



What my loved ones need to know

A financial planning guide for after you're gone


It's uncomfortable, but it's necessary:

When you're gone, your family will need to access your important accounts, have key information at hand, and most importantly, understand what matters most to you about your finances. This guide will help you prepare now so they can have a more comfortable tomorrow.

For a downloadable version of this guide, visit [MassMutual.com/prepareshare](https://www.massmutual.com/prepareshare).

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All your important information and final wishes – in one place

About this guide

It's simple: We want to help you gather all your most important financial information, as well as your last wishes, so your family has one less thing to worry about after you're gone or if you're unable to help make decisions. The information collected here will include the location of your assets, how to access them, how you want them to be disbursed, and much more.

Having these conversations with loved ones can be uncomfortable – but preparing now makes it a lot easier later.

Planning overview

Keep track of your progress

No matter where you are in the planning process, there are steps you can take to aid your family and friends when they need it most. We've developed some questions that will help you start thinking about what you do right now, on your own, as well as those tasks that might be best completed after discussions with your loved ones, a financial planner, a tax advisor, and/or your attorney.

These checklists will help you keep a handle on your to-do's.

What you can do on your own

There are certain things only you can do — or, if you are married, you may wish to do this with your spouse.

YOUR BENEFICIARIES/EXECUTORS/TRUSTEES

- Have you thought about whom you would like to have as your beneficiaries?

Keep in mind that you will need beneficiaries for your life insurance policies and retirement plan accounts. You may also need to have beneficiaries for any annuities you own. You will also need to consider whom you would like to select as the beneficiaries of your will and/or trust.

- Have you chosen an executor for your will?
- If you have a trust, have you chosen a trustee? Your successor trustees?
- Are any of your beneficiaries minors? (If so, be sure to consult your attorney.)

YOUR CHILDREN AND OTHER LOVED ONES

- Do you have any children under the age of 18?
- Have you considered whom you would like to take care of your children if you and the other parent/guardian were unable to take care of them? (If not, be sure to consult your attorney.)
- If you have considered who would care for your children, have you consulted that individual to make sure that he or she is willing to serve as guardian?

- Do you have any children or other loved ones (including pets) who depend on you for support and for whom you would want to make special arrangements in the event that you pass away?
- Do your loved ones know where your important papers are?
- Do your loved ones know who your key advisors are?



YOUR HEALTH/MEDICAL CARE

- Have you thought about what kind of medical care you would like to receive if you were incapacitated and couldn't decide for yourself?
- If you were incapacitated and couldn't make your own medical decisions, have you thought about whom you would like to make those decisions for you?
- If you have identified the person whom you would like to make medical decisions for you, have you asked that individual if he/she would be willing to do so if needed?
- In the event that you are no longer able to take care of yourself, have you thought about what type of long-term care you would like to receive – and if so, where you would like to receive it (at home or in a medical facility)?

YOUR FINAL ARRANGEMENTS

- Have you given any thought to your final arrangements or the kind of funeral you would like?
- Have you decided who you would like to take care of those arrangements for you?
- Have you communicated your wishes to your loved ones?
- Would you like to do your own preplanning (which involves planning and paying for your funeral in advance)?

For more information on preplanning or tools to help you document your final arrangements, refer to *Understanding My Final Wishes*, beginning on page 29.

Planning overview

Keep track of your progress (continued)

What you can do with your financial professional

Here are some things you may wish to consider discussing with your financial professional.

YOUR INSURANCE

- | | |
|--|--|
| <ul style="list-style-type: none">○ Have you considered whether you have enough life insurance coverage in the event that something were to happen to you? (Your MassMutual financial professional can help you determine how much insurance you might need in order to support your family's lifestyle in the event of your death.)○ Have you discussed how you would pay your bills and meet your financial obligations if you were to become disabled?○ Have you considered how you would pay for a stay in a nursing home? | <ul style="list-style-type: none">○ Do you know what estate tax bracket you are in?○ Have you considered how your family would be able to pay estate taxes in the event that you should die?○ If you own a business, have you considered what you would like done with it in the event that you should die or become permanently disabled?○ If you own a business, have you considered how you would continue operating your business in the event that you should become disabled, even if for a short time?○ Have you updated your beneficiary designations within the past two years? |
|--|--|

YOUR RETIREMENT ASSETS

- | | |
|---|---|
| <ul style="list-style-type: none">○ Have you revisited your investment strategy lately, in light of current economic conditions and how you feel about investment risk?○ Have you considered whether or not you are contributing enough to your retirement account?○ Have you taken any significant loans or withdrawals from your retirement account over the past few years? If so, have you increased your contribution rate to offset the amount that you took from your account? | <ul style="list-style-type: none">○ If you have taken a loan from your retirement account, what kind of progress are you making in repaying it?○ Have you updated your beneficiary designations within the past two years? |
|---|---|

What you can do with your attorney and your tax advisor

Here are some things you may wish to consider discussing with your attorney and your tax advisor.

YOUR LEGAL CONCERNS

- Have you created a will? If so, has it been reviewed or updated within the past two years?
 - Do you feel there would be conflict within your family in the event of your passing? (This is important information for your attorney to know.)
 - Have you created a living will?
 - Have you discussed whether or not you need to create one or more trusts?
 - Are you concerned about the amount of estate taxes your loved ones may owe upon your death?
- Have you discussed the need for one or more powers of attorney (which can be used to designate who can act in your place in financial and medical matters)?
 - Have you designated guardians for your minor and/or disabled children?
 - Have you identified your executor(s) and trustee(s)?
 - Have you discussed using gifting as a means of removing assets from your estate?

YOUR TAX-RELATED ISSUES

- Are you aware of the amount of estate taxes your loved ones may owe upon your death?
- Do you know what the annual limit is for giving gifts to a single individual (without generating gift taxes)?
- Have you discussed ways to save on your income taxes, both now and in the future?
- If you own a business, have you discussed with your tax advisor whether you should incorporate or use an Limited Liability Company (LLC) or Sub-Chapter S structure (if you're not doing so already)?

CONSIDERING TRUSTS

Not everyone needs a trust, but many people use trusts to accomplish different kinds of goals. There are trusts that can help you:

- Have a tax advantaged overall plan in case you become incapacitated.
- Provide for elder care for a loved one with special needs.
- Pass on assets and a legacy to your family or contribute to a favorite charity.

Ask your MassMutual financial professional for more information on the MassMutual Trust Company.

My personal information

About me

Someday, your loved ones will need to help with your personal care (in case you should become ill and need assistance) or in handling your financial matters in the event that you are no longer able to do so or have passed away. That's why this section of the guide is so important. It identifies for your loved ones who are closest to you:

- Your personal information that is important for them to know.
- Your beneficiary information.
- A list of your doctors and other health care resources.
- Key contacts and advisors.

In the space below, please enter your personal information.

Name: _____

Address: _____

Email Address 1: _____

Email Address 2: _____

Telephone: _____

Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

U.S. Citizen? Yes No

Did You Serve in the Military? Yes No

Branch of Service: _____

Years Served: _____



My beneficiaries

Beneficiary 1

Name: _____

Address: _____

Date of Birth: _____

Email Address: _____

Telephone/Cell: _____

Social Security Number: _____

Relationship: Friend Charity
 Relative (specify): _____

Type of Beneficiary: Life Insurance
 Annuity Retirement Plan
 Other (specify): _____

Policy, Contract or Account Number:

Beneficiary 2

Name: _____

Address: _____

Date of Birth: _____

Email Address: _____

Telephone/Cell: _____

Social Security Number: _____

Relationship: Friend Charity
 Relative (specify): _____

Type of Beneficiary: Life Insurance
 Annuity Retirement Plan
 Other (specify): _____

Policy, Contract or Account Number:

Beneficiary 3

Name: _____

Address: _____

Date of Birth: _____

Email Address: _____

Telephone/Cell: _____

Social Security Number: _____

Relationship: Friend Charity
 Relative (specify): _____

Type of Beneficiary: Life Insurance
 Annuity Retirement Plan
 Other (specify): _____

Policy, Contract or Account Number:

Beneficiary 4

Name: _____

Address: _____

Date of Birth: _____

Email Address: _____

Telephone/Cell: _____

Social Security Number: _____

Relationship: Friend Charity
 Relative (specify): _____

Type of Beneficiary: Life Insurance
 Annuity Retirement Plan
 Other (specify): _____

Policy, Contract or Account Number:

List any additional beneficiaries in the Notes section of this guide.

Additional beneficiaries listed in the Notes section of this guide? Yes No

My personal information

My medical information

My personal physician

Complete this section to provide information about the doctor who oversees your overall medical care, your primary care physician. This individual is usually, but may not be, an internist or a general practitioner. For example, if you have a doctor who primarily takes care of you due to an ongoing medical condition (such as diabetes or cancer), you may consider that individual to be your personal physician. What's important here is not who an insurance company believes is your personal physician, but who you believe that person is.

Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify): _____

Telephone: _____

Comments About This Physician: _____

My other physicians

Physician 2

Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify):

Telephone: _____

Comments About This Physician:

Physician 3

Name: _____

Practice Name (if applicable): _____

Address: _____

Type of Physician (specify):

Telephone: _____

Comments About This Physician:

List any additional physicians in the Notes section of this guide

Additional physicians listed in the Notes section of this guide? Yes No



My hospitals

Please indicate below the hospitals that you use and why you generally seek treatment there.

Hospital/Surgical Facility 1

Name: _____

Address: _____

Telephone: _____

I prefer to use this medical facility for
(state the type of treatment you seek at this
medical facility): _____

Hospital/Surgical Facility 2

Name: _____

Address: _____

Telephone: _____

I prefer to use this medical facility for
(state the type of treatment you seek at this
medical facility): _____

List any additional hospitals/surgical facilities in the Notes section of this guide.

Additional hospitals/surgical facilities listed in the Notes section of this guide? Yes No

My pharmacies

Please indicate below the pharmacies you generally use.

Pharmacy 1

Name: _____

Address: _____

Telephone: _____

Website: _____

Login ID and password (for any online
prescriptions): _____

Pharmacy 2

Name: _____

Address: _____

Telephone: _____

Website: _____

Login ID and password (for any online
prescriptions): _____

List any additional pharmacies in the Notes section of this guide.

Additional pharmacies listed in the Notes section of this guide? Yes No

My personal information

My medical information (continued)

My medications

Please indicate below all of the medications that you currently take, including over-the-counter drugs.

Medication Name	Type of Medication	Dosage	How Often I Take It	Prescribed by (Physician Name)	Pharmacy
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2
	<input type="radio"/> Over-the-counter <input type="radio"/> Prescription				<input type="radio"/> Pharmacy 1 <input type="radio"/> Pharmacy 2

List any additional medications in the Notes section of this guide.

Additional medications listed in the Notes section of this guide? Yes No



My health care proxy

Complete the section below to indicate who has the authority to make health care decisions on your behalf in the event that you are unable to do so.

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____

Relationship: Friend Relative (specify relationship to you): _____

Have you executed a Health Care Proxy to designate this person as your health care representative? Yes No

If "Yes," where is your Health Care Proxy located? (specify): _____

My personal information

My key contacts

On the following pages, please enter the names of the key contacts who play an important role in your life.

My spouse/partner

Name: _____

Address: _____

Email Address: _____

Social Security Number: _____

Telephone/Cell: _____

U.S. Citizen? Yes No

Date of Birth: _____

Did Spouse/Partner Serve in the Military? Yes No

Branch of service: _____ Years Served: _____

Date of Marriage: _____

Place of Marriage (city/state): _____

My former spouses/partners

Prior Marriage(s)? Yes No

Former spouse/partner 1

Name: _____

Address: _____

Telephone: _____

Former spouse/partner 2

Name: _____

Address: _____

Telephone: _____

List any additional spouses/partners in the Notes section of this guide.

Additional former spouses/partners listed in the Notes section of this guide? Yes No

My children

Complete this section to provide important information on each of your children, as well as their children (your grandchildren), if applicable.

Do You Have Children? Yes No

Child 1

Living Deceased

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 3

Living Deceased

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 2

Living Deceased

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

Child 4

Living Deceased

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Spouse/Partner Name (if applicable):

Grandchildren Names (if applicable):

List any additional children and/or grandchildren in the Notes section of this guide.

Additional children and/or grandchildren listed in the Notes section of this guide? Yes No

My personal information

My key contacts (continued)

My pets

Complete this section to provide important information on each of your pets.

Pet 1

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

Veterinarian

Name: _____

Address: _____

Telephone: _____

Pet 2

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

Pet sitter/caregiver

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Pet 3

Name: _____

Pet Type: Dog Cat Other

Pet's Age (if known): _____

List any additional pets, veterinarians and caregivers in the Notes section of this guide.

Additional pets, veterinarians, caregivers listed in the Notes section of this guide? Yes No

Other important family/friends/business contacts

Complete this section to provide information about other family members, close friends and business contacts.

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

Name: _____

Address: _____

Email Address: _____

Telephone: _____

Relationship:

Business contact

Friend

Relative (specify): _____

Notify This Person in the Event of My Death?:

Yes No

Why this person is important to me:

List any additional contacts in the Notes section of this guide.

Additional key contacts listed in the Notes section of this guide? Yes No

My personal information

My executors and trustees

Complete this section to provide information about your executor(s) and your trustee(s), if applicable.

Executor 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Executor 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Trustee 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Trustee 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____



My advisors

Complete this section to provide contact information for each of your trusted advisors.

Attorney 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Legal Work Performed (check all that apply):

- Estate Planning Tax Planning
 Personal Business

Attorney 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Legal Work Performed (check all that apply):

- Estate Planning Tax Planning
 Personal Business

Accountant 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Accounting Work Performed
(check all that apply):

- Personal Business

Accountant 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Accounting Work Performed
(check all that apply):

- Personal Business

My personal information

My executors and trustees (continued)

My advisors (continued)

Financial professional 1

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Area(s) of Expertise (check all that apply):

- Financial Planning
- Estate Planning
- Retirement Planning
- Life Insurance
- Disability Insurance
- Long-Term Care Insurance
- Annuities
- Mutual Funds
- Stocks
- Bonds
- Other (specify): _____

Property & casualty advisor

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Financial professional 2

Name: _____

Firm Name (if applicable): _____

Address: _____

Telephone: _____

Cell phone: _____

Email Address: _____

Area(s) of Expertise (check all that apply):

- Financial Planning
- Estate Planning
- Retirement Planning
- Life Insurance
- Disability Insurance
- Long-Term Care Insurance
- Annuities
- Mutual Funds
- Stocks
- Bonds
- Other (specify): _____

Area(s) of Expertise (check all that apply):

- Personal Auto Insurance
- Homeowners Insurance
- Business Vehicle Insurance
- Business Owner's Insurance
- Business Liability Insurance
- Workers Compensation
- Personal Umbrella
- Business Umbrella
- Business Overhead Insurance
- Errors and Omissions Insurance
- Other (specify): _____

List any additional executors, trustees or advisors in the Notes section of this guide.

Additional executors, trustees or advisors listed in the Notes section of this guide? Yes No

My legal and financial information

My legal and insurance documents

Someday, your loved ones will need to use the legal documents that you've created for their benefit. This section of the guide is designed for you to indicate where all of your important legal and insurance papers are, so whoever is handling your affairs can find them quickly and easily. For all online information, be sure to keep password information up to date.

My Legal Documents	Document Location	Contact (name, address, telephone)
My Last Will and Testament		
My Spouse's/Partner's Will		
Tax Returns		
Marriage Certificate		
Citizenship Papers		
Birth Certificate		
Divorce Decree/ Separation Agreement		
Children Custodial Papers		
Children Adoption Papers		
Military Discharge Papers		
Trust Agreements		
Power(s) of Attorney		
Health Care Proxy		

My legal and financial information

My legal and insurance documents (continued)

My legal and insurance documents (continued)

My Legal Documents	Document Location	Contact (name, address, telephone)
Living Will		
Do Not Resuscitate Order (DNR)		
Buy-Sell or Cross-Purchase Agreements		
Split-Dollar Arrangements		
Employer Contracts		
Other (specify)		

My Insurance	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Life Insurance			
Disability Insurance			
Homeowners Insurance			
Automobile Insurance			
Medical Insurance			
Long-Term Care Insurance			

My legal and financial information

My financial information – assets

In this section, you will list all of your assets as well as your liabilities, so that your loved ones can take care of your financial affairs in the event that you are unable to.

My Banking Information	Document Location or Account Number	Website, Username and Password	Contact (name, address, telephone)
BANK 1:			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			
BANK 2:			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			

My legal and financial information

My financial information – assets (continued)

My Banking Information	Document Location or Account Number	Website, Username and Password	Contact (name, address, telephone)
BANK 3:			
Checking Account(s)			
Savings Account(s)			
Certificates of Deposit			
Money Market Account(s)			

My Investments	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Brokerage Accounts			
Mutual Funds			
Annuities			
Bonds			
Stock Certificates			
U.S. Savings Bonds			

My Real Estate	Document Location	Contact (name, address, telephone)
My Primary Residence		
My Secondary Residence		
My Vacation Residence		
Rental Property		

My Retirement Assets	Document Location or Account Number	Website, Username and Password	Provider and Contact (name, address, telephone)
Pension Plan			
401(k)			
IRA			
Roth IRA			
Keogh Plan			
Social Security			
Deferred Compensation Plans			

My legal and financial information

My financial information – assets (continued)

In this section, please provide information about other property not previously mentioned in this guide, such as items contained in your safe deposit box, your safe, and any other items that may have been placed with other individuals for safekeeping, or put in hard-to-find places.

My Other Property	Location	Contact (name, address, telephone)
My Safe Deposit Box (incl. bank and location of key)		
My Safe (incl. location and combination)		
My Jewelry, Collectibles or Other Appraisals		
My Offsite Storage (incl. location/number of unit and key)		
Other (specify)		



My legal and financial information

My financial information – debts

My Mortgages	Document Location	Website, Username and Password	Lender and Contact (name, address, telephone)
My Primary Residence			
My Secondary Residence			
My Vacation Residence			
Rental Property			

My Credit Cards	Document Location or Account Number	Website, Username and Password	Financial Institution and Contact (name, address, telephone)
MasterCard®			
VISA®			
American Express®			
Discover Card®			
Other Credit Cards (specify name of creditors)			

My Auto Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Auto 1 (specify auto type and name of creditor)			
Auto 2 (specify auto type and name of creditor)			

My legal and financial information

My financial information – debts (continued)

My Personal/ Other Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Lending Institution 1			
Lending Institution 2			

My Student Loans	Document Location or Account Number	Website, Username and Password	Lender and Contact (name, address, telephone)
Lending Institution 1			
Lending Institution 2			

My Monthly Bills on Autopay	Approx. Amount	Account Used	Comments
Payee:			
Payee:			
Payee:			
Payee:			
Payee:			
Payee:			
Payee:			

List any additional legal or financial information in the Notes section of this guide.

Additional legal or financial information listed in the Notes section of this guide? Yes No

My online accounts, memberships, and social networking

My email accounts and travel memberships

Email accounts

For each email account, enter your username and password for online account access, along with the email provider's website address that you use to access your account. Also, be sure to include your email address.

Email Address 1: _____

Email Address 2: _____

Name of Email Provider: _____

Name of Email Provider: _____

Website Address: _____

Website Address: _____

Username: _____

Username: _____

Password: _____

Password: _____

Travel membership accounts

For each airline, hotel, or other travel account, enter your username and password for online account access, along with the website address that you use to access your account. Also, be sure to enter any membership or ID numbers.

Travel Account Name: _____

Travel Account Name: _____

Website Address: _____

Website Address: _____

Username: _____

Username: _____

Password: _____

Password: _____

Membership Number: _____

Membership Number: _____

My online accounts, memberships, and social networking

My social networking and other key websites

My social networking information

For each social network you use, enter your username and password.

Social Network: _____

Social Network: _____

Username: _____

Username: _____

Password: _____

Password: _____

Social Network: _____

Social Network: _____

Username: _____

Username: _____

Password: _____

Password: _____

My other key website information

For other key websites, enter your username and password. Remember to include any photo storage sites you use, as well as online payment sites, such as PayPal.

Website: _____

Website: _____

Username: _____

Username: _____

Password: _____

Password: _____

Website: _____

Website: _____

Username: _____

Username: _____

Password: _____

Password: _____

List any additional email or other online memberships in the Notes section of this guide.

Additional email or other online memberships listed in the Notes section of this guide? Yes No

Understanding my final wishes

Putting them in your own words

Documenting your final wishes can go a long way to help your loved ones carry them out. Grief is powerful, and this guide can be a valuable resource when your friends and family are faced with tough decisions.

Your final wishes are an extremely personal matter, and what works for you may not work for someone else. But what is important is that you are letting your loved ones know – in your own words – what you want them to do and why.

MassMutual has provided you with this planning document to use as you see fit. You may choose to use all of it or just parts of it. The idea is that you utilize the sections that work for you and then leave the rest. This is simply about helping your loved ones to better understand your final wishes.

Please remember

that this section in no way replaces the value of a legal last will and testament. If you don't already have a will, you should speak with an estate attorney about drafting one.

Be sure that a trusted advisor has all of your information and can contact your family in the event of your illness or death. Try to make sure that the loved one closest to you also has this advisor's contact information and knows to get in touch with them in case of an emergency.



Understanding my final wishes

My final arrangements

Burial/cremation

After my death, I wish to be: Buried Cremated Other (specify):

If cremated, I wish to have the following person(s) take responsibility/possession of my remains:

Preplanning

I have already preplanned (paid for) my funeral: Yes No

Funeral home

The name of the funeral home that should take care of my final arrangements is:

Name: _____

Address: _____

Telephone: _____

Name of Funeral Director: _____

Notifications

Please notify the following individuals or organizations of my death:

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Understanding my final wishes

My final arrangements (continued)

Notifications (continued)

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Name: _____

Name: _____

Email Address: _____

Email Address: _____

Telephone: _____

Telephone: _____

Obituary

Check this box if applicable:

- I have done my preplanning. My obituary information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I have already written my obituary Yes No

If “Yes,” my obituary text is located (specify location):

Please publish my obituary in the following newspapers/online publications (specify): _____

In my obituary, please include the following information about me (specify): _____

In my obituary, please mention the following charitable organizations for friends and family to make contributions to in my memory (specify): _____

My pre-funeral services

Check this box if applicable:

I have done my preplanning. My pre-funeral services information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have pre-funeral services, such as a wake/visitation: Yes No

I wish to have the wake/visitation take place (specify time, relative to the funeral): _____

I wish for my casket to be: Open Closed n/a: I am being cremated

I wish to wear the following clothes/jewelry for my pre-funeral services (specify): _____

I wish to be buried with the following jewelry/other items (specify): _____

I wish to have the memorial card include the following information/prayer (specify): _____

I wish to have the following clergy member (priest/pastor/rabbi/other) attend my pre-funeral service (specify name): _____

I wish to have flowers at my pre-funeral services: Yes No

Understanding my final wishes

My final arrangements (continued)

My pre-funeral services

I wish to have the following type(s) of flowers on my casket (specify): _____

Additional notes on my pre-funeral services: _____

My funeral/memorial service

Check this box if applicable:

- I have done my preplanning. My funeral/memorial service information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have a funeral/memorial service: Yes No

I wish to have my service conducted at:

Name: _____

Address: _____

Telephone: _____

Name of Contact Person: _____

Military service

I was a member of the military and wish to have a representative from my branch of service at my funeral (if eligible): Yes No Specify branch of service and number of years served:

Flowers

I wish to have flowers at my funeral service (in addition to any flowers that are at my wake/visitation): Yes No I wish to have the following type(s) of flowers at my funeral (specify):

Instead of flowers, I would prefer that donations be made to this organization: _____

Songs/music

I wish to have specific music/a specific type of music at my funeral service: Yes No

I wish to have the following songs/type of music at my service (specify):

Readings/prayers/poetry

I wish to have specific readings/prayers/poems at my funeral: Yes No

I wish to have the following readings/prayers/poems at my funeral:

I wish to have the following individual(s) read the readings/prayers/poems at my funeral (specify):

Eulogy

I wish to have the following individual(s) at my funeral deliver the eulogy (specify):

Pallbearers

I wish to have the following individuals at my funeral serve as pallbearers (specify):

I wish to have the following individuals at my funeral serve as honorary pallbearers (specify):

Additional notes on my funeral/memorial service:

Understanding my final wishes

My final arrangements (continued)

My burial

Check this box if applicable:

- I have done my preplanning. My burial/cemetery information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have my remains buried:

- Buried in the ground Interred in a mausoleum Kept in an urn
 Other _____

If you wish to be cremated and your remains to be scattered, check the laws of the location you have selected.

I wish to have my burial at (name of cemetery): _____

Address: _____

Telephone: _____

Name of Contact Person: _____

I wish to be buried in my family plot: Yes No n/a

My family plot is located at (specify plot/drawer number): _____

I wish to be buried next to (specify name of individual who is already buried in your family plot, at whose side you wish to be buried): _____

I wish to have my headstone and footstone engraved as follows (specify):

Additional notes on my burial: _____

My post-funeral reception

Check this box if applicable:

- I have done my preplanning. My post-funeral reception information is with the funeral home indicated on Page 31. Please consult the funeral home for more information.

I wish to have a post-funeral reception, where my friends and family members can gather for a meal/ refreshments and to share time together: Yes No n/a

I wish to have the reception at (specify location): _____

Additional notes on my post-funeral reception: _____

Disposition of small items of personal property

In this section, I wish to inform you of what to do with small items of my personal property. The information in this section does not supersede the information that is in my will, but is merely intended to inform you of my wishes with respect to the disposition of small personal items that are not included in my will.

Check this box if applicable:

- Information about the disposition of small items of my personal property is with my attorney.

Contact my attorney (name: _____) for more information.



Understanding my final wishes

My final arrangements (continued)

My pets

I wish for you to contact the following individuals and ask them to take custody of my pets:

Pet Name: _____

Pet Name: _____

Name of Person to Contact: _____

Name of Person to Contact: _____

Telephone: _____

Telephone: _____

Email Address: _____

Email Address: _____

I have contacted this person to ask him/her to care for this pet in the event of my death

Yes No

I have contacted this person to ask him/her to care for this pet in the event of my death

Yes No

Pet Name: _____

Pet Name: _____

Name of Person to Contact: _____

Name of Person to Contact: _____

Telephone: _____

Telephone: _____

Email Address: _____

Email Address: _____

I have contacted this person to ask him/her to care for this pet in the event of my death

Yes No

I have contacted this person to ask him/her to care for this pet in the event of my death

Yes No

My other personal possessions

Please dispose of the following items, as follows:

Item: _____

Location: _____

Name of person to give this item to:

Telephone Number: _____

Email Address: _____

Item: _____

Location: _____

Name of person to give this item to:

Telephone Number: _____

Email Address: _____

Item: _____

Location: _____

Name of person to give this item to:

Telephone Number: _____

Email Address: _____

Item: _____

Location: _____

Name of person to give this item to:

Telephone Number: _____

Email Address: _____

Additional notes on the disposition of small items of personal property:

Memorials

If you would like to do something in my memory, please consider this (specify):

Preplanning information

Preplanning a funeral — which involves planning and paying for a funeral in advance — is not for everyone. But it can be an excellent way to help relieve your loved ones of a significant burden at the time of your passing.

In this section, we provide you with:

- The benefits of preplanning.
- Information you need to know if you do your own preplanning.

The benefits of preplanning

There are many advantages to preplanning your funeral, including these:

- There is no need for your loved ones to “guess” about what you wanted with respect to your final arrangements; it’s all done in advance. You can leave detailed instructions with your funeral director, such as the songs, hymns, etc.
- You may be able to lock in the price of your funeral or some of the products and services associated with your final arrangements.
- There is less stress on your loved ones after you’ve passed, since major decisions, such as the choice of your casket, the kind of service you want, etc., have already been made by you.
- Preplanning can save your loved ones money. Those who are grieving are vulnerable and may pay more than they need to for funeral products and services, especially if they don’t know what your wishes are.

What you need to know about preplanning

If you decide you want to do your own preplanning, the first thing you need to do is select a funeral home. This is one of the most important steps in the preplanning process, since you need to select a funeral home you feel you can trust with both your planning information and the money you’re going to give the funeral home to prepay for your funeral products and services.

There are many ways to complete your preplanning, but there are some important things you need to know before you begin.

How preplanning works

When you preplan your funeral, you will need to select a funeral home. You will then make an appointment to consult with the funeral director, who will help you decide what kind of funeral services you want, whether you prefer burial or cremation, the products and services you wish to purchase (such as a casket and the rental of mourners’ cars), and where you would like your funeral or memorial services to be held. You will also work with the funeral director to find out the current cost of those products and services, and whether or not you can “lock in” any of the prices — or whether your family or executor may have to pay additional money at the time of your death. You will then pay the funeral home for the estimated cost of your funeral products and services.



One thought to consider...

The day that you meet with the funeral director to complete your preplanning, you may wish to bring a friend or loved one with you to assist with decision-making and moral support.

Once you've made your choices, the funeral home should provide you with a pre-need agreement (the name of this document may vary). Some of the items this document will include are:

- An itemized list of the products and services you have chosen, along with their prices.
- An explanation of your rights and obligations under the contract.
- Whether or not the funeral home will guarantee the price of goods and services you are purchasing, and who is responsible for paying any additional funds that may be due at the time of your death.
- Whether or not you may cancel your pre-need agreement and how much of the funds you prepaid will be refunded.
- What happens to your money if you pay too much under the agreement.

Be sure to store your pre-need agreement in a safe place — but you may not want to choose your safe deposit box.

Some banks freeze access to safe deposit boxes after the death of the owner for a specified period of time. When this happens, no one can access the safe deposit box while it is frozen.

Preplanning information

(continued)

Selecting your funeral home

One of the best ways to choose a funeral home is by either relying on your own experience with a funeral home in your area, or consulting friends and acquaintances to see if they can refer you to a funeral home that they trust. Another idea is to consult your trusted advisors — such as your attorney, accountant or other financial professional — for suggestions. As business people within your community, they may be able to provide you with some solid recommendations.

The Federal Trade Commission enacted the Funeral Rule in 1984 (amended in 1994). It requires all funeral providers to give consumers complete information about the goods and services they are purchasing when planning a funeral. To learn more about funeral planning and the Funeral Rule, visit www.FTC.gov. Various state laws have also

been enacted with respect to preplanning. Contact your attorney or your state attorney general's office, or go online for more information on the laws that are in effect in your state.

Another idea is to research funeral homes online. For example, the National Funeral Directors Association, a funeral service association with 19,000 individual members who represent more than 10,000 funeral homes in the world, has an online search engine that allows you to look for a funeral home in any area of the United States. The website also contains helpful information on planning a funeral. For more information, visit www.nfda.org. (Keep in mind that this is just one website where you can find helpful information and guidance on preplanning. By using an online search engine, you can find many other resources on your own.)

Important!

If you complete the preplanning process, be sure to tell a loved one, or at the very least, your attorney, and give him or her the name and address of the funeral home you have chosen. It is critical that those closest to you know about your preplanning. If they do not, you could wind up paying for your funeral twice.



Prepaying for your funeral

As noted earlier, part of the preplanning process involves paying for your funeral expenses in advance. When you do this, your money is placed in a trust for your benefit. This helps to protect your money in the event that the funeral home goes out of business. Whether or not the money you prepaid can be refunded depends on whether your money is placed in an irrevocable trust (which can't be changed after it is created) or a revocable trust, which can be modified after its creation.

Notes:

Once your preplanning has been completed, the interest on your trust account (where your preplanning funds are held until the time of your death) will be reported each year to the IRS on Form 1099-INT. You will receive a copy of this form during tax reporting season. Be sure to provide your accountant or other tax professional with the amount of interest on your 1099-INT, so he or she can include it as part of your income for the preceding year when preparing your income tax return(s).

Glossary

This Glossary defines terms used throughout this guide. For more information on any of these terms, consult your legal advisor or financial professional.

Beneficiary: A person or other legal entity that receives assets – including, but not limited to, money from someone else.

Estate: The sum of an individual’s assets at a given point in time.

Executor: The person or institution named by an individual creating a will to carry out his or her wishes as specified in the will.

Grantor: A legal term that refers to a person who is creating a trust. This person can also be referred to as a “settlor” or “trustor.”

Guardian: An individual appointed by a court, and often named in a will, to take care of a child in the event of the death of that child’s parents.

Health Care Proxy: A legal document that designates the individual you want to make health care decisions for you in the event that you are unable to make those decisions yourself.

Irrevocable Trust: A trust that, once drafted and signed by the grantor, is NOT changeable and gives the grantor little to no control over the trust. If done correctly, placement of assets in an irrevocable trust results in their removal from the grantor’s estate.

Living Will: A legal document that specifies the medical care you want or don’t want under a specified set of circumstances.

Power of Attorney: A legal document that provides written authorization to an individual to act on behalf of another individual in legal, financial and, possibly, medical matters.

Probate: The legal process of administering the estate of a deceased person by resolving all claims and distributing the deceased person’s property under a valid will.

Revocable Trust: A trust where, during the life of the grantor, the terms of the trust may be changed and assets may be added or withdrawn by the grantor. With a revocable trust, trust assets remain in the estate of the grantor.

Successor Trustee: The person or institution designated to administer a trust according to its terms after the death, resignation or incapacity of the original trustee.

Trust: A legal tool through which property is held for the benefit of another person.

Trustee: The person or institution designated to administer a trust according to its terms.

Will: A legal document by which a person provides for the transfer of property at his or her death and names an executor to carry out the transfer.

Notes:

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Notes:

A series of horizontal dotted lines for writing notes.

Notes:

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You've helped your family feel more comfortable about tomorrow

By completing the planning guide, you're sharing your final wishes and providing loved ones with the information they need to make decisions. It's important to review this guide annually and update it as needed. Your MassMutual financial professional can help you with these updates and offer guidance in tandem with your other trusted advisors.

Please be sure to keep this highly personal and sensitive information in a safe and secure place. And let your family members, executor and attorney know where that place is. If you need assistance, feel free to contact your MassMutual financial professional at any time.

There are many reasons to choose a life insurance company to help meet your financial needs: protection for your family or business, products to provide supplemental income and the confidence of knowing you will be prepared for the future.

At Massachusetts Mutual Life Insurance Company (MassMutual), we operate for the benefit of our participating policyowners. We stand strong in the fundamental belief that every secure future begins with a good decision. And when choosing a life insurance company — ownership, strength and stability matter.

Learn more at www.MassMutual.com

For more on making good decisions in your financial life, you can also find us on Facebook, Twitter, LinkedIn and YouTube.

Insurance products issued by Massachusetts Mutual Life Insurance Company (MassMutual), (Springfield, MA 01111-0001) and its subsidiaries C.M. Life Insurance Co. and MML Bay State Life Insurance Co. (Enfield, CT 06082). C.M. Life Insurance Co. and MML Bay State Life Insurance Co. are non-admitted in New York.

