

# Share Your Love

Family Discussion Guide<sup>®</sup>



EQUITABLE  
ADVISORS

Your finances aren't separate from your real life — they're woven throughout it. Every decision you make about money touches something that matters. When we understand the relationship between your life and your money, we can help you plan for it all.

Preparing for the inevitable is a tough discussion, one that many people find difficult to have.

The Share Your Love Family Discussion Guide® is intended to help you initiate an open, thoughtful dialogue with your family as you plan for your future and final requests. But it's more than a simple list of instructions. This guide provides a place to outline where important documents are kept, who you'd like to care for loved ones or minors, who you'd like to make decisions if you become incapacitated and more.

Planning now may lessen the burden on your loved ones down the road, making it easier for them to abide by your wishes. In addition, it can help your executor(s) and beneficiary(ies) avoid added stress, pain and conflicts by giving them detailed directions for distributing your assets.

**Below is a short list of documents and tasks your loved ones will need to handle according to your wishes:**

- Contact attorney to obtain will and/or trust documents.
- Contact the county or state vital records office to get copies of the death certificate (typically between 10 to 25 copies).
- Contact funeral home for burial arrangements and associated costs.
- Contact accountant and collect all tax information.
- Contact bank and all financial institutions for account information.
- Locate keys to all safety deposit boxes and/or safes.
- Compile a list of all credit cards, monthly bills and outstanding debts.
- Get the list of key phone numbers, access codes and passwords to shut down services and social media accounts.
- Collect all insurance policies.

We hope this Share Your Love Family Discussion Guide® helps you initiate important conversations, put your wishes into words and build a plan tailored to what matters most to you and your family.

# A blueprint based on who you are and what you want your legacy to be

Taking inventory of a life can be daunting. Consider this guide a roadmap, turning a potentially overwhelming project into priority-driven, manageable tasks.

## To begin, you'll need these items:

- **A will or living trust** — A will is a legal document that designates your executor(s) and directs how your assets should be distributed after you have passed on. If you have minor dependents, it also names the guardians for those individuals. A living trust is also a legal document. However, the designated person or trustee is given responsibility for managing your assets for the benefit of your beneficiary(ies).
- **Living will** — This is a written statement that expresses what you want regarding your medical treatment if you are no longer able to express informed consent.
- **Medical power of attorney** (also called a durable healthcare power of attorney or healthcare proxy) — This grants someone the power to make medical decisions for you if you become incapacitated.
- **Durable general power of attorney** — This document gives authority to a trusted friend or relative to manage your assets if you are unable to do so.
- **This booklet of information** — Helps prepare your family for your later life by providing the information they need to make important decisions.

Make sure to keep this booklet in a locked location, such as a fire-resistant safe or bank safety deposit box. You should only give it to people you can trust with your most personal information.

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# Key contacts and advisors

## About you and your spouse/partner

Your full name	Birthday	Current address
Spouse/partner full name		
_____	_____	_____
_____	_____	_____

## Key contacts

In an emergency, please contact:

Name	Phone #	Email	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Phone numbers and access codes

Include your cell phones, computers, tablets, work and home landlines, home and office alarm codes, Wi-Fi access, etc.

Item	Number (if applicable)	Access code or password
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____





## Your medical doctors

Include medical doctors, specialists, dentists, physical therapists, etc.

Doctor's name	Specialty	Phone #	Location
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Your pharmacy

Name	Address	Phone #
_____	_____	_____

## Mail-in pharmacy

Name	Address	Phone #
_____	_____	_____

# Your assets

## Your retirement assets

Include Social Security, IRAs, 401(k)s or other qualified retirement plans, stock options, deferred compensation plans, military retirement benefits,\* military survivor benefits\*\* and annuities.

For details, you should include a recent statement.

Type of plan	Institution	Account #	Primary beneficiary	Secondary beneficiary	Customer service #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Please note:** You should review your beneficiary designations to ensure they reflect your wishes regarding how you would like your retirement assets to pass at your death.

## For military veterans

Military Onesource, run by the Department of Defense, offers military families free assistance 24/7. For more information, you can call (800) 342-9647 or visit [military.com/benefits](http://military.com/benefits).

\* If you are a veteran of wartime service, 65 years or older, and on a limited income, you may qualify for a Veterans Disability Pension or a Veterans Pension, even if you are not disabled.

\*\* When a military retiree dies, their retirement pay stops. To provide your surviving spouse with income after you die, you might want to consider a Survivor Benefit Plan, which is an insurance plan that pays a monthly sum to a military retiree’s surviving spouse.



## Personal property

Include belongings such as artwork, collectibles, antiques, jewelry, etc., and how you'd like them to be distributed. If you can, and where appropriate, include appraisals and photos.

Description	Location	Photo?	Appraisal?	Person to receive property
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Rewards programs

Program name/company	Account #	Password	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Other assets

Include partnerships/business ownerships, as well as any foreign and unclaimed assets.

Type of asset	Company/location	Account #	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please note:** To check for unclaimed assets, you can visit [unclaimed.org](http://unclaimed.org).

## Digital assets

Include email, social media, cloud-based backups and other accounts, apps or software that include your sensitive or personal information. For some platforms, such as Facebook, many profiles of deceased loved ones have stayed active and become **In Memorial** pages. As you consider your legacy, you should discuss with family and friends whether you want to live on in social media, and if so, who would maintain the pages, oversee privacy and legal issues, etc.

Account	User ID	Password or PIN	Security questions/answers
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

## Safety deposit box

Location	Key location
<hr/>	<hr/>

The following people have authority to open the box:

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## Storage unit/facility

Location	Site contact
<hr/>	<hr/>

Location	Site contact
<hr/>	<hr/>

## Personal safe

Location

Combination

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

## Assets you've loaned to others

Object

Person/place holding object

Phone #

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

## Money owed to you

Include debts that are owed to you and if you plan to forgive them.

Who owes you/phone #

Amount loaned

Balance due (as of)

Details

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

# Your financial responsibilities

## Liabilities

Include mortgages, loans such as home equity loans, lines of credit and student loans, liens and borrowed items. For details, include a copy of a statement.

Type of debt	Creditor	Amount owed (as of)	Payment due date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Credit/debit cards

Include whether each card is your own or a joint card with someone else. Also, include a statement for each card.

Creditor	Account #	Website	ID/password	Phone #	Joint?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If you have automatic debits from any of these cards, list them here (which card/debit details):

\_\_\_\_\_

**Please note:** Some credit cards may include a policy that pays off the balance at your death. You should investigate this before cancelling a card.

## Leases

Include any assets you currently lease from others.

Asset	Leased from	Payment/ due date	Expiration date	Contact/phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Other financial obligations

Include any ongoing personal financial responsibilities you have.

Obligation for	Amount owed/ payment method	Payment frequency	Details
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Subscriptions

Include memberships, professional services, online or print newspapers, magazines, periodicals, ID protection, software and backup services, movie/TV streaming, etc.

Subscription for	Expiration date	Account #	ID/password	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Lawsuits

Include information about any lawsuits in which you are currently involved.

- I am a plaintiff       I am a defendant

Case details:

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Attorney's contact information:

Name	Phone #	Email
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

# Insurance and other benefits

Advances in medicine have increased average life expectancy dramatically. Our mission is to help you live a long, fulfilling life. Our wish is that it's a healthy one. However, life is filled with uncertainty. Living where you want and being self-sufficient is ideal. Having a backup plan in case that changes is smart. We can help you design a financial strategy that protects you and your family if your circumstances shift so that everything you have built over your lifetime is secure.

## Life insurance

Include what happens if you are disabled or need long-term care. Can you use a portion of the death benefit for long-term care expenses? If you are disabled, can you stop making premium payments? For details, include a copy of the policy.

Carrier	Policy #	Benefit amount	Primary beneficiary	Secondary beneficiary	Cost/how paid*	What happens if I am disabled?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\* You should confirm whether the policy is paid annually by check, monthly by debit from a bank account (list bank account number, too), etc.

## Other insurance coverage

Include long- and short-term disability, long-term care, medical, dental, vision, prescription drug, and Medicare and Medigap policies you have.

Carrier	Policy #	Premium	Cost/how paid	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Household insurance

Include policies you own to cover your auto, home, boat, airplane, valuables (art, jewelry, wine), as well as umbrella (excess liability), etc.

Type of policy/carrier	Policy #	Premium	Cost/how paid	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Employer benefits

Include any benefits you have through a current or previous employer.

Type of benefit/amount	Employer	Phone #
_____	_____	_____
_____	_____	_____

### Veteran (VA) or government benefits

For a list of National Service Officers (Veteran Advocates) in your state, you can visit purpleheart.org. For information on Veterans Compensation and Benefits, you can visit va.gov.

Military branch of service	SVS#	Grade or rank	Dates of service
_____	_____	_____	_____

Military status:  Veteran  Retired veteran

Copy of separation or military discharge form (DD214) is located: \_\_\_\_\_

Your military records are located: \_\_\_\_\_

If you have a National Service Officer to assist you with VA benefits, list their information here:

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

If you receive other government benefits, list them here: \_\_\_\_\_

# Important documents

## Wills, trusts and power of attorney

Include any of the following: last will and testament; living trust; living will; medical, general and/or limited power of attorney; life insurance trust; charitable trust, minor's trust and other medical directives.

Document	Date signed	Location (of original)	Contact	Phone #

## Accounts, deeds and titles

Include Section 529 or other educational plans, custodial accounts, organ donation forms, family partnership or LLC, deeds to real property, automobile title, boat or airplane title.

Document	Date signed	Location (of original)	Contact	Phone #

## Family forms

Include marriage license, domestic partner agreement, cohabitation agreement, pre- or post-nuptial agreement, divorce or separation agreement, child support agreement, birth certificates, adoption papers, guardianship papers, citizenship papers, burial or pre-need agreement, and life insurance beneficiary forms.

Document	Date signed	Location (of original)	Contact	Phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment or contractor contract:

\_\_\_\_\_

## Tax returns

Additional information or instructions: \_\_\_\_\_

They are:  Personal returns  Business returns

My tax accountant is:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

## Business documents

If you are an owner or co-owner in a business, please include information about any ownership or buy-sell agreements.

Business	Date signed	Location of business	Partner(s)/ co-owner(s)	Contact info
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

For buy-sell or buy-out and overhead expense agreements, please list the life insurance used.

Carrier	Policy #	On the life of...	Primary beneficiary	Secondary beneficiary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## If you become incapacitated

Appointment	Name	Phone #
Power of attorney for medical decisions:	_____	_____
Power of attorney over my assets:	_____	_____
Guardian of my person:	_____	_____
Guardian of my property:	_____	_____

Would you like to live in your own home as long as possible?  Yes  No

Additional information or instructions: \_\_\_\_\_  
 \_\_\_\_\_



# Loved ones who will need care

## Special needs family member or friend

If you become incapacitated or pass away, someone will need to look after the people for whom you currently care. Include information about that person below.

Name	Relationship to you	Nature of disability
_____	_____	_____

Services they receive	From whom?	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Primary physician	Phone #
_____	_____

Is there a trust set up for this person?  Yes  No

Location of trust documents: \_\_\_\_\_

If you are the legal guardian for this person, who is your successor guardian?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Accounts you handle for this person	Information
_____	_____
_____	_____
_____	_____

## Pets

Include information about the pets you currently own.

Type of pet	Pet name	Age as of (date)	Notes, dietary needs, medical concerns, etc.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Veterinarian name	Address	Phone #
_____	_____	_____
_____	_____	_____

Pet insurance information

\_\_\_\_\_

## Who will take care of your pets

Name	Phone #
_____	_____
_____	_____

# Funeral arrangements

It's natural for people to focus solely on their loved ones and providing for them, but there are costs associated with how you want to be laid to rest. It's best if you decide where and how you would like to be remembered.

Arrangement details	Name/location	Phone #
Funeral home	_____	_____
Cemetery, if you wish to be buried	_____	_____
Cemetery, if you wish to be cremated	_____	_____

Item	Cost
Plot	_____
Casket	_____
Headstone and engraving	_____
Plaque	_____
_____	_____
_____	_____

## Military funeral honors

Military branch of service	SVS#	SS#	Dates of service	Military status
_____	_____	_____	_____	_____

Medal of honor:  Recipient  General

Upon my death, I would like the American flag presented to: \_\_\_\_\_



### People you'd like to attend your service

Name	Phone #	Name	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### People you prefer NOT to attend your service

Name	Name
_____	_____
_____	_____
_____	_____

### Attaining the death certificate

#### Funeral director or county clerk's office

Your executor(s) and beneficiary(ies) will need certified copies of your death certificate to claim Social Security and insurance benefits, change ownership of joint property, enter safety deposit boxes, file tax returns and even to close some social media accounts.

## Ethical will

One of the most meaningful tasks you'll do as you plan for your future is to define your legacy. How do you want family, friends and even someone new to know you? This is an opportunity to tell your story. It's a chance to express to your loved ones what you want them to share about your connection with them. Include your thoughts and feelings on topics that you'd like your family to know and understand after you're gone.

The most important things in life are:

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I am most grateful for:

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The most important things I've done in my life are:

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I'd like my heirs to use their inheritance to:

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The most important values I'd like to pass on to my loved ones are:

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The most important traditions I'd like my loved ones to continue are:

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I'd like to be remembered as:

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The people who have influenced me the most are:

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I'd like my loved ones to learn from my experiences:

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# About your family

Place of birth

Date

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Parents' names

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Mother's maiden name

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Maternal grandparents' names

Paternal grandparents' names

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Maternal grandmother's maiden name

Paternal grandmother's maiden name

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## Brothers and sisters (including step- and half-siblings)

Name

Address

Phone #

Birth date

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## Children

Name	Address	Phone #	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Grandchildren

Name	Address	Phone #	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Great-grandchildren

Name	Address	Phone #	Birth date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Memberships and affiliations

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Additional facts about my family history

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Family mission statement

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