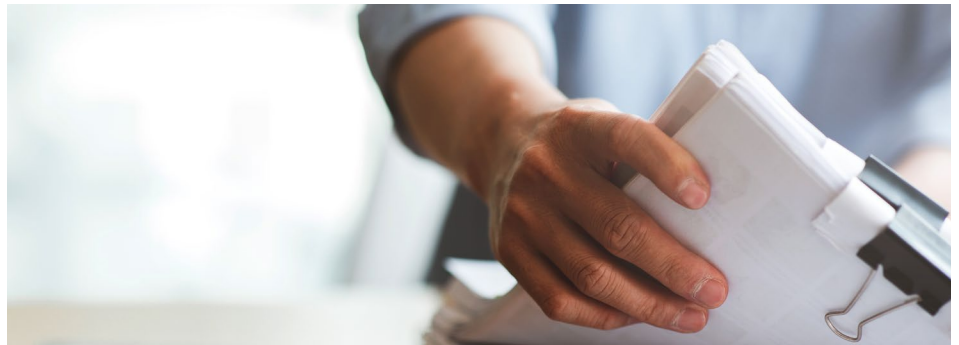


Generational Wealth Transfer Series

IMPORTANT DOCUMENT LOCATOR

Organization is half the financial and estate planning process.

In order to help you with this task, you can use this document locator as a checklist. Take time to complete it now, being sure to indicate whether the documents are hard copy or electronic, and update it at least once a year. Keeping the document locator up-to-date will help you get a better understanding of your financial picture and help your executor settle your estate faster.



DIRECTIONS

- Each adult should complete the following questions individually.
- Leave blank any item that does not apply to you. Include the location and a brief description of those items that apply to you. For electronic documents, note the computer or online passwords, as well as the specific file names.
- This record should be kept in a secure location known to your spouse, if married; or to a friend or relative, if not married. Consider scanning it and saving it to your computer as a back up.

Name: _____

Date: _____

Social Security number: _____

Note the following important information

1. I have written a personal letter to _____

The letter is located _____

2. I have made a living will: Yes _____ No _____

The following people have copies of this will: _____

3. I have made arrangements to donate _____ for transplant.

Please contact _____ immediately in case of death at: _____

4. Other important documents _____

(including power of attorney, health care proxy and HIPAA release)

The following are to be contacted in the event of my death

Designated family member or personal contact _____

Phone _____ Email _____

Attorney _____

Phone _____ Email _____

Executor _____

Phone _____ Email _____

Tax professional or financial professional/accountant _____

Phone _____ Email _____

Financial professional _____

Phone _____ Email _____

Financial professional _____

Phone _____ Email _____

Financial professional _____

Phone _____ Email _____

Trustee _____

Phone _____ Email _____

Employee benefit manager _____

Phone _____ Email _____

I belong to the following organizations, which I would want notified in the event of my death:

Automobile and other vehicle papers

1. Registration _____

Bill of sale _____

Executor _____

2. Registration _____

Bill of sale _____

Executor _____

Bank accounts

1. Checking acct. # _____

Bank & address _____

Other signature _____

Online access: Username _____ Password _____

2. Checking acct. # _____

Bank & address _____

Other signature _____

Online access: Username _____ Password _____

3. Savings acct. # _____

Bank & address _____

Other signature _____

Online access: Username _____ Password _____

4. Savings acct. # _____

Bank & address _____

Other signature _____

Online access: Username _____ Password _____

5. Certificate of deposit # _____

Bank & address _____

Other signature _____

Online access: Username _____ Password _____

Please list the location of each of the following:

Baptismal certificate

Birth certificate

Birth certificate

Collectibles

1. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
2. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
3. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
4. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
5. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
6. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
7. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
8. Item and its location _____
Certificate of authenticity, appraisal, insurance _____
9. Item and its location _____
Certificate of authenticity, appraisal, insurance _____

Debts owed to you

Name of borrower _____

Location of contract _____

Amount due/due date _____

Please list the location of each of the following:

Deeds

Primary residence _____

Secondary residence _____

Mortgage — primary _____

Mortgage — secondary _____

Leases _____

Cemetery plot _____

Divorce papers

Employee benefit data

1. Group insurance plans _____

Online access: Username _____ Password _____

2. Pension plan _____

Online access: Username _____ Password _____

3. Savings/profit-sharing plan _____

Online access: Username _____ Password _____

4. Other employee benefits _____

Online access: Username _____ Password _____

Income tax returns (indicate year)

Federal _____

State _____

Other _____

Insurance policies

1. Life (*attach schedule if necessary*) _____

Online access: Username _____ Password _____

2. Accident/health _____

Online access: Username _____ Password _____

3. Accident/health _____

Online access: Username _____ Password _____

4. Accident/health _____

Online access: Username _____ Password _____

5. Accident/health _____

Online access: Username _____ Password _____

6. Other _____

Investment account statements and checkbooks — money market funds, mutual funds, hedge funds, etc.

1. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

2. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

3. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

4. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

Individual Retirement Account statements and checkbooks

1. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

2. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

3. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

4. Financial firm _____
Type of account _____
Account name/number _____
Online access: Username _____ Password _____

Please list the location of each of the following:

Marriage certificate

Medical and dental information

Passport

Power of attorney

Safe deposit box

Location _____

Box number _____

Other persons having access to box

Location of keys _____

Contents _____

Securities certificates

(attach schedule if necessary)

Stocks _____

Bonds _____

Other _____

Social Security card

Wills/trust agreements

Original _____

Conformed copies _____



LEARN MORE

For more information, please contact your financial professional.

This information is general in nature and is not intended to constitute legal, tax or estate planning advice. Please consult your legal, tax or estate planning financial professional for more detailed information on these issues for your specific situation.

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MARK-644938-2024-11-19
BNYMR-EPDL-1224

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