

# FinancialCop Legacy Go-Bag

A guide to help organize your important financial documents and ensure your legacy is carried out according to your wishes.



In the event that I pass away or am seriously injured, the following pages should serve as a means to assist my family in helping locate important financial documents, and/or help them organize personal finances. The information included is only meant for my family and/or agency use with my permission.

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## INSTRUCTIONS AND PURPOSE

The purpose of a Legacy Go-Bag is to create an organized place to have all important personal information and instructions to help your family locate items related to your personal finances and final wishes. A Legacy Go-Bag will help give them specific instructions, from you, about how you want things to occur in the event that you pass away or are seriously injured.

Consider keeping the items within this Legacy Go-Bag in a safe and secure place, like a bank safety deposit box or a very secure and fireproof rated safe. Accordion files can be good tools to keep the sections separated with this Legacy Go Bag as the first section. Ensure backup copies are made and kept with trusted people.

## ITEMS TO CONSIDER INCLUDING IN YOUR LEGACY GO-BAG

- Letters to loved ones and department instructions
  - Spouse
  - Children
  - Department
- Last Will and Testament
- Funeral Instructions
- Financial Accounts
- Passwords
- Insurance Policies
- Income Taxes
- Monthly Budgets
- Important Documents
- Special Items

The following pages are designed to help you gather this information and begin to organize these items. They may not be inclusive of everything as each individual's circumstances may require more, or less information that is included within this packet.

**Date Completed**

**Personal Information**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Badge Number \_\_\_\_\_

**Department contacts**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**Spouse Information:**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**Children Information:**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Child lives with \_\_\_\_\_

Address of Child \_\_\_\_\_ Phone Number \_\_\_\_\_

**Children Information:**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Child lives with \_\_\_\_\_

Address of Child \_\_\_\_\_ Phone Number \_\_\_\_\_

**Children Information:**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Child lives with \_\_\_\_\_

Address of Child \_\_\_\_\_ Phone Number \_\_\_\_\_

**Children Information:**

Full Legal Name \_\_\_\_\_ DOB \_\_\_\_\_

Child lives with \_\_\_\_\_

Address of Child \_\_\_\_\_ Phone Number \_\_\_\_\_

## COVER LETTERS

This section is designed to let family members know where important instructions / letters are at to help guide them on your wishes and locations of the documents within this Legacy Go Bag. You should consider writing a letter to each of the people below.

For more information on these go to [www.financialcop.com/resources/legacy-planning](http://www.financialcop.com/resources/legacy-planning)

- Letter to your spouse.
- Letter to children and loved ones.
- Departmental letter to Include items in this letter if you are killed or injured in the line of duty such as:
  - Notification instructions to spouse and children to include which close officer you wish to accompany administration to make notifications.
  - Designate the officer you want as the liaison between family and your department.
  - Include lock combinations for locker if applicable

## LAST WILL & TESTAMENT / LIVING WILL

These documents detail how you want to disperse your assets and property, how you want your estate to be handled and divided once you pass away, how to preserve your wealth, and what your wishes for your assets are. For more information about these different documents go to <https://financialcop.com/resources/wills-living-wills/>

Date Will & Testament completed \_\_\_\_\_ Named Executor \_\_\_\_\_

Location of Will & Testament \_\_\_\_\_

Attorney used \_\_\_\_\_ Law Firm Name \_\_\_\_\_

Attorney phone number \_\_\_\_\_

A Living Will details how things should be treated while you are still alive. List the dates each of these were completed

Medical Power of Attorney \_\_\_\_\_ Medical Directive \_\_\_\_\_

Durable/Financial Power of Attorney \_\_\_\_\_ HIPPA Release \_\_\_\_\_

Organ Donor \_\_\_\_\_ YES \_\_\_\_\_ NO

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

## FUNERAL INSTRUCTIONS

In the event of my passing the following are my preferences.

I request: \_\_\_\_\_ Cremation \_\_\_\_\_ Interment \_\_\_\_\_ Entombment

If cremation, I wish my ashes to be \_\_\_\_\_

My burial location preference \_\_\_\_\_ Purchased lot \_\_\_\_\_

I request my service location to be at \_\_\_\_\_

My church affiliation is \_\_\_\_\_ Religious affiliation: \_\_\_\_\_

I wish to be wearing: \_\_\_\_\_ Class A Uniform \_\_\_\_\_ Military Uniform  
\_\_\_\_\_ Suit \_\_\_\_\_ Other

I wish my pall bearers to be: \_\_\_\_\_

Veterans Benefits: \_\_\_ Yes \_\_\_ No

Military Honors: \_\_\_ Yes \_\_\_ No

Please include the following in my Obituary: \_\_\_\_\_

## FINANCIAL ACCOUNTS

The following is a list of financial accounts. You should consider including copies of recent statements in this section of your Legacy Go-Bag, and you should consider updating these statements on a semi-annual basis.

Banks Name \_\_\_\_\_ Account Type \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Banks Name \_\_\_\_\_ Account Type \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Banks Name \_\_\_\_\_ Account Type \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Banks Name \_\_\_\_\_ Account Type \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

## FINANCIAL ADVISOR

Financial Advisor Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

## PENSION

Pension Company Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

## RETIREMENT ACCOUNTS

Account type \_\_\_\_\_ 457 \_\_\_\_\_ 401k \_\_\_\_\_ 403b \_\_\_\_\_ IRA \_\_\_\_\_ Brokerage  
Firm name where assets are held \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ 457 \_\_\_\_\_ 401k \_\_\_\_\_ 403b \_\_\_\_\_ IRA \_\_\_\_\_ Brokerage  
Firm name where assets are held \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ 457 \_\_\_\_\_ 401k \_\_\_\_\_ 403b \_\_\_\_\_ IRA \_\_\_\_\_ Brokerage  
Firm name where assets are held \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ 457 \_\_\_\_\_ 401k \_\_\_\_\_ 403b \_\_\_\_\_ IRA \_\_\_\_\_ Brokerage  
Firm name where assets are held \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ 457 \_\_\_\_\_ 401k \_\_\_\_\_ 403b \_\_\_\_\_ IRA \_\_\_\_\_ Brokerage  
Firm name where assets are held \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

## PASSWORDS

It is important to ensure trusted contacts have a way to access your passwords to close out accounts and ensure bills can still be paid. Include utilities, email accounts, social media accounts, and anything else that has a username and password. There are many good encrypted programs that can help store and create secure passwords as well should you wish to use one of them.

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Account type \_\_\_\_\_ Account number \_\_\_\_\_

Login Website \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

## INSURANCE POLICIES

Ensure insurance policy copies are included in your Legacy Go-Bag file section

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

Account type \_\_\_\_\_ Auto \_\_\_ Home \_\_\_ Umbrella \_\_\_ Life \_\_\_ Other  
Insurance Company name \_\_\_\_\_  
Insurance Agent phone number \_\_\_\_\_  
Account Number \_\_\_\_\_ Statement in file \_\_\_ Yes \_\_\_ No  
Coverage Amounts \_\_\_\_\_  
Login Username \_\_\_\_\_ Password \_\_\_\_\_  
Notes \_\_\_\_\_

## INCOME TAXES

You should consider keeping income taxes from previous years readily available.

Do you use a CPA/Accountant \_\_\_\_\_ Yes \_\_\_\_\_ No

CPA/Accountant Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If taxes were done online: \_\_\_\_\_

Online Program Name \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

Previous return copies are located at \_\_\_\_\_

Notes \_\_\_\_\_

## MONTHLY BUDGET

Having previous monthly budgets can be an important aspect to help surviving family members navigate the monthly expenses. For more information on budgets check out [www.financialcop.com/resources/budgeting](http://www.financialcop.com/resources/budgeting)

Monthly Budgeting method: \_\_\_\_\_ Excel/Handwritten/Budgeting website

If utilizing an online budgeting website: \_\_\_\_\_

Website name \_\_\_\_\_

Username \_\_\_\_\_ Password \_\_\_\_\_

How many previous months are accessible? \_\_\_\_\_

Notes you wish to discuss about your monthly budgeting

## IMPORTANT DOCUMENTS

It is essential for important people to know the location of important documents. These can be kept within your accordion file and/or the location disclosed below.

Birth certificate location \_\_\_\_\_

Marriage certificate location \_\_\_\_\_

Social Security Card location \_\_\_\_\_

Passport location \_\_\_\_\_

Divorce decree location \_\_\_\_\_

Child Custody agreement location \_\_\_\_\_

## SPECIAL ITEMS

This section is comprised of those items that do not fit in any of the categories above.

### Vehicles:

Vehicle year, make, model \_\_\_\_\_

Title Registration location \_\_\_\_\_

Lien Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

Vehicle year, make, model \_\_\_\_\_

Title Registration location \_\_\_\_\_

Lien Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

Vehicle year, make, model \_\_\_\_\_

Title Registration location \_\_\_\_\_

Lien Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

Vehicle year, make, model \_\_\_\_\_

Title Registration location \_\_\_\_\_

Lien Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

## Home

Mortgage Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Property Taxes / Property Insurance Escrowed \_\_\_ Yes \_\_\_ No

Username \_\_\_\_\_ Password \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

Mortgage Holder \_\_\_\_\_ Account Number \_\_\_\_\_

Property Taxes / Property Insurance Escrowed \_\_\_ Yes \_\_\_ No

Username \_\_\_\_\_ Password \_\_\_\_\_

Phone Number of Lien Holder \_\_\_\_\_

## Weapons

Description \_\_\_\_\_ Location \_\_\_\_\_

Serial Number \_\_\_\_\_

## Other Personal Property

Description \_\_\_\_\_ Location \_\_\_\_\_

Notes \_\_\_\_\_

## **MISCELLANEOUS**

In this section include anything specific you can think of that is not included above, that you want your loved ones to know about.

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**SIGNATURE**

**DATE**

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Your FinancialCop Legacy Go-Bag is designed as a guide to help you organize important documents, thoughts, and instructions for your loved ones. No matter how thorough you are it can be difficult to anticipate, and think of any, and all, situations that may arise if you were to tragically pass away or be involved in a serious accident. This Legacy Go-Bag should help you prepare your family, loved ones, and department as best as possible to help ease the burden they may go through if an event like that occurred.

Oftentimes when an event happens that facilitates the need for this there are massive amounts of emotions and grieving that can end up causing decisions to be rushed and/or made in the heat of the moment. Once you have completed your Legacy Go-Bag you should consider reviewing the contents with the people you intend this to benefit so that they are prepared and know the contents prior to the event happening. This can help lessen the stress if this Legacy Go-Bag gets put to use.



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