

# A GUIDE FOR THE FUTURE



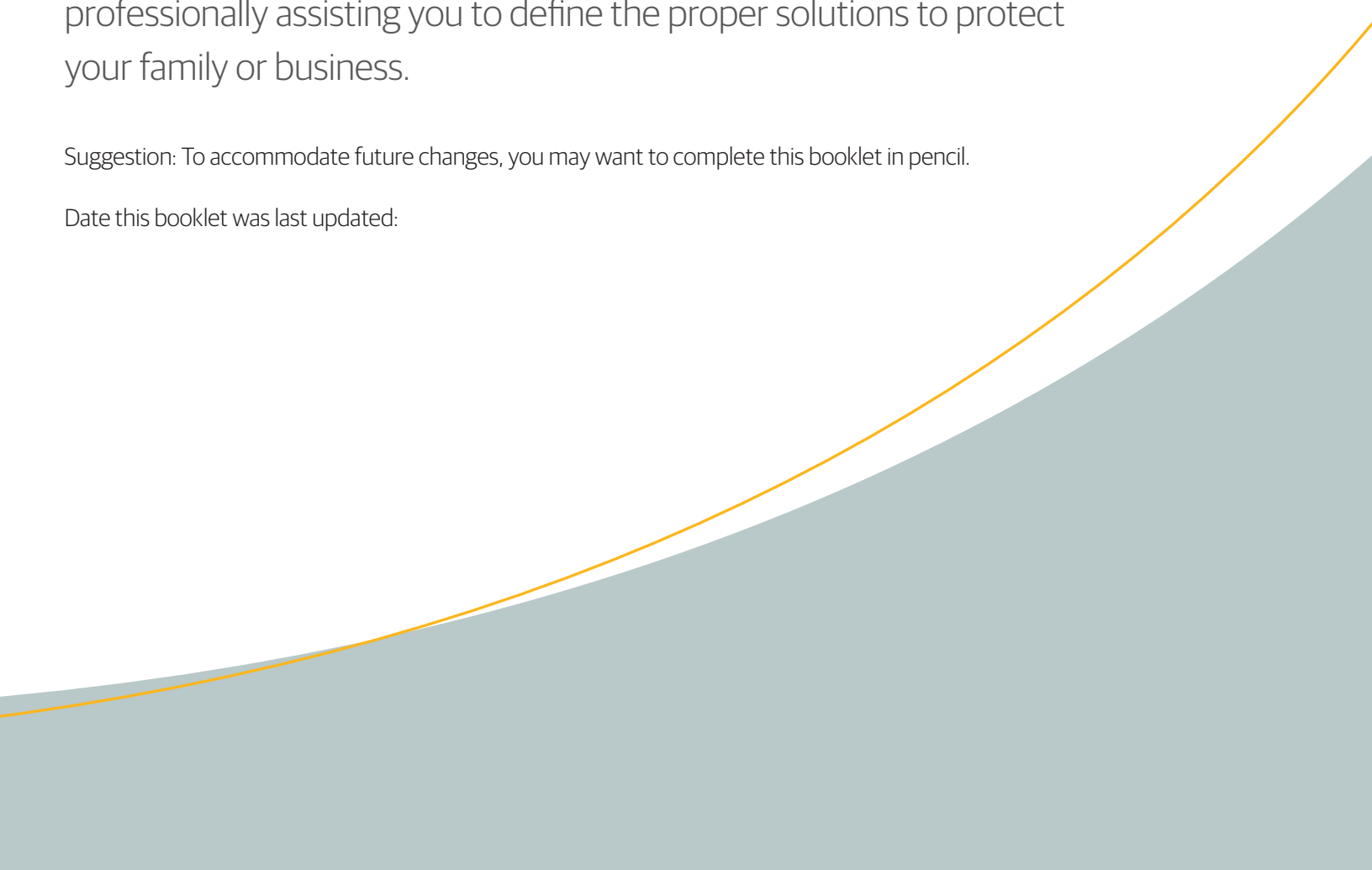


The gift of planning ahead is priceless and can provide tremendous value for those entrusted to carrying out your wishes. This booklet was created to capture the efforts you have so carefully given thought to over the years. It offers space for recording important information that may be needed in the future.

It may be helpful to set aside some time to go through this material, filling in the pertinent information. We hope that, in writing it down, it will create opportunities for discussion with your loved ones and help ensure peace of mind for both parties. You may also want to use this document to identify any potential gaps or challenges to the completeness of your planning. If you have concerns, we recommend that you involve your financial professional in the process of professionally assisting you to define the proper solutions to protect your family or business.

Suggestion: To accommodate future changes, you may want to complete this booklet in pencil.

Date this booklet was last updated:



# NORTHWESTERN MUTUAL

Because of your commitment to your family or business, you have spent considerable time and resources to develop your financial plan.

The company you have chosen to assist you with that commitment is built on a foundation of financial strength and superior value. Northwestern Mutual has the highest financial strength ratings awarded to any life insurer by all four of the major rating agencies.\*

- A.M. Best Company A++ (highest), 5/2015
- Fitch Ratings AAA (highest), 6/2015
- Moody's Investors Services Aaa (highest), 8/2015
- Standard & Poor's AA+ (second highest), 5/2015

We put an emphasis on a quality approach to doing business long before it became fashionable to do so. In 1888, our Executive Committee made a promise...

**"The ambition of The Northwestern has been less to be large than to be safe; its aim is to rank first in benefits to policyowners rather than first in size. Valuing quality above quantity, it has preferred to secure its business under certain salutary restrictions and limitations rather than to write a much larger business at the possible sacrifice of those valuable points which have made The Northwestern pre-eminently the policyowner's Company."**

More than a century later, it's still our Mission Statement, and it's still a promise we uphold.

Two of our significant responsibilities to you are to provide the best service possible and to maintain the long-term commitment we made when you chose to work with us to help secure your financial future. To that end, we hope you will find this booklet helpful in carrying out your commitment to your family or business.

Your Northwestern Mutual financial professional can provide valuable assistance to ensure that your needs have been met. Please contact your financial professional with any questions or concerns you may have.

\*Third-party ratings are subject to change. Ratings are for Northwestern Mutual Life Insurance Company and Northwestern Long Term Care Insurance Company, as of the most recent review and report by each rating agency.

# PERSONAL INFO

Name of Insured

FIRST MIDDLE LAST

Name at Birth

FIRST MIDDLE LAST

Birthday

MONTH DAY YEAR

Place of Birth

CITY STATE COUNTRY

Present Address

STREET CITY STATE

Driver's License No.

Married to

PRESENT NAME FORMER NAME

Spouse's Birthday

MONTH DAY YEAR

Spouse's Place of Birth

CITY STATE COUNTRY

Previous Marriage(s):

NAME DATE OF DEATH OR DIVORCE

NAME DATE OF DEATH OR DIVORCE

Additional Information

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

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

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

NAME BIRTH DATE ADDRESS

NAME BIRTH DATE ADDRESS

# PERSONAL INFO CONTINUED

Citizen of \_\_\_\_\_  By Birth  By Naturalization

Naturalized \_\_\_\_\_  
MONTH DAY YEAR

Location \_\_\_\_\_

Naturalization No. \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTAL INFORMATION

Father \_\_\_\_\_  
FULL NAME BIRTH DATE  
DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother \_\_\_\_\_  
FULL NAME BIRTH DATE  
DATE OF DEATH CAUSE PLACE OF BURIAL

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERSONAL ADVISORS

## Northwestern Mutual Financial Professional

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Attorney

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Personal Representative / Executor / Executrix

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Accountant

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Stockbroker

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Financial Advisor

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Religious Contact

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Other

NAME

STREET

CITY

STATE

TELEPHONE NO.

## Other

NAME

STREET

CITY

STATE

TELEPHONE NO.

# 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
- Divorce Papers
- Tax Records
- W-2 Forms
- Mortgage
- Title House(s)
- Title Car(s)
- Title Misc
- Military Records
- Household Records, Bills etc.
- Guardianship Letters
- Power of Attorney - Financial
- Power of Attorney - Health
- Living Will
- Loan Papers
- Keys
- Other Important Documents



# 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 Address

NAME STREET CITY STATE

Witnesses (to Will) Name and Address

NAME STREET CITY STATE

NAME STREET CITY STATE

Guardian (for Minors) Name and Address

NAME STREET CITY STATE

# 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 ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

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 ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

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 ID

Trustee(s) Name(s) and Address(es)

NAME STREET CITY STATE

NAME STREET CITY STATE

Successor Trustee Name and Address

NAME STREET CITY STATE

# DEPENDENT WITH SPECIAL NEEDS

Name of dependent \_\_\_\_\_

FIRST MIDDLE LAST

Name of future legal guardian \_\_\_\_\_

FIRST MIDDLE LAST

Name of attorney \_\_\_\_\_

FIRST MIDDLE LAST

Date letter of intent created \_\_\_\_\_ Location \_\_\_\_\_

DATE LOCATION

Current health insurance provider \_\_\_\_\_

NAME

POLICY NO. GROUP NO. PLAN PARTICIPANT NAME TYPE/LEVEL COVERAGE

Will health insurance for the person with special needs continue beyond age 22?  Yes  No

Alternative coverage if current health insurance is no longer available \_\_\_\_\_

Other relatives who 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 \_\_\_\_\_

# FINANCIAL ACCOUNTS

## BANK ACCOUNTS (Savings & Loan, Credit Union)

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

Location of Checkbooks, Passbooks, Statements and Canceled Checks

\_\_\_\_\_

\_\_\_\_\_

## MUTUAL FUNDS

Fund Name and Company	Number of Shares	Account Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## ANNUITIES

Name of Company	Policy Number	Annuitant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## CERTIFICATES OF DEPOSIT (CDs)

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

# FINANCIAL ACCOUNTS CONTINUED

## SAVINGS BONDS

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## OTHER BONDS

Bond Number	Maturity Value	Maturity Date	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## STOCKS

Name	Number of Shares	Location of Certificates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Location of Financial Account Information \_\_\_\_\_

# INSURANCE POLICIES

## LIFE INSURANCE

Name of Company	Policy Number	Amount of Coverage
Northwestern Mutual		

Location of 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 \_\_\_\_\_  
\_\_\_\_\_

# OTHER SOURCES

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

Location of Information 

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## GOVERNMENT LIFE INSURANCE

Serial Number 

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Branch of Military 

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Dates of Service 

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Location of Information 

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## OTHER POTENTIAL GOVERNMENT COVERAGE

	Amount	Account or Claim Number
Veteran's	<hr/>	<hr/>

Civil Service	<hr/>	<hr/>
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Railroad Retirement	<hr/>	<hr/>
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Active Military	<hr/>	<hr/>
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Local/State Employment	<hr/>	<hr/>
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Location of Information 

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# EMPLOYMENT BENEFITS

## CURRENT EMPLOYER

Current Employer Name and Address

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COMPANY STREET CITY STATE

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POSITION/TITLE DATE OF HIRE

Potential eligible benefits available in the event of my death:

- Group Life Insurance
- Group Health Insurance (death benefit)
- Unpaid Salary
- Pension (survivor's benefits)
- Workmen's Compensation
- Deferred Compensation
- Profit Sharing (survivor's benefits)
- Other

Location of Information

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Contact person at work

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# PENSIONS/RETIREMENT

## PENSION PLANS

Name and Address of Employer (Current and Prior)

Pension Identification Number

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

## INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Name and Address of Company

Account Number

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

## KEOGH PLAN

Name and Address of Company

Account Number

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

## 401(K) PLANS

Name and Address of Company

Account Number

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

## OTHER RETIREMENT/PENSION PLANS

Name and Address of Company

Account Number

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

Location of Pension/Retirement Information

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# SOCIAL SECURITY & BUSINESS INTEREST

## SOCIAL SECURITY INFORMATION

My Social Security Number

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My Spouse's Social Security Number

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My Children's Social Security Number(s):

NAME	NUMBER
NAME	NUMBER
NAME	NUMBER
NAME	NUMBER

## BUSINESS OWNERSHIP

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

Name and Address of Business	Type of Business	% Ownership Interest

# LEGAL ACTION, CREDIT CARDS & DEBTS

## LEGAL ACTION

Uncollected legal judgment, pending lawsuit or claim, etc.

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

## CREDIT CARDS

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

## DEBTS

I have the following debts:

Name and Address of Debtor	Reason	Amount
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

# FINAL WISHES

I would like my body to be:

- Cremated       Entombed       Used as an Organ Donor  
 Buried       Given to Science       Any of the preceding as selected by my heirs

I would like:

- A Funeral Service       No Service  
 A Memorial Service       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:

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I have made funeral prearrangements. The information is as follows:

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# OPTIONS

## OPTIONS FOR THE PROCEEDS OF LIFE INSURANCE POLICIES

Northwestern Mutual's experience in providing financial security to millions of people has taught us that most beneficiaries generally prefer to hold off on making long-term financial decisions. When the time is right for you, you may want to consider some of the following options. You can contact a Northwestern Mutual financial professional to review your needs and discuss the best alternatives.

	Life Insurance	Disability Insurance	Deferred Annuities	Northwestern Mutual Payment Plans	Mutual Funds <sup>1</sup>
<p><b>ARE YOUR LOVED ONES PROTECTED?</b> Do you have adequate life insurance coverage to assure that people who depend on you will be taken care of?</p>	✓				
<p><b>ARE YOU RELYING ON ONE INCOME?</b> If you will now have one income to support yourself or yourself and your children, consider protecting that income through disability insurance coverage. Loss of wages is a special concern for single-income families.</p>		✓			
<p><b>WHAT ARE YOUR INCOME NEEDS?</b> After six months to a year, you should have a better idea of your need for additional income. If your current income is adequate, you may want to consider ways to invest your proceeds for future growth and security, possibly through mutual funds.</p>				✓	✓
<p><b>HOW LONG WILL YOU RELY ON YOUR BENEFIT PAYMENT?</b> It is important to consider how long you will rely on your benefits for a source of income. If the answer is 10 years or more, you may need to invest those proceeds in a way that allows them to grow and keep up with your future needs and inflation.</p>			✓	✓	✓
<p><b>WHAT IS YOUR TAX SITUATION?</b> You may want to shelter your proceeds from income taxes. If your need for immediate income is low, life insurance products and deferred annuities can provide tax advantages.</p>	✓		✓		

<sup>1</sup>Securities are offered through Northwestern Mutual Investment Services, LLC, 1-866-664-7737, a wholly-owned company of The Northwestern Mutual Life Insurance Co., Milwaukee, WI (NM), a broker-dealer and a member of the FINRA and SIPC. NM is not a broker-dealer or a registered investment adviser.





Northwestern Mutual is the marketing name for The Northwestern Mutual Life Insurance Company, Milwaukee, WI (NM) (life and disability insurance, annuities) and its subsidiaries.

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