



Final Expense Advocacy
A TAULBEE GROUP COMPANY

KEEP WITH YOUR IMPORTANT PAPERS

Final Wishes Packet

A private record of your wishes and important information, completed with your Advocacy Specialist and kept in your family's records.

Confidential · For you and your family



Client & Insured Information

CLIENT FULL NAME

DATE OF BIRTH

INSURED FULL NAME (IF DIFFERENT)

DATE OF BIRTH

HOME ADDRESS

PHONE

EMAIL

MARITAL STATUS

Military / Veteran Status

IS THE INSURED A VETERAN?

☐ Yes ☐ No

BRANCH OF SERVICE

SERVICE DATES

MILITARY HONORS DESIRED?

☐ Yes ☐ No ☐ Flag ☐ Honor guard ☐ Taps

Privacy: This packet records final-arrangement wishes only. Do not enter Social Security numbers, account passwords, full card numbers, or medical records. Store it securely with your important papers.



Funeral & Service Preferences

PREFERRED ARRANGEMENT

☐ Burial ☐ Cremation ☐ Green burial ☐ Undecided

SERVICE TYPE

☐ Traditional ☐ Memorial ☐ Graveside ☐ Celebration of life ☐ None

PREFERRED FUNERAL HOME

FUNERAL HOME PHONE

VIEWING PREFERENCE

☐ Public viewing ☐ Private / family only ☐ No viewing

Cemetery / Memorial

CEMETERY NAME

PLOT / SPACE OWNED?

MARKER / HEADSTONE PREFERENCE

INSCRIPTION WISHES

Clothing & Personal

CLOTHING PREFERENCE AND PERSONAL ITEMS

Ceremony Wishes

Religious / Cultural

RELIGIOUS OR CULTURAL TRADITIONS

PLACE OF WORSHIP

CLERGY / OFFICIANT NAME

CLERGY PHONE

Music, Readings & Participants

MUSIC SELECTIONS

READINGS OR SCRIPTURE

SPEAKERS / EULOGISTS

PALLBEARERS

Obituary Wishes

NOTES FOR THE OBITUARY (ACCOMPLISHMENTS, FAMILY, STORY)



Beneficiaries, Contacts & Documents

Beneficiary & Policy Information

INSURANCE CARRIER

POLICY NUMBER / REFERENCE

PRIMARY BENEFICIARY

RELATIONSHIP

CONTINGENT BENEFICIARY

RELATIONSHIP

Family & Emergency Contacts

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

NAME

RELATIONSHIP

PHONE

Important Documents (location only — no account numbers or passwords)

WHERE TO FIND WILL, POLICIES, DEEDS, AND RECORDS

DIGITAL ACCOUNT / DOCUMENT LOCATION NOTES (NO PASSWORDS)

Special Instructions & Signatures

ANY OTHER FINAL ARRANGEMENT WISHES OR SPECIAL INSTRUCTIONS

Acknowledgement

These are my wishes as recorded on the date below. This document is a guide for my family and is not a legal or binding contract.

CLIENT SIGNATURE

DATE

ADVOCACY SPECIALIST (AGENT) NAME

DATE COMPLETED

How this is stored: Your Advocacy Specialist keeps this in your secure client file. Access is limited to your agent, their manager where permitted, and the agency owner. You may keep the original, receive a copy, or ask that only a record of completion be kept.