

# CASSADAY & COMPANY, INC.

## WHAT MY FAMILY SHOULD KNOW

### INSTRUCTIONS FOR COMPLETING, STORING, & SENDING

#### ELECTRONIC INSTRUCTIONS

- This is a fillable PDF, which means that you can type directly into the form and choose from predetermined fields.
- First, download the empty PDF form and save it to your computer before filling it out.
- Fillable PDF forms may be completed and saved using Adobe Acrobat Reader (the latest version is recommended). If you do not have Adobe Reader installed on your computer, you may download the latest version free of charge from <http://get.adobe.com/reader/otherversions>.
- Use Adobe Acrobat Reader to open the empty PDF form that you saved on your own computer or network. Complete the form and save it in a secure location.
- While we do not recommend sharing personal data via email, if you must email this document remember to please only email encrypted documents for your safety.
- We strongly recommend saving this document to your Cassaday & Company, Inc. client portal. Your portal is one of the most secure electronic ways to save this and other important documents for easy access not only for you, but your family as well. **For troubleshooting assistance, please contact Cassaday's Technology Team at [TECH@cassaday.com](mailto:TECH@cassaday.com).**

#### HARD COPY INSTRUCTIONS

- You may also print the form and complete it by hand.
- Be sure to store this completed document in a safe place, and to inform trusted family members or loved ones of its location.



8180 GREENSBORO DR. SUITE 1180, McLEAN, VA 22102  
PHONE (800) 672-2102 OR (703) 506-8200 | FAX (703) 506-8208 | [WWW.CASSADAY.COM](http://WWW.CASSADAY.COM)

Securities offered through **Osaic Wealth**, member FINRA/SIPC.  
Investment advisory and insurance services offered through Cassaday & Company, a registered investment advisor not affiliated with **Osaic Wealth**.

# CASSADAY & COMPANY, INC.

## WHAT MY FAMILY SHOULD KNOW

### I. IMPORTANT BUSINESS AND PERSONAL CONTACTS

Contact	Name	Phone Number	Address
Personal Physician			
Estate Planning Attorney			
Accountant			
Financial Planner			
Insurance Agent			
Additional Contacts	Name	Phone Number	Address

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Name: \_\_\_\_\_ Updated on: \_\_\_\_\_

If you would like an electronic copy of this document, please email [info@cassaday.com](mailto:info@cassaday.com).

## WHAT MY FAMILY SHOULD KNOW

II. LOCATION OF IMPORTANT DOCUMENTS	
Document	Location
Birth Certificate(s)	
Health Care or Advanced Medical Directives	
Will/Power(s) of Attorney	
Trust Agreements	
Last Income Tax Return	
Marriage License	
Social Security Card	
Vehicle Title(s)	
Mortgage and Loan Papers	
Real Estate Deed(s)	
Log-in and Password Information for Online Accounts	
Business Papers (e.g., trademarks, patents)	
Important Keys	
Military/Survivor Benefit (e.g. DD Form 214, VA benefit forms)	
Other	

WHAT MY FAMILY SHOULD KNOW

III. PERSONAL FINANCE INFORMATION - BANKING ACCOUNTS				
Bank (Name and Address)	Account Type(s) & Number(s)	Account(s) Title	Contact (if applicable)	Log-in/Password (optional)
Example: U.S. Bank 1234 Sample St. Town, VA 22102	Checking - 123456 Savings - 123456	John and Jane Smith, JT TEN Jane Smith, TOD	Jonathan Doe (703) 123-4567	

## WHAT MY FAMILY SHOULD KNOW

IV. PERSONAL FINANCE INFORMATION - SAFETY DEPOSIT BOX			
Bank	Safety Deposit Box #	Address of Bank/Branch	Access Granted By: (ex. key, password, name)

V. PERSONAL FINANCE INFORMATION - INVESTMENT ACCOUNTS			
Institution/Advisor	Account Type/Number	Contact Information	Log-in/Password (optional)
<i>Example: Cassaday &amp; Company, Inc./Stephan Cassaday</i>	<i>IRA/023456789</i>	<i>703-506-8200 steve@cassaday.com</i>	

WHAT MY FAMILY SHOULD KNOW

VI. PENSION AND RETIREMENT ANNUITY INFORMATION				
Payee	Payor/Contact Information	Form of Payment	Amount/As Of	Survivor Benefit? (Y/N) Amount
Example: Steve Smith	Federal Government/ Department of Defense - H.R. 202-555-5555	Direct Deposit, U.S. Bank Checking	\$60,000 annual 1/1/2010	Yes - \$30,000 a year for 10 years

## WHAT MY FAMILY SHOULD KNOW

VII. PERSONAL FINANCE INFORMATION - LIABILITIES					
Category and Institution	Account Number	Borrower	Balance/As Of	Contact Information	Log-in/Password (optional)
<i>Example: Mortgage(s) - U.S. Bank, Credit Card(s), Home Equity Line of Credit, Auto Loans/Lease</i>	<i>125865</i>	<i>John and Mary Smith</i>	<i>\$100,000/ 12/31/2010</i>	<i>www.usabank.com 555-555-5555</i>	

## WHAT MY FAMILY SHOULD KNOW

VIII. REAL ESTATE INFORMATION				
Property Address/Plat #	Title (Ownership)	Mortgage held by (See Section VIII)	Monthly Payments	Balance on Loan
<i>Example: 1234 Greensboro Drive, Mclean, VA</i>	<i>JTWROS</i>	<i>U.S. Bank</i>	<i>\$2,000</i>	<i>\$100,000</i>

V. AUTOMOBILE INFORMATION			
Make/Model/Year	V.I.N. or License Plate #/State	Registered To and Status of Ownership	Insurance Provider and Policy Number (See Section XI)
<i>Example: Honda Accord 2008</i>	<i>VA ABC-123</i>	<i>Leased to John Smith</i>	<i>American Auto-Insurance- #0020123</i>



## WHAT MY FAMILY SHOULD KNOW

X. INSURANCE				
Type of Coverage	Insurance Carrier/ Contact Information	Benefit Amount	Owner/Insured	Beneficiaries
<i>Example: Life, Long Term Care, Disability, Health, Auto, Property and Casualty</i>	<i>State Farm Joe Blitz - (703) 555-1212 joe@blitz.com</i>	<i>\$500,000 Death Benefit</i>	<i>John Smith/John Smith</i>	<i>Jane Smith</i>

XI. OTHER ASSETS/COLLECTIBLES				
Type	Location	Insured (Y/N)	If Insured, location of policy	Company/Policy #
<i>Example: Stamps, Jewelry, Coins, Art, Planes, Boats, Chinese Ceramics</i>	<i>Safe Deposit Box, U.S. Bank</i>	<i>Yes</i>	<i>Lawyer's Office</i>	<i>USAA/ #567832951</i>

WHAT MY FAMILY SHOULD KNOW

FINAL INSTRUCTIONS
(ex. Burial Plot, Headstone, etc.)

OBITUARY

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NOTES

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