



ASCOR®

Independent Wealth Managers



My

Estate Directory



Estate Directory

An essential key in comprehensive financial planning is quality record keeping. The purpose of this Estate Planning Directory is to assist your beneficiaries and loved ones in taking the necessary steps to ease their transition into a life without you. The emotional burden of grieving need not be compounded by financial and logistical issues – and this important tool can play a role in bringing them peace of mind and saving valuable time.

Suggested steps in using this directory:

- Consider completing the document with your spouse/life partner so that you are both aware of its contents. This exercise will open discussion about gaps in your planning and may help in identifying additional opportunities that should be discussed with your financial advisor or representative.
- In order to enjoy the wonderful peace of mind that comes from knowing that everything has been put in its right place, you should consider involving your trusted financial advisor/representative in the actual process of creating your Estate Directory.
- They can also guide you in crafting a “Last & Final Letter” which should be locked away with this directory in a safe place.
- Consider, if you wish, to inform your legal/accounting representatives and executors of its whereabouts.
- The Estate Directory should be reviewed annually to allow for any current adjustments to your situation – consider completing it in pencil in order to facilitate this.

_____ ***Estate Directory Of:*** _____

Name _____

Home Phone number _____

Mobile/Cell phone number _____

Most Recent Date This Estate Directory Was Completed / /
MONTH DAY YEAR

Signature _____

Personal Info

Name of Insured

FIRST

MIDDLE

LAST

Name of Birth

FIRST

MIDDLE

LAST

Birthday

MONTH

DAY

YEAR

Place of Birth

CITY

PROVINCE

COUNTRY

Present Address

STREET

CITY

PROVINCE

Identification Number

Married

PRESENTNAME

FORMERNAME

Spouse's Birthday

MONTH

DAY

YEAR

Spouse's Place of Birth

CITY

PROVINCE

COUNTRY

Previous Marriage(s):

NAME

DATE OF DEATH OR DIVORCE

NAME

DATE OF DEATH OR DIVORCE

Additional Information

Wedding Date

Marital Contract

Children From Marriage To

Please check the box in front of each name if that child has special needs. See page 9 to address further information.

NAME	BIRTH DATE	ADDRESS
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Personal Info

Citizen of Country By Birth By Naturalisation

Naturalised

MONTH

DAY

YEAR

Location

Naturalisation No.

Additional Information

PARENT INFORMATION

Father

FULL NAME

BIRTH DATE

DATE OF DEATH

CAUSE

PLACE OF BURIAL

EMAIL ADDRESS

PHONE #

Mother

FULL NAME

BIRTH DATE

DATE OF DEATH

CAUSE

PLACE OF BURIAL

EMAIL ADDRESS

PHONE #

Successor Trustee Name and Information

Additional Information

Personal Advisors

Name of Financial Advisor/Planner

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Lawyer

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Personal Representative / Executor / Executrix

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Accountant

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Stockbroker

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Short Term Insurance Agent

NAME

STREET

CITY

PROVINCE

PHONE #

EMAILADDRESS

Religious Contact

NAME

STREET

CITY

PROVINCE

Other

NAME

STREET

CITY

PROVINCE

Record Locator

SAFETY STORAGE

- | | |
|-----------------------|--------------|
| 1. Safe Deposit Box # | Key Location |
| 2. Safe Deposit Box # | Key Location |
| 3. Other Storage | |
| 4. Other Storage | |

RECORD / LOCATION

- Birth Certificates
- Marriage Certificates
- Marriage Contract
- Divorce Papers
- Tax Records
- IRP-5/RA
- Home Loan
- Title House(s)
- Title Car(s)
- H.P. for Vehicle Finance
- Title Miscellaneous
- Military Records
- Household Records, Bills etc.
- Guardianship Letters
- Power of Attorney – Financial
- Power of Attorney – Health
- Living Will
- Loan Contracts
- Keys
- Other Important Documents
- Copy of I.D.

Residence & Other Real Estate

Type of Real Estate

eg. House, Flats, Plots, etc.

Title is held by:

Select one

Is there a bond?

Select one

Bond is held by

You
 Spouse Joint
 other

Yes
 No

You
 Spouse Joint
 other

Yes
 No

You
 Spouse Joint
 other

Yes
 No

You
 Spouse Joint
 other

Yes
 No

PERSONAL PROPERTY

Where are the following located?

Title Deeds: _____

Home Bond Documents: _____

Leases: _____

Building cost figures: _____

Bond insurance policy: _____

Additional Notes: _____

List all vehicles you own

Certificates of title: _____

Vehicle registration is located: _____

Invoices and insurance are located: _____

Are household furnishings insured? Yes
 No

Invoices, an inventory of and insurance policies for household furnishings are located:

Jewellery, stamp collections, coin collections, appraisal documents etc. are located:

Collections/heirlooms/items of special value:

Wills

I have a will. I do not have a will.

Location of Original and Copies of Will

Date of Will

MONTH

DAY

YEAR

Location of Original Codicil

Date of Codicil

Executor's Name and Contact Details

NAME

PHONE #

EMAILADDRESS

Witnesses (to Will) Name

NAME

PHONE #

EMAILADDRESS

NAME

PHONE #

EMAILADDRESS

Guardian (for Minors) Name

NAME

PHONE #

EMAILADDRESS



Trusts

I have a trust.

I am a beneficiary of a trust.

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax registration

Trustee(s) Name(s) and Information

NAME EMAILADDRESS PHONE#

NAME EMAILADDRESS PHONE#

Successor Trustee Name and Information

NAME EMAILADDRESS PHONE#

My spouse has a trust.

My spouse is a beneficiary of a trust.

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax registration

Trustee(s) Name(s) and Information

NAME EMAILADDRESS PHONE#

NAME EMAILADDRESS PHONE#

Successor Trustee Name and Information

NAME EMAILADDRESS PHONE#

Special needs or supplementary trust (does not include a "payback" clause) "Payback" trust

Name and Date of Trust

NAME MONTH DAY YEAR

Location of Trust

Trust Tax registration

Trustee(s) Name(s) and Information

NAME EMAILADDRESS PHONE#

NAME EMAILADDRESS PHONE#

Successor Trustee Name and Information

NAME EMAILADDRESS PHONE#

Dependent with Special Needs

Name of dependent

FIRST

MIDDLE

LAST

Name of future legal guardian

FIRST

MIDDLE

LAST

Name of Lawyer

FIRST

MIDDLE

LAST

Date letter of intent created

DATE

LOCATION

Current medical aid provider

NAME

SCHEME NO.

NAME

PLAN PARTICIPANT NAME

TYPE/LEVEL COVERAGE

Will health insurance for the person with special needs continue beyond age 21? Yes No

Alternative coverage if current health insurance is no longer available

Other relatives that have updated their wills, trusts, life insurance owner and beneficiary designations so that any potential inheritance goes to the special needs trust and not the individual:

Family Member

Assets to Be transferred

Caregivers if the dependent is a minor and is not likely to be considered legally competent as an adult once the child reaches 18:

Name

Date of Birth

Address

Email

Phone #

Financial Accounts

BANK ACCOUNTS (Including Savings & Loan, Credit Union)

Name of Institution	Account Number	Type of Account
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Cheque books, Passbooks, Statements and Cancelled Cheques

UNIT TRUSTS / COLLECTIVE INVESTMENTS

Fund Name & Company	Number of Shares	Account Number	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE POLICIES

Name and Company	Policy Number	Life Assessment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MONEY MARKET ACCOUNTS

Name of Institution	Amount	Certificate Number	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Accounts

RETIREMENT ANNUITIES & LIFE ANNUITIES

Company

Policy Number

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

ENDOWMENT POLICIES

Policy No.

Company

Location

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

SHARE PORTFOLIO

Name

Number of Shares

Location of Certificates

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Financial Account Information is located at

Insurance Policies

OTHER INSURANCE

(Disability Income, Medical and Hospitalization, Long-Term-Care, Accident and Travel, etc.)

Name of Company	Policy Number	Type of Coverage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Policies _____

PROPERTY/CASUALTY INSURANCE

(Auto Coverage, Homeowner's and Rental Coverage, Personal Liability/Umbrella Policies, etc.)

Name of Company	Policy Number	Type of Coverage	Broker/Agent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of Policies _____

ORGANIZATION BENEFITS

Benefits may be available to your survivors based on membership in certain organizations, such as professional organizations, trade associations, unions, etc.

Organization	Type of Benefits
_____	_____
_____	_____
_____	_____
_____	_____

Information is located at _____

Employment Benefits

CURRENT EMPLOYER

Current Employer Name and Address

COMPANY	STREET	CITY	PROVINCE
---------	--------	------	----------

POSITION/TITLE	DATE OF HIRE
----------------	--------------

Potential eligible benefits available in the event of my death:

- | | |
|---|---|
| <input type="checkbox"/> Group Life Insurance | <input type="checkbox"/> Workmen's Compensation |
| <input type="checkbox"/> Group Health Insurance (death benefit) | <input type="checkbox"/> Deferred Compensation |
| <input type="checkbox"/> Unpaid Salary | <input type="checkbox"/> Profit Sharing (survivor's benefits) |
| <input type="checkbox"/> Pension (survivor's benefits) | <input type="checkbox"/> Other |

Information is located at

Contact person at work

PENSIONS/RETIREMENT

PENSION FUNDS

Other relatives that have updated their wills, trusts, life insurance owner and beneficiary designations so that any potential inheritance goes to the special needs trust and not the individual:

Name and Address of Employer (Current and Prior)	Pension Identification Number
<hr/> <hr/>	<hr/> <hr/>

PROVIDENT FUNDS

Name and Address of Company	Account Number
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Pensions/Retirement

CURRENT EMPLOYER

Name and Address of Company

Account Number

RETIREMENT ANNUITY

Name and Address of Company

Account Number

OTHER RETIREMENT/PENSION PLANS

Name and Address of Company

Account Number

Pension/Retirement Information located at



Business Ownership

I . D . N U M B E R

My I.D. Number

My Spouse I.D.

My Childrens I.D. Numbers

N A M E

N U M B E R S

N A M E

N U M B E R S

N A M E

N U M B E R S

N A M E

N U M B E R S

B U S I N E S S O W N E R S H I P

I have an ownership interest in the following business(es):

Name and Address of
Business

Type of Business

% Ownership Interest

Ownership document
location at:

<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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Employers/Memberships

PREVIOUS EMPLOYERS

Start with the first and put the current or most recent employer last.

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

Employer: _____

Year: _____

Address/Location: _____

MEMBERSHIPS

List all memberships in clubs, associations and subscriptions:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Legal Action, Credit Card & Debts

LEGAL ACTION

Uncollected legal judgment, pending lawsuit or claim, etc.

Name and Address	Description
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
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CREDIT CARDS

Name of Company	Address	Card Number
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<hr/>	<hr/>	<hr/>
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Financial Commitments

Rent or Bond Payments

Amount R _____
Due Date: _____
Lender/Address: _____

Outstanding loans/overdraft facilities/ credit card or charge cards/business loans/ guarantees

Amount R _____
Due Date: _____
Lender/Address: _____

Amount R _____
Due Date: _____
Lender/Address: _____

Amount R _____
Due Date: _____
Lender/Address: _____

Charitable Gift

For: _____
Address: _____

For: _____
Address: _____

Contractual Obligations

For: _____
Address: _____

For: _____
Address: _____

For: _____
Address: _____

For: _____
Address: _____

Other financial obligations or Commitments

(car lease, support/maintenance obligations)

For: _____
Address: _____

For: _____
Address: _____

Digital Passwords

Personal Computer Startup Passwords

Desktop Password: _____

Laptop Password: _____

Tablet Password: _____

Cell Phone Password: _____

Business Computer Startup Passwords

Desktop Password: _____

Laptop Password: _____

Tablet Password: _____

Cell Phone Password: _____

Voice mail Passwords

Telephone # _____

Password _____

Telephone #: _____

Telephone #: _____

Password _____

Online Banking

Financial Institution: _____

Website of Institution: _____

Account #: _____

User name: _____

Password: _____

Online Banking

Financial Institution: _____

Website of Institution: _____

Account #: _____

User name: _____

Password: _____

Financial Institution: _____

Website of Institution: _____

Account #: _____

User name: _____

Password: _____

Frequent Traveller Program

Name of Program/Airline _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Name of Program/Airline _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Digital Passwords

Frequent Traveller Program

Name of Program _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Corporate Loyalty Programs (eg. Discovery Vitality, Clicks, etc.)

Name of Program/Airline _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Name of Program/Airline _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Name of Program/Airline _____

Website of Program _____

Account #: _____

User name: _____

Password: _____

Affinity Program

(Eg. Retail Affinity/Loyalty Cards)

Name of Program/Airline _____

Social Media Website: _____

User name: _____

Password: _____

Social Media – Business & Personal (Facebook, LinkedIn, Twitter etc.)

Name of Social Media: _____

Social Media Website: _____

User name: _____

Password: _____

Name of Social Media: _____

Social Media Website: _____

User name: _____

Password: _____

Name of Social Media: _____

Social Media Website: _____

User name: _____

Password: _____

Name of Social Media: _____

Social Media Website: _____

User name: _____

Password: _____

Digital Passwords

Professional Website Accounts

(online accounts relating to your business)

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Personal Website Accounts

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Name: _____

Website _____

Account #: _____

User name: _____

Password: _____

Burial Info

I would like my body to be:

- Cremated Entombed
- Buried Given to Science
- A Memorial Service
- Any of the preceding as selected by my heirs

I would like:

- A Funeral Service
- No Service
- Used as an Organ Donor
- Any of the preceding as selected by my heirs

I would like the funeral, memorial or service to take place at:

- House of Worship My Home Any of the preceding as selected by my heirs
- Funeral Home Other

My preferences are:

Name of House of Worship

Name of Religious Leader

Name of Funeral Home / Funeral Director

Other requests for my Funeral / Memorial / Service

Additional personal preferences and wishes

Additional Info

I have made funeral prearrangements. The information is as follows

Additional Information
