



# What my loved ones need to know

A Planning Guide



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Thinking about how your loved ones will move on when you're no longer with them is never easy. At Massachusetts Mutual Life Insurance Company (MassMutual), we understand this is difficult but we also know the importance of planning ahead to ease the burden on your family and friends. This planning guide will help organize your important information and communicate what matters most to you – both now and in the future.

For helpful articles and a downloadable version of this planning guide, visit:

[www.massmutual.com/prepareshare](http://www.massmutual.com/prepareshare)

# All your important information and final wishes – in one place

Besides the emotions of losing a loved one, one of the toughest things that beneficiaries and survivors face is locating all of the information that they need to take care of the important matters resulting from their loss. This can be anything from where their loved one's assets are to what the final arrangements should be.

## About this guide

The goal for this piece is to help make it easier for you to share key information about your estate, such as important documents and contacts, as well as your final wishes. And have all of that information in one convenient place for your family and friends.

It's not always easy to have a face-to-face conversation with your loved ones about sensitive matters, but it is important that they know your thoughts. By using this guide, you can make sure all of your wishes are communicated clearly.



## Planning overview

### Keep track of your progress

One of the most important things you can do for your loved ones is to plan for the future. That's why you're completing this guide. No matter where you are in the planning process, there are steps you can take to aide your family and friends when they need it most. We've developed some questions for your consideration – especially if you are fairly new to the planning process – to help you start thinking about the kinds of things you can do right away on your own, as well as those tasks you can discuss or complete with others, such as your financial professional, tax adviser and/or attorney.

We've put this in a checklist format so you can check off each item as you go along.

### What you can do on your own

There are certain things only you can do – or, if you are married, you may wish to do this with your spouse.

#### Your beneficiaries/executors/trustees

- Have you thought about whom you would like to have as your beneficiaries?  
*Keep in mind that you will need beneficiaries for your life insurance policies and retirement plan accounts. You may also need to have beneficiaries for any annuities you own. You will also need to consider whom you would like to select as the beneficiaries of your will and/or trust.*
- Have you chosen an executor for your will?
- Have you chosen a trustee if you have a trust?  
Your successor trustees?
- Are any of your beneficiaries minors? (If so, be sure to consult your attorney.)

#### Your children and other loved ones

- Do you have any children under the age of 18?
- Have you considered whom you would like to have take care of your children if you and the other parent were unable to take care of them? (If not, be sure to consult your attorney.)
- If you have considered who would care for your children, have you consulted that individual to make sure that he or she is willing to serve as guardian?
- Do you have any children or other loved ones (including pets) who depend on you for support and for whom you would want to make special arrangements in the event that you passed away?
- Do your loved ones know where your important papers are?
- Do your loved ones know who your key advisers are?



## Your health/medical care

- Have you thought about what kind of medical care you would like to receive if you were incapacitated and couldn't decide for yourself?
- If you were incapacitated and couldn't make your own medical decisions, have you thought about whom you would like to make those decisions for you?
- If you have identified the person whom you would like to make medical decisions for you, have you asked that individual if he/she would be willing to do so if needed?
- In the event that you were no longer able to take care of yourself, have you thought about what type of long-term care you would like to receive – and if so, where you would like to receive it (at home or in a medical facility)?

## Your final arrangements

- Have you given any thought to your final arrangements or the kind of funeral you would like?
- Have you decided who you would like to take care of those arrangements for you?
- Have you communicated your wishes to your loved ones?
- Would you like to do your own preplanning (which involves planning and paying for your funeral in advance)?

*For more information on preplanning or tools to help you document your final arrangements, refer to [Understanding My Final Wishes](#), beginning on page 29.*

# Planning overview

## Keep track of your progress (cont'd)

### What you can do with your financial professional

Here are some things you may wish to consider discussing with your financial professional.

#### Your insurance

- Have you considered whether you have enough life insurance coverage in the event that something were to happen to you? (Your MassMutual financial professional can help you determine how much insurance you might need in order to support your family's lifestyle in the event of your death.)
- Have you discussed with your financial professional how you would pay your bills and meet your financial obligations if you were to become disabled?
- Have you considered how you would pay for a stay in a nursing home?
- Do you know what estate tax bracket you are in?
- Have you considered how your family would be able to pay estate taxes in the event that you should die?
- If you own a business, have you considered what you would like done with it in the event that you should die or become permanently disabled?
- If you own a business, have you considered how you would continue operating your business in the event that you should become disabled, even if for a short time?
- Have you updated your beneficiary designations within the past two years?



#### Your retirement assets

- Have you revisited your investment strategy lately, in light of current economic conditions and how you feel about investment risk?
- Have you considered whether or not you are contributing enough to your retirement account?
- Have you taken any significant loans or withdrawals from your retirement account over the past few years? If so, have you increased your contribution rate to offset the amount that you took from your account?
- If you have taken a loan from your retirement account, what kind of progress are you making in repaying it?
- Have you updated your beneficiary designations within the past two years?

## What you can do with your attorney and your tax adviser

Here are some things you may wish to consider discussing with your attorney.

### Your legal concerns

- Have you created a will? If so, has it been reviewed or updated within the past two years?
- Do you feel there would be conflict within your family in the event of your passing? (This is important information for your attorney to know.)
- Have you created a living will?
- Have you discussed whether or not you need to create one or more trusts?
- Are you concerned about the amount of estate taxes your loved ones may owe upon your death?
- Have you discussed the need for one or more powers of attorney (which can be used to designate who can act in your place in financial and medical matters)?
- Have you designated guardians for your minor and/or disabled children?
- Have you identified your executor(s) and trustee(s)?
- Have you discussed using gifting as a means of removing assets from your estate?

### Your tax-related issues

- Are you aware of the amount of estate taxes your loved ones may owe upon your death?
- Do you know what the annual limit is for giving gifts to a single individual (without generating gift taxes)?
- Have you discussed ways to save on your income taxes, both now and in the future?
- If you own a business, have you discussed with your tax adviser whether you should incorporate or use an Limited Liability Company (LLC) or Sub-Chapter S structure (if you're not doing so already)?

### Considering trusts

Not everyone needs a trust, but many people have used trusts to accomplish different kinds of goals. There are trusts that can help you:

- Have a tax advantaged overall plan in case you become incapacitated.
- Provide for elder care for a loved one with special needs.
- Pass on assets and a legacy to your family or contribute to a favorite charity.

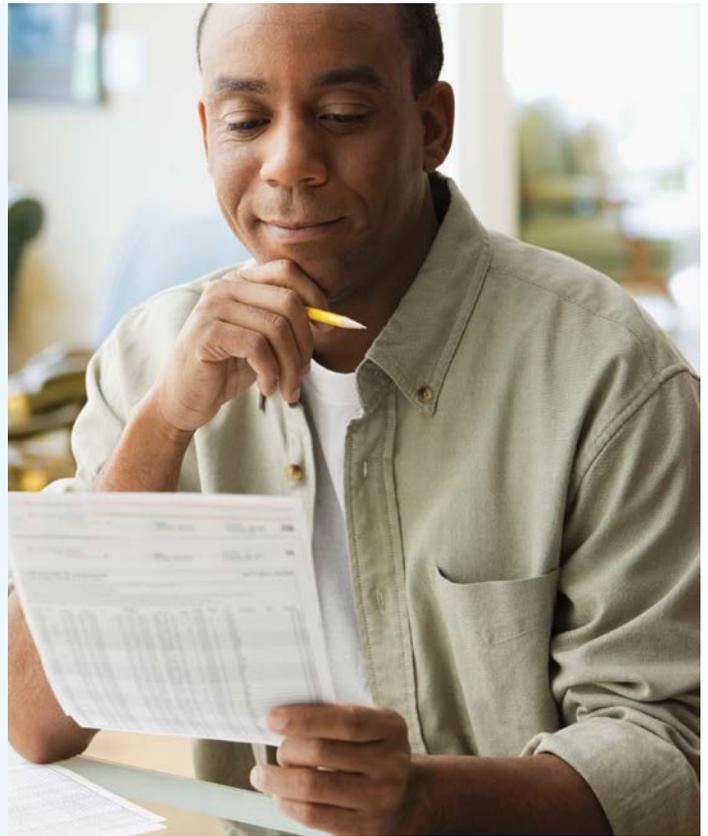
Ask your MassMutual financial professional for more information on the MassMutual Trust Company.

## My personal information

### About me

Someday, your loved ones will need to help with your personal care (in case you should become ill and need assistance) or in handling your financial matters in the event that you are no longer able to do so or have passed away. That's why this section of the guide is so important. It identifies for your loved ones who are closest to you:

- Your personal information that is important for them to know.
- Your beneficiary information.
- A list of your doctors and other health care resources.
- Key contacts and advisors.



**In the space below, please enter your personal information.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

U.S. Citizen?  Yes  No

Did You Serve in the Military?  Yes  No

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_

# My beneficiaries

## Beneficiary 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship:  Friend  Charity  Relative (specify): \_\_\_\_\_

Type of Beneficiary:  Life Insurance  Annuity  Retirement Plan  
 Other (specify): \_\_\_\_\_

Policy, Contract or Account Number: \_\_\_\_\_

\_\_\_\_\_

## Beneficiary 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship:  Friend  Charity  Relative (specify): \_\_\_\_\_

Type of Beneficiary:  Life Insurance  Annuity  Retirement Plan  
 Other (specify): \_\_\_\_\_

Policy, Contract or Account Number: \_\_\_\_\_

\_\_\_\_\_

## Beneficiary 3

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship:  Friend  Charity  Relative (specify): \_\_\_\_\_

Type of Beneficiary:  Life Insurance  Annuity  Retirement Plan  
 Other (specify): \_\_\_\_\_

Policy, Contract or Account Number: \_\_\_\_\_

\_\_\_\_\_

## Beneficiary 4

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone/Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship:  Friend  Charity  Relative (specify): \_\_\_\_\_

Type of Beneficiary:  Life Insurance  Annuity  Retirement Plan  
 Other (specify): \_\_\_\_\_

Policy, Contract or Account Number: \_\_\_\_\_

\_\_\_\_\_

List any additional beneficiaries in the Notes section of this guide.

**Additional beneficiaries listed in the Notes section of this guide?**  Yes  No

# My personal information

## My medical information

### My personal physician

Complete this section to provide information about the doctor who oversees your overall medical care, your primary care physician. This individual is usually, but may *not* be, an internist or a general practitioner. For example, if you have a doctor who primarily takes care of you due to an ongoing medical condition (such as diabetes or cancer), you may consider that individual to be your personal physician. What's important here is not who an insurance company believes is your personal physician, but who *you* believe that person is.

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Type of Physician (specify): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Comments About This Physician: \_\_\_\_\_

### My other physicians

#### Physician 2

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Type of Physician (specify): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Comments About This Physician: \_\_\_\_\_

#### Physician 3

Name: \_\_\_\_\_

Practice Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Type of Physician (specify): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Comments About This Physician: \_\_\_\_\_

List any additional physicians in the Notes section of this guide.

**Additional physicians listed in the Notes section of this guide?**  Yes  No

## My hospitals

Please indicate below the hospitals that you use and why you generally seek treatment there.

### Hospital/Surgical Facility 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I prefer to use this medical facility for (state the type of treatment you seek at this medical facility): \_\_\_\_\_  
\_\_\_\_\_

### Hospital/Surgical Facility 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I prefer to use this medical facility for (state the type of treatment you seek at this medical facility): \_\_\_\_\_  
\_\_\_\_\_

List any additional hospitals/surgical facilities in the Notes section of this guide.

**Additional hospitals/surgical facilities listed in the Notes section of this guide?**  Yes  No

## My pharmacies

Please indicate below the pharmacies you generally use.

### Pharmacy 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Login ID and password (for any online prescriptions): \_\_\_\_\_  
\_\_\_\_\_

### Pharmacy 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Login ID and password (for any online prescriptions): \_\_\_\_\_  
\_\_\_\_\_

List any additional pharmacies in the Notes section of this guide.

**Additional pharmacies listed in the Notes section of this guide?**  Yes  No

# My personal information

## My medical information (cont'd)

### My medications

Please indicate below all of the medications that you currently take, including over-the-counter drugs.

Medication Name	Type of Medication	Dosage	How Often I Take It	Prescribed by (Physician Name)	Pharmacy
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2
	<input type="checkbox"/> Over-the-counter <input type="checkbox"/> Prescription				<input type="checkbox"/> Pharmacy 1 <input type="checkbox"/> Pharmacy 2

List any additional medications in the Notes section of this guide.

**Additional medications listed in the Notes section of this guide?**  Yes  No

## My health care proxy

Complete the section below to indicate who has the authority to make health care decisions on your behalf in the event that you are unable to do so.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Relationship:  Friend  Relative (specify relationship to you): \_\_\_\_\_

Have you executed a Health Care Proxy to designate this person as your health care representative?  Yes  No

If "Yes," where is your Health Care Proxy located? (specify): \_\_\_\_\_



# My personal information

## My key contacts

On the following pages, please enter the names of the key contacts who play an important role in your life.

### My spouse/partner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ U.S. Citizen?  Yes  No

Date of Birth: \_\_\_\_\_

Did Spouse/Partner Serve in the Military?  Yes  No

Branch of Service: \_\_\_\_\_ Years Served: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Place of Marriage (city/state): \_\_\_\_\_

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### My former spouses/partners

Prior Marriage(s)?  Yes  No

#### Former spouse/partner 1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Former spouse/partner 2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

List any additional spouses/partners in the Notes section of this guide.

Additional former spouses/partners listed in the Notes section of this guide?  Yes  No

## My children

Complete this section to provide important information on each of your children, as well as their children (your grandchildren), if applicable.

Do You Have Children?  Yes  No

### Child 1

Living  Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Grandchildren Names (if applicable): \_\_\_\_\_

### Child 3

Living  Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Grandchildren Names (if applicable): \_\_\_\_\_

### Child 2

Living  Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Grandchildren Names (if applicable): \_\_\_\_\_

### Child 4

Living  Deceased

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Spouse/Partner Name (if applicable): \_\_\_\_\_

Grandchildren Names (if applicable): \_\_\_\_\_

List any additional children and/or grandchildren in the Notes section of this guide.

Additional children and/or grandchildren listed in the Notes section section of this guide?  Yes  No

# My personal information

## My key contacts (cont'd)

### My pets

Complete this section to provide important information on each of your pets.



#### Pet 1

Name: \_\_\_\_\_

Pet Type:  Dog  Cat  Other (specify): \_\_\_\_\_

Pet's Age (if known): \_\_\_\_\_

#### Veterinarian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Pet 2

Name: \_\_\_\_\_

Pet Type:  Dog  Cat  Other (specify): \_\_\_\_\_

Pet's Age (if known): \_\_\_\_\_

#### Pet sitter/caregiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Pet 3

Name: \_\_\_\_\_

Pet Type:  Dog  Cat  Other (specify): \_\_\_\_\_

Pet's Age (if known): \_\_\_\_\_

List any additional pets, veterinarians and caregivers in the Notes section of this guide.

**Additional pets, veterinarians, caregivers listed in the Notes section of this guide?**  Yes  No

## Other important family/friends/business contacts

Complete this section to provide information about other family members, close friends and business contacts.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship:  Business Contact  Friend

Relative (specify relationship to you): \_\_\_\_\_

Notify This Person in the Event of My Death?  Yes  No

Why this person is important to me: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship:  Business Contact  Friend

Relative (specify relationship to you): \_\_\_\_\_

Notify This Person in the Event of My Death?  Yes  No

Why this person is important to me: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship:  Business Contact  Friend

Relative (specify relationship to you): \_\_\_\_\_

Notify This Person in the Event of My Death?  Yes  No

Why this person is important to me: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Relationship:  Business Contact  Friend

Relative (specify relationship to you): \_\_\_\_\_

Notify This Person in the Event of My Death?  Yes  No

Why this person is important to me: \_\_\_\_\_

\_\_\_\_\_

List any additional contacts in the Notes section of this guide.

**Additional key contacts listed in the Notes section of this guide?**  Yes  No

# My personal information

## My executors and trustees

Complete this section to provide information about your executor(s) and your trustee(s), if applicable.

### Executor 1

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Executor 2

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Trustee 1

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Trustee 2

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

# My advisers

Complete this section to provide contact information for each of your trusted advisers.

## Attorney 1

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Work Performed (check all that apply):

Estate Planning    Tax Planning    Personal    Business

## Attorney 2

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Legal Work Performed (check all that apply):

Estate Planning    Tax Planning    Personal    Business

## Accountant 1

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accounting Work Performed (check all that apply):

Personal    Business

## Accountant 2

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Accounting Work Performed (check all that apply):

Personal    Business

## Financial professional 1

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area(s) of Expertise (check all that apply):

Financial Planning  Estate Planning  Retirement Planning

Life Insurance  Disability Insurance  Long-Term Care Insurance

Annuities  Mutual Funds  Stocks  Bonds

Other (specify): \_\_\_\_\_

## Financial professional 2

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area(s) of Expertise (check all that apply):

Financial Planning  Estate Planning  Retirement Planning

Life Insurance  Disability Insurance  Long-Term Care Insurance

Annuities  Mutual Funds  Stocks  Bonds

Other (specify): \_\_\_\_\_

## Property & casualty adviser

Name: \_\_\_\_\_

Firm Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Area(s) of Expertise (check all that apply):

Personal Auto Insurance  Homeowners Insurance

Business Vehicle Insurance  Business Owner's Insurance

Business Liability Insurance  Workers Compensation

Personal Umbrella  Business Umbrella

Business Overhead Insurance  Errors and Omissions Insurance

Other (specify): \_\_\_\_\_

List any additional executors, trustees or advisors in the Notes section of this guide.

**Additional executors, trustees or advisors listed in the Notes section of this guide?**  Yes  No

# My legal and financial information

## My legal and insurance documents

Someday, your loved ones will need to use the legal documents that you've created for their benefit. This section of the guide is designed for you to indicate where all of your important legal and insurance papers are, so whoever is handling your affairs can find them quickly and easily. For all online information, be sure to keep password information up to date.

My Legal Documents	Document Location	Contact (name, address, telephone)
My Last Will and Testament		
My Spouse's/Partner's Will		
Tax Returns		
Marriage Certificate		
Citizenship Papers		
Birth Certificate		
Divorce Decree/ Separation Agreement		
Children Custodial Papers		
Children Adoption Papers		
Military Discharge Papers		
Trust Agreements		

My Legal Documents	Document Location	Contact (name, address, telephone)
Power(s) of Attorney		
Health Care Proxy		
Living Will		
Do Not Resuscitate Order (DNR)		
Buy-Sell or Cross-Purchase Agreements		
Split-Dollar Arrangements		
Employer Contracts		
Other (specify)		

My Insurance	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Life Insurance			
Disability Insurance			
Homeowners Insurance			
Automobile Insurance			
Medical Insurance			
Long-Term Care Insurance			

# My legal and financial information

## My financial information – assets

In this section, you will list all of your assets as well as your liabilities, so that your loved ones can take care of your financial affairs in the event that you are unable to.

My Banking Information	Document Location or Account Number	Website, Username and Password	Contact (name, address, telephone)
<b>BANK 1:</b> _____			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			
<b>BANK 2:</b> _____			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			

# My legal and financial information

## My financial information – assets (cont'd)

My Banking Information	Document Location or Account Number	Website, Username and Password	Contact (name, address, telephone)
<b>BANK 3:</b> _____			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			

My Investments	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Brokerage Accounts			
Mutual Funds			
Annuities			
Bonds			
Stock Certificates			
U.S. Savings Bonds			

My Real Estate	Document Location	Contact (name, address, telephone)
My Primary Residence		
My Secondary Residence		
My Vacation Residence		
Rental Property		

My Retirement Assets	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Pension Plan			
401(k)			
IRA			
Roth IRA			
Keogh Plan			
Social Security			
Deferred Compensation Plans			

# My legal and financial information

## My financial information – assets (cont'd)

In this section, please provide information about other property not previously mentioned in this guide, such as items contained in your safe deposit box, your safe, and any other items that may have been placed with other individuals for safekeeping, or put in hard-to-find places.

My Other Property	Document Location	Contact (name, address, telephone)
My Safe Deposit Box <i>(incl. bank and location of key)</i>		
My Safe <i>(incl. location and combination)</i>		
My Jewelry, Collectibles or Other Appraisals		
My Offsite Storage <i>(incl. location/ number of unit and key)</i>		
Other <i>(specify)</i>		



## My financial information – debts

My Mortgages	Document Location	Website, Username and Password	Lender and Contact (name, address, telephone)
My Primary Residence			
My Secondary Residence			
My Vacation Residence			
Rental Property			

My Credit Cards	Document Location or Account Number	Website, Username and Password	Financial Institution and Contact (name, address, telephone)
MasterCard®			
VISA®			
American Express®			
Discover Card®			
Other Credit Cards <i>(specify name of creditors)</i>			

My Auto Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Auto 1 (specify auto type and name of creditor)			
Auto 2 (specify auto type and name of creditor)			

# My legal and financial information

## My financial information – debts (cont'd)

My Personal/Other Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Lending Institution 1			
Lending Institution 2			

My Student Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Lending Institution 1			
Lending Institution 2			

My Monthly Bills on Autopay	Approx. Amount	Account Used	Comments
Payee:			

List any additional legal or financial information in the Notes section of this guide.

**Additional legal or financial information listed in the Notes section of this guide?**  Yes  No

# My online accounts, memberships and social networking

## My email accounts and travel memberships

### Email accounts

For each email account, enter your username and password for online account access, along with the email provider's website address that you use to access your account. Also, be sure to include your email address.

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Name of Email Provider: \_\_\_\_\_

Name of Email Provider: \_\_\_\_\_

Website Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

### Travel membership accounts

For each airline, hotel or other travel account, enter your username and password for online account access, along with the website address that you use to access your account. Also, be sure to enter any membership or ID numbers.



Travel Account Name: \_\_\_\_\_

Travel Account Name: \_\_\_\_\_

Website Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Membership Number: \_\_\_\_\_

# My online accounts, memberships and social networking

## My social networking and other key websites

### My social networking information

For each social network you use, enter your username and password.

Social Network: \_\_\_\_\_

Social Network: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

Social Network: \_\_\_\_\_

Social Network: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

### My other key website information

For other key websites, enter your username and password. Remember to include any photo storage sites you use, as well as online payment sites, such as PayPal.

Website: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

Website: \_\_\_\_\_

Website: \_\_\_\_\_

Username: \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Password: \_\_\_\_\_

List any additional email or other online memberships in the Notes section of this guide.

**Additional email or other online memberships listed in the Notes section of this guide?**  Yes  No

# Understanding my final wishes

## Putting them in your own words

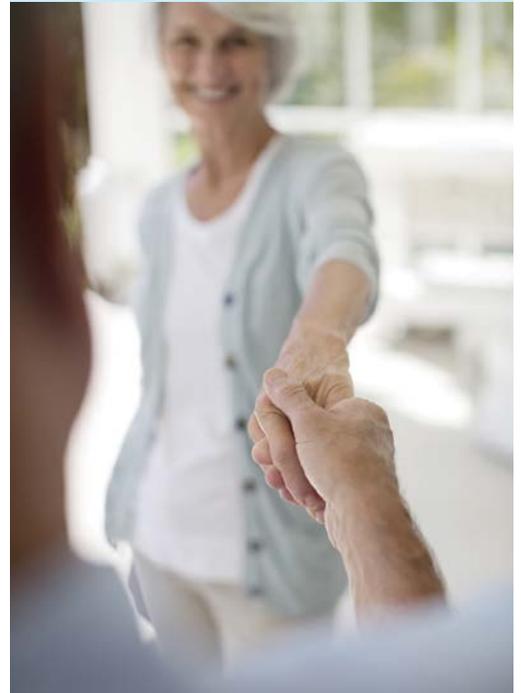
Documenting your final wishes can go a long way to helping your loved ones carry them out. Grief is powerful and this guide can be a valuable resource when your friends and family are faced with tough decisions.

Your final wishes are an extremely personal matter and what works for you may not work for someone else. But what is important is that you are letting your loved ones know – in your own words – what you want them to do and why.

MassMutual has provided you with this planning document to use as you see fit. You may choose to use all of it or just parts of it. The idea is that you utilize those sections that work for you and then leave the rest. This is simply about helping your loved ones to better understand your final wishes.

*Please remember that this section in no way replaces the value of a legal last will and testament. If you don't already have a will, you should speak with an estate attorney about drafting one.*

Be sure that a trusted adviser has all of your information and can contact your family in the event of your illness or death. Try to make sure that the loved one closest to you also has this adviser's contact information and knows to get in touch with that individual in case of an emergency.





# My final arrangements

To my loved ones: Here is what you need to know about my final arrangements:

## Burial/cremation

After my death, I wish to be:  Buried  Cremated  Other (specify):

---

If cremated, I wish to have the following person(s) take responsibility/possession of my remains:

---

## Preplanning

I have already preplanned (paid for) my funeral:  Yes  No

## Funeral home

The name of the funeral home that should take care of my final arrangements is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Name of Funeral Director: \_\_\_\_\_

## Notifications

Please notify the following individuals or organizations of my death:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

# Understanding my final wishes

## My final arrangements (cont'd)

### Notifications (cont'd)

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### Obituary

*Check this box if applicable:*

- I have done my preplanning. My obituary information is with the funeral home indicated on Page 31.  
Please consult the funeral home for more information.

I have already written my obituary:  Yes  No

If "Yes," my obituary text is located (specify location): \_\_\_\_\_

Please publish my obituary in the following newspapers/online publications (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In my obituary, please include the following information about me (specify): \_\_\_\_\_

---

---

---

---

---

---

---

---

In my obituary, please mention the following charitable organizations for friends and family to make contributions to in my memory (specify): \_\_\_\_\_

---

---

## My pre-funeral services

*Check this box if applicable:*

I have done my preplanning. My pre-funeral services information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have pre-funeral services, such as a wake/visitation:  Yes  No

I wish to have the wake/visitation take place (specify time, relative to the funeral): \_\_\_\_\_

---

I wish for my casket to be:  Open  Closed  n/a: I am being cremated

I wish to wear the following clothes/jewelry for my pre-funeral services (specify): \_\_\_\_\_

---

I wish to be buried with the following jewelry/other items (specify): \_\_\_\_\_

---

I wish to have the memorial card include the following information/prayer (specify): \_\_\_\_\_

---

I wish to have the following clergy member (priest/pastor/rabbi/other) attend my pre-funeral service (specify name): \_\_\_\_\_

---

I wish to have flowers at my pre-funeral services:  Yes  No

# Understanding my final wishes

## My final arrangements (cont'd)

### My pre-funeral services

I wish to have the following type(s) of flowers on my casket (specify): \_\_\_\_\_

\_\_\_\_\_

Additional notes on my pre-funeral services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### My funeral/memorial service

*Check this box if applicable:*

I have done my preplanning. My funeral/memorial service information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have a funeral/memorial service:  Yes  No

I wish to have my service conducted at:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

### Military service

I was a member of the military and wish to have a representative from my branch of service at my funeral (if eligible):

Yes  No Specify branch of service and number of years served: \_\_\_\_\_

### Flowers

I wish to have flowers at my funeral service (in addition to any flowers that are at my wake/visitation):

Yes  No I wish to have the following type(s) of flowers at my funeral (specify): \_\_\_\_\_

\_\_\_\_\_

Instead of flowers, I would prefer that donations be made to this organization: \_\_\_\_\_

\_\_\_\_\_

**Songs/music**

I wish to have specific music/a specific type of music at my funeral service:

Yes  No I wish to have the following songs/type of music at my service (specify): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Readings/prayers/poetry**

I wish to have specific readings/prayers/poems at my funeral:  Yes  No

I wish to have the following readings/prayers/poems at my funeral:

\_\_\_\_\_  
\_\_\_\_\_

I wish to have the following individual(s) read the readings/prayers/poems at my funeral (specify):

\_\_\_\_\_  
\_\_\_\_\_

**Eulogy**

I wish to have the following individual(s) at my funeral deliver the eulogy (specify):

\_\_\_\_\_  
\_\_\_\_\_

**Pallbearers**

I wish to have the following individuals at my funeral serve as pallbearers (specify):

\_\_\_\_\_  
\_\_\_\_\_

I wish to have the following individuals at my funeral serve as honorary pallbearers (specify):

\_\_\_\_\_  
\_\_\_\_\_

Additional notes on my funeral/memorial service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Understanding my final wishes

## My final arrangements (cont'd)

### My burial

*Check this box if applicable:*

- I have done my preplanning. My burial/cemetery information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have my remains buried:  Buried in the ground  Interred in a mausoleum  Kept in an urn

Other \_\_\_\_\_

*If you wish to be cremated and your remains to be scattered, check the laws of the location you have selected.*

I wish to have my burial at (name of cemetery): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

I wish to be buried in my family plot:

Yes  No  n/a My family plot is located at (specify plot/drawer number): \_\_\_\_\_

I wish to be buried next to (specify name of individual who is already buried in your family plot, at whose side you wish to be buried):

\_\_\_\_\_

I wish to have my headstone and footstone engraved as follows (specify): \_\_\_\_\_

\_\_\_\_\_

Additional notes on my burial: \_\_\_\_\_

\_\_\_\_\_

### My post-funeral reception

*Check this box if applicable:*

- I have done my preplanning. My post-funeral reception information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have a post-funeral reception, where my friends and family members can gather for a meal/refreshments and to share time together:  Yes  No  n/a

I wish to have the reception at (specify location): \_\_\_\_\_

Additional notes on my post-funeral reception: \_\_\_\_\_

## Disposition of small items of personal property

In this section, I wish to inform you of what to do with small items of my personal property. The information in this section does not supersede the information that is in my will, but is merely intended to inform you of my wishes with respect to the disposition of small personal items that are not included in my will.

*Check this box if applicable:*

Information about the disposition of small items of my personal property is with my attorney. Contact my attorney (name: \_\_\_\_\_) for more information.

## My pets

I wish for you to contact the following individuals and ask them to take custody of my pets:

Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have contacted this person to ask him/her to care for this pet in the event of my death:  Yes  No

I have contacted this person to ask him/her to care for this pet in the event of my death:  Yes  No

Pet Name: \_\_\_\_\_

Pet Name: \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I have contacted this person to ask him/her to care for this pet in the event of my death:  Yes  No

I have contacted this person to ask him/her to care for this pet in the event of my death:  Yes  No

## My other personal possessions

Please dispose of the following items, as follows:

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Item: \_\_\_\_\_

Item: \_\_\_\_\_

Location: \_\_\_\_\_

Location: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Name of person to give this item to: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Additional notes on the disposition of small items of personal property: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Memorials

If you would like to do something in my memory, please consider this (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Preplanning information

Preplanning a funeral – which involves planning and paying for a funeral in advance – is not for everyone. But it can be an excellent way to help relieve your loved ones of a significant burden at the time of your passing.

In this section, we provide you with:

- The benefits of preplanning.
- Information you need to know if you do your own preplanning.

## The benefits of preplanning

There are many advantages to preplanning your funeral, including these:

- There is no need for your loved ones to “guess” about what you wanted with respect to your final arrangements; it’s all done in advance. You can leave detailed instructions with your funeral director, such as the songs, hymns, etc., you prefer.
- You may be able to lock in the price of your funeral or some of the products and services associated with your final arrangements.
- There is less stress on your loved ones after you’ve passed, since major decisions, such as the choice of your casket, the kind of service you want, etc., have already been made by you.
- Preplanning can save your loved ones money. Those who are grieving are vulnerable and may pay more than they need to for funeral products and services, especially if they don’t know what your wishes are.

## What you need to know about preplanning

If you decide you want to do your own preplanning, the first thing you need to do is select a funeral home. This is one of the most important steps in the preplanning process, since

you need to select a funeral home you feel you can trust with both your planning information and the money you’re going to give the funeral home to prepay for your funeral products and services.

There are many ways to complete your preplanning, but there are some important things you need to know before you begin.

### How preplanning works

When you preplan your funeral, you will need to select a funeral home. You will then make an appointment to consult with the funeral director, who will help you decide what kind of funeral services you want, whether you prefer burial or cremation, the products and services you wish to purchase (such as a casket and the rental of mourners’ cars), and where you would like your funeral or memorial services to be held. You will also work with the funeral director to find out the current cost of those products and services, and whether or not you can “lock in” any of the prices – or whether your family or executor may have to pay additional money at the time of your death. You will then pay the funeral home for the estimated cost of your funeral products and services.

### One thought to consider...

The day that you meet with the funeral director to complete your preplanning, you may wish to bring a friend or loved one with you to assist with decision-making and moral support.

# Preplanning

Once you've made your choices, the funeral home should provide you with a pre-need agreement (the name of this document may vary). Some of the items this document will include are:

- An itemized list of the products and services you have chosen, along with their prices.
- An explanation of your rights and obligations under the contract.
- Whether or not the funeral home will guarantee the price of goods and services you are purchasing, and who is responsible for paying any additional funds that may be due at the time of your death.
- Whether or not you may cancel your pre-need agreement and how much of the funds you prepaid will be refunded.
- What happens to your money if you pay too much under the agreement.

*Be sure to store your pre-need agreement in a safe place – but you may not want to choose your safe deposit box.*

*Some banks freeze access to safe deposit boxes after the death of the owner for a specified period of time. When this happens, no one can access the safe deposit box while it is frozen.*

## Selecting your funeral home

One of the best ways to choose a funeral home is by either relying on your own experience with a funeral home in your area, or consulting friends and acquaintances to see if they can refer you to a funeral home that they trust. Another idea is to consult your trusted advisers – such as your attorney, accountant or other financial professional – for suggestions. As business people within your community, they may be able to provide you with some solid recommendations.

The Federal Trade Commission enacted the Funeral Rule in 1984 (amended in 1994). It requires all funeral providers to give consumers complete information about the goods and services they are purchasing when planning a funeral. To learn more about funeral planning and the Funeral Rule, visit [www.FTC.gov](http://www.FTC.gov).

Various state laws have also been enacted with respect to preplanning. Contact your attorney or your state attorney general's office, or go online for more information on the laws that are in effect in your state.

Another idea is to research funeral homes online. For example, the National Funeral Directors Association, a funeral service association with 19,000 individual members who represent more than 10,000 funeral homes in the world, has an online search engine that allows you to look for a funeral home in any area of the United States. The website also contains helpful information on planning a funeral. For more information, visit [www.nfda.org](http://www.nfda.org). (Keep in mind that this is just *one* website where you can find helpful information and guidance on preplanning. By using an online search engine, you can find many other resources on your own.)

## Prepaying for your funeral

As noted earlier, part of the preplanning process involves paying for your funeral expenses in advance. When you do this, your money is placed in a trust for your benefit. This helps to protect your money in the event that the funeral home goes out of business. Whether or not the money you prepaid can be refunded depends on whether your money is placed in an irrevocable trust (which can't be changed after it is created) or a revocable trust, which can be modified after its creation.

Once your preplanning has been completed, the interest on your trust account (where your preplanning funds are held until the time of your death) will be reported each year to the IRS on Form 1099-INT. You will receive a copy of this form during tax reporting season. Be sure to provide your accountant or other tax professional with the amount of interest on your 1099-INT, so he or she can include it as part of your income for the preceding year when preparing your income tax return(s).

**Important!**

If you complete the preplanning process, be sure to tell a loved one or, at the very least, your attorney, and give him or her the name and address of the funeral home you have chosen. It is critical that those closest to you know about your preplanning. If they do not, you could wind up paying for your funeral twice.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Glossary

## Glossary

This Glossary defines terms used throughout this guide. For more information on any of these terms, consult your legal adviser or financial professional.

**Beneficiary:** A person or other legal entity that receives assets – including, but not limited to, money from someone else.

**Estate:** The sum of an individual’s assets at a given point in time.

**Executor:** The person or institution named by an individual creating a will to carry out his or her wishes as specified in the will.

**Grantor:** A legal term that refers to a person who is creating a trust. This person can also be referred to as a “settlor” or “trustor.”

**Guardian:** An individual appointed by a court, and often named in a will, to take care of a child in the event of the death of that child’s parents.

**Health Care Proxy:** A legal document that designates the individual you want to make health care decisions for you in the event that you are unable to make those decisions yourself.

**Irrevocable Trust:** A trust that, once drafted and signed by the grantor, is NOT changeable and gives the grantor little to no control over the trust. If done correctly, placement of assets in an irrevocable trust results in their removal from the grantor’s estate.

**Living Will:** A legal document that specifies the medical care you want or don’t want under a specified set of circumstances.

**Power of Attorney:** A legal document that provides written authorization to an individual to act on behalf of another individual in legal, financial and, possibly, medical matters.

**Probate:** The legal process of administering the estate of a deceased person by resolving all claims and distributing the deceased person’s property under a valid will.

**Revocable Trust:** A trust where, during the life of the grantor, the terms of the trust may be changed and assets may be added or withdrawn by the grantor. With a revocable trust, trust assets remain in the estate of the grantor.

**Successor Trustee:** The person or institution designated to administer a trust according to its terms after the death, resignation or incapacity of the original trustee.

**Trust:** A legal tool through which property is held for the benefit of another person.

**Trustee:** The person or institution designated to administer a trust according to its terms.

**Will:** A legal document by which a person provides for the transfer of property at his or her death and names an executor to carry out the transfer.





## You've made a good decision for who matters most to you

By completing the planning guide, you're sharing your final wishes and providing loved ones with the information they need to make decisions. It's important to review this guide annually and update it as needed. Your MassMutual financial professional can help you with these updates and offer guidance in tandem with your other trusted advisers.

*Please be sure to keep this highly personal and sensitive information in a safe and secure place. And let your family members, executor and attorney know where that place is.*

*If you need assistance, feel free to contact your MassMutual financial professional at any time.*



There are many reasons to choose a life insurance company to help meet your financial needs: protection for your family or business, products to provide supplemental income and the confidence of knowing you will be prepared for the future.

At Massachusetts Mutual Life Insurance Company (MassMutual), we operate for the benefit of our participating policyowners. We stand strong in the fundamental belief that every secure future begins with a good decision. And when choosing a life insurance company – ownership, strength and stability matter.

[Learn more at \[www.massmutual.com/mutuality\]\(http://www.massmutual.com/mutuality\)](http://www.massmutual.com/mutuality)

**For more on making good decisions in your financial life, you can also find us on Facebook, Twitter, LinkedIn and YouTube.**



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