, Rank or Rating Received _____

Wars/Conflicts Served _____

Additional Information/Medals/Honors/Citations _____

Contact Person Completing Arrangements

Informant's Name _____
Phone # _____

Additional Personal Information

For questions or assistance in creating or changing your final arrangement plan, please contact Dignity Planning at 215-613-4999

arrangement plan, please contact Dignity Planning at 215-613-4999

Funeral Requests

Funeral Requests (cont.)

Funeral Home/Mortuary/Crematorium Preferred

Choose Closest

Name _____

Address _____

Phone _____

I want my funeral to be Public Private

Service Plans

Funeral Home/Mortuary _____ Church _____

Cemetery/Memorial Park Chapel Graveside Memorial Service

Other _____

Religious Preference _____ Celebrant/Clergyman _____

Participating Organizations (*military, fraternal, lodge, etc.*) _____

Flag Draped Folded Presented to _____

Wake/Rosary Service Yes No Location _____

Viewing Public Private None

Clothing Preference From Current Wardrobe New Other

Description/Color _____

Personal Accessories

Wedding Band Stays On or Returns to _____

Eyeglasses Stays On or Returns to _____

Other _____ Stays On or Returns to _____

Stays On or Returns to _____

Floral Preference (*type and color preferred*) _____

Memorial donations may be made to _____

Music Organist _____ Soloist(s) _____

Musical Selections _____

Religious Passages Selected _____

Casket

Open during service

Closed during service

Hardwood Metal Cremation Coffin

Other _____

Type _____

Description _____

Eulogy

Eulogy by _____

Notations for Eulogy _____

Pallbearers

Name _____

Phone/Email _____

Additional Notes _____

For questions or assistance in creating or changing your final arrangement plan, please contact Dignity Planning at 215-613-4999

arrangement plan, please contact Dignity Planning at 215-613-4999
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Announcements

The following Publications/Newspapers should be notified

Family Members & Relatives

Children/Grandchildren/Relatives

Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Name _____	Relationship _____	Phone and/or Address _____
Education highlights _____		
Date of Marriage _____	Religious, charitable, social, fraternal or lodge affiliations or special achievements you wish to mention	

To Be Notified

By providing the names and addresses of people who are significant in my life, I would like to ensure that these people will be notified of my death.

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
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Phone and/or Address _____
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Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Name _____
Relationship _____

Phone and/or Address _____
Email _____

Will & Important Documents

Importance of a Will

If you die without a *Will*, state law and the courts determine who will administer your estate, handle financial matters and act as guardian for your minor children. With a *Will*, you can choose.

In some instances, joint ownership of property may not be a good substitute for a carefully drafted *Will*. As a result of a common accident, both you and your spouse may die before the survivor has had an opportunity to execute a proper *Will*. Your property will pass according to state law.

The law is very exacting in its requirements with respect to the publications, signing and witnessing of *Wills*. It is recommended that this matter be handled by a competent attorney. Homemade *Wills* may not stand up in court.

You should review your *Will* every few years, particularly if you have moved or your family situation has changed since you last executed a *Will*. State laws vary as to formal requirements and as to the rights of children and grandchildren born after a *Will* was executed.

When you realize how much is at stake – the well-being of your entire family and the protection of your property – we believe that you will find that the attorney's fee for drafting your *Will* and planning your estate is a worthwhile investment.

I have a *Will* Yes No

Date of *Will* _____

Location of *Will* _____

Executor/Executrix: Name _____

Address _____

City _____

Phone _____

Prepared by (*attorney*) _____

Address _____

City _____

Phone _____

Legal Documents

Insurance & Financial Information

Location of Papers and Documents

Birth Certificate	_____
Marriage Certificate	_____
Stock Certificate(s)	_____
Bond Certificate(s)	_____
Military Records	_____
Passport	_____
Trust Fund Information	_____
Insurance Documents	_____
Automobile Insurance Documents	_____
Home Owners Insurance Documents	_____
Mortgage Papers	_____
Deed to House	_____
Car Title or Loans	_____
Citizenship Papers (<i>if applicable</i>)	_____
Income Tax Information	_____
Passwords/Pin Numbers	_____
Safe Deposit Box Location(s) and Person(s) with access to it	_____
Additional Documents and their Location	_____
Credit Cards	_____
Name of Company	_____
Account Number	_____
Address	_____
IRA, CDs, 401(k) and/or Additional Investments	_____
Name of Company	_____
Account Number	_____
Address	_____

Medical History

This information may become very important for your spouse, children and grandchildren. It is also suggested that you keep an updated copy of your medical records for your family, as physicians often ask for it.

I have had a treatment for

Cancer _____	Tuberculosis _____	Kidney Disorder _____	Diabetes _____	Circulatory Problems _____	Heart _____	Other _____	Other _____
--------------	--------------------	-----------------------	----------------	----------------------------	-------------	-------------	-------------

I am allergic to the following drugs

1. _____ 2. _____

3. _____ 4. _____

Physician _____ Phone # _____
Address _____

I am an Organ Donor Yes No

Additional Remarks _____

- Casket from the Heritage Collection
- Deluxe Floral Selection
- Use of car and driver for immediate family
- Omnilaw Legal Plans®

Whichever plan you select, you have a choice of a quality wood or metal casket. Visit us online for a complete list of available products for each plan.

Plans and pricing vary by location.

Burial and Cremation Plans

Whether you choose burial or cremation, Dignity Memorial® providers offer three distinctive plans to fit every taste and budget. Whether you choose a Tribute, Honor or Heritage Plan, you are assured to receive the highest care and attention from the Dignity Memorial team of professionals.

Burial Plans

Each Burial Plan Includes¹:

- Traditional Funeral Service
- Graveside Service
- Hearse
- Memorial Stationery
- Outer Burial Container (*optional*)
- 24-Hour Compassion Helpline®
- Visitation (one day)
- Service Vehicle(s)
- Your Choice of Plan Casket
- Floral Selection
- Aftercare® Planner
- Everlasting Memorial®

Tribute

- Casket from the Tribute Collection
- Floral Selection

Honor

- Casket from the Honor Collection
- Large Floral Selection
- Use of car and driver for immediate family

Heritage

- Casket from the Heritage Collection
- Deluxe Floral Selection
- Use of car and driver for immediate family
- Omnilaw Legal Plans®

For questions or assistance in creating or changing your final arrangement plan, please contact Dignity Planning at 215-613-4999

Cremation plans on next page.

Burial and Cremation Plans (cont.)

Personal Requests

Cremation Plans

Each Cremation Plan Includes¹:

- Service Vehicle
 - Cremation Casket/Container
 - Memorial Stationery
 - Aftercare® Planner
 - 24-Hour Compassion Helpline®
 - Crematory Fee
 - Memorial Urn Selection
 - Floral Selection
 - Everlasting Memorial®

Tribute

- Private Family Gathering
 - Floral Selection
 - Tribute Cremation Container

Honor

- Private Family Gathering
 - Large Floral Selection
 - Honor Cremation Container
 - Memorial Service

Heritage

- Service of Choice
 - Deluxe Floral Selection
 - Heritage Ceremonial Casket
 - Use of car and driver for immediate family.
 - Omnilaw Legal Plans®

Whichever plan you select, you have a choice of a quality wood or metal casket. Visit us online for a complete list of available products for each plan.

¹ Plans and pricing vary by location.

Please list all family heirlooms and items of sentimental value below

Article							
Beneficiary							

Items of financial value should also be recorded and addressed in a Will for legal assuredness

Special Thoughts I Would Like To Share With My Family

Whichever plan you select, you have a choice of a quality wood or metal casket. Visit us online for a complete list of available products for each plan.

¹ Plans and pricing vary by location.

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arrangement plan, please contact Dignity Planning at 215-613-4999

Dignity™ PLANNING

YOUR AGE:

HOW MUCH WILL YOUR FUNERAL COST?

Cost Comparison Timeline

<hr/> \$ _____	<i>Natural Death Benefit</i>
<hr/> \$ _____	<i>Accidental Death Benefit</i>
<hr/> \$ _____	<i>Natural Death Benefit</i>
<hr/> \$ _____	<i>Accidental Death Benefit</i>

<hr/> <p><i>Natural Death Benefit</i></p> <hr/>	<hr/> <p><i>Accidental Death Benefit</i></p> <hr/>
\$	\$

 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services
 Health Conditions	 Medical Services

	1950	1970	2008
 Loaf of Bread	\$0.12	\$0.25	\$2.79
 Gallon of Gas	\$0.18	\$0.35	\$2.10
 Automobile	\$1,510	\$3,450	\$27,958
 Home	\$8,450	\$23,450	\$238,880
 Funeral	\$459	\$956	\$9,400

Today's Cost of Funeral \$

Additional Add On's \$

Total

X	X	Factor	= \$
Total	X	Factor	= TOTAL

Life Expectancy Factor
Use the Life Expectancy Table Below to find your factor based on your gender and age bracket.
Total x Life Expectancy Factor = Estimated Final Expenses

When you reach your life expectancy, your Next-of-Kin's future cost will be:

1 CHOOSE A PROVIDER

The Dignity Memorial network consists of more than 1,600 funeral, cremation and cemetery providers across North America. Select the name and address of the funeral or cremation provider you'd like to use. Please refer to the letter that came with this kit for the provider name and address or call our Customer Service Center for assistance.

Provider Name:	(or) <input type="checkbox"/> Please select the closest location to my home.		
Address:			
City:	State:	Zip:	

➤ Choose the type of final arrangements you prefer, and specify which plan suits your needs. You'll also be able to add to your plan with a variety of products and services. (Please refer to the letter that came with the kit for pricing.)

2a BURIAL or CREMATION SELECTION

Plan selection (please choose one):	<input type="checkbox"/> Tribute <input type="checkbox"/> Honor <input type="checkbox"/> Heritage <input type="checkbox"/> Other _____
Casket Choice (please choose one):	<input type="checkbox"/> Wood <input type="checkbox"/> Metal Urn Choice (please choose one): <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____

2b CUSTOM CELEBRATION OF LIFE SERVICES

Included with price of plan, please choose one:	<input type="checkbox"/> House of Worship <input type="checkbox"/> Chapel Ceremony <input type="checkbox"/> Cemetery Service
<input type="checkbox"/> Other _____	

2c CUSTOM OPTIONS

Personalize your burial or cremation service with features that provide a unique expression of your final wishes.

Cemetery:	\$ _____	Celebrant:	\$ _____
Remembrance	\$ _____	Catering:	\$ _____
Other:	\$ _____	Other:	\$ _____

3 LIFE EXPECTANCY FACTOR

Use the **Life Expectancy Table** Below to find your factor based on your gender and age bracket.

Total x Life Expectancy Factor = Estimated Final Expenses

(+) X	= \$		
Package Total	+	Options total	X	Factor	= TOTAL

Life Expectancy Table

Age	40-44	45-47	48-50	51-53	54-56	57-59	60-62	63-65	66-68	69-71	72-74	75-77	78-80	81-83	84-86	87-89
Male	3.38	3.00	2.74	2.52	2.31	2.13	1.97	1.83	1.70	1.59	1.49	1.41	1.34	1.27	1.23	1.18
Female	3.92	3.45	3.13	2.86	2.61	2.39	2.19	2.02	1.87	1.73	1.61	1.51	1.42	1.34	1.27	1.22

Application continued on next page.

4 PERSONAL INFORMATION

YOUR INFORMATION

*Required information

Your personal information is the foundation of your account. Please complete the form below. You are always free to modify this information. Visit us online, or call us toll-free!

Name: (First, MI, Last) *

Email Address: I do not have an email address.

Date of Birth (MM/DD/YYYY): *

Gender: *

Male Female

Address: *

City: *

State: *

Zip: *

Telephone:

()

PRIMARY NEXT-OF-KIN

*Required information

The individual you designate as your next-of-kin is the person we will contact soon with details of your selections. Your primary next-of-kin is the family member or friend that will most likely facilitate the fulfillment of your final arrangements.

Name: (First, MI, Last) *

Date of Birth (MM/DD/YYYY): *

Email Address: He/She does not have an email address.

Gender:

Male Female

Relationship: *

Address:

City: *

State: *

Zip: *

Telephone:

()

Provide additional NOK on separate paper.

Agent Code: _____

Promo Code: _____

Notice of Privacy Policy

Dignity Memorial Network, Inc. ("Dignity") is committed to maintaining the confidentiality, integrity, and security of the nonpublic personal information of our potential, current and former clients. We value our client relationships and recognize that an essential element of those relationships is the trust and confidence that nonpublic personal information is treated as private and confidential. We are providing you with this Notice of Privacy Policy for informational purposes. It is also available upon request.

Client Information

As part of the Dignity Planning services, Dignity may obtain public or nonpublic personal information about you through information we receive from you or your representatives on applications, the Dignity Planning website, or other documents and correspondence and information about your transactions with us, or your insurance professional.

Protecting Your Nonpublic Personal Information

We employ procedures to safeguard your nonpublic personal information. Access to your nonpublic personal information is restricted to only those individuals you identify and our authorized individuals who need to know this information in order to provide services to you. We maintain physical, electronic and procedural safeguards to protect your nonpublic personal information.

Disclosure Policy

Whether you are a potential, current or former client, Dignity does not provide your nonpublic personal information to mailing lists, vendors, or solicitors for any purpose.

With your consent, Dignity shares your nonpublic personal information with your insurance professional. We also share your nonpublic personal information with nonaffiliated third parties *as permitted or required by law* where disclosure is:

- Necessary to process and service transactions which you have requested or authorized, or is necessary to service your account;
- To a third party that performs service on behalf of Dignity in the normal course of business. We require these third party service providers to agree to safeguard the information and keep it confidential, to use the information only for the intended purpose, and to abide by applicable law; and
- To governmental agencies or other regulatory bodies and law enforcement officials as allowed or required by law.

I recognize that Dignity and my insurance company need to share and coordinate certain information about me. I authorize Dignity and the insurance company to release the information about me to each other. This includes, but is not limited to: (1) my name; (2) my address; (3) my telephone number; (4) the type of insurance policy I have purchased; (5) the face amount of my policy; and (6) the estimated future cost of my funeral plan.

Maintaining Accurate Information

Our Goal is to maintain accurate, up-to-date records to keep information current and complete.

REMEMBER TO SIGN AND DATE

Signature: _____

Name: _____

Date: _____

*By signing above, you acknowledge having read this final arrangement planning guide and that you understand its content.

- Dignity Planning is a tool used to create your end of life wishes and is offered by the Dignity Memorial network of funeral and cremation providers.
- Dignity Planning is not a provider of funeral goods or services; your end of life wishes will be fulfilled by a licensed Dignity Memorial provider, if you have chosen a Dignity Memorial provider as part of your plan.
- This does not create a preneed funeral or cremation contract with Dignity Planning or a Dignity Memorial provider. Because there is no price guarantee, the merchandise and services will be provided at the retail prices in effect at the time of your death.
- To receive a copy of your selected Dignity Memorial provider's General Price List, please go to www.dignityplanning.com or contact us at 1-866-977-3752.

DignityTM

PLANNING

This does not create a preneed funeral or cremation contract with Dignity Planning or a Dignity Memorial provider. Because there is no price guarantee, the merchandise and services will be provided at the retail prices in effect at the time of your death.