



CELEBRATING
Life's Memories™

SAMPLE

REMEMBER. HONOR. CHERISH.



PERSONAL PLANNING GUIDE
DESIGNED FOR:





WHY YOU NEED A PLAN...

Customizing and personalizing your own plan is a gift to those who would otherwise have to make those decisions.

- ✓ Pre-planning lets those you love know what is important to you.
- ✓ Pre-planning allows you to customize your own celebration of life service.
- ✓ Pre-planning allows you to remove the burden of uncertainty.
- ✓ Pre-planning can remove the financial burden from your loved ones.
- ✓ Pre-planning can remove the emotional overspending that often occurs during a time of grief.

OUR GUIDE CAN HELP

National Guardian Life has the most experienced licensed professionals in the pre-planning industry who will provide you with the options that best meet your needs.

QUALITY

- ✓ National Guardian Life, a highly rated insurance carrier, provides a custom designed insurance product specifically designed for you.
- ✓ We only work with licensed, reputable, family owned funeral homes who have met our "Fair Pricing Policy" Criteria.

FLEXIBILITY

- ✓ There are several plans to choose from.
- ✓ You can spread the cost of your services over several years.

SECURITY

- ✓ National Guardian Life can cover the cost of your funeral even while you are making payments.
- ✓ You can receive inflation protection which allows you to lock in today's price.
- ✓ Funds cannot be accessed until the time of death.
- ✓ Upon your death, funds are immediately available.
- ✓ Our product is not considered to be an asset for Medicaid.
- ✓ Our product can cover the cost of your funeral even while you are making payments.



BIOGRAPHICAL INFORMATION

Name (First, middle, last) _____ Sex: _____ Race: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Date of Birth: _____ Birthplace: _____
Educational Level Completed: (required by state) _____
Social Security #: _____ Occupation: (former, if retired) _____
Spouse's Name: (if wife, give maiden name) _____
Father's Name: (first, middle, last) _____
Mother's Maiden Name: (first, middle, last) _____
Veteran: Yes/ No Branch: _____ Years of Service: _____
Discharge Date & Place: _____

AUTHORIZATION

I, _____ certify and acknowledge that the information herein was personally given to _____ representing _____ Funeral Home. I understand that the information recorded herein will be kept on file at the above funeral home.

Authorized signature: _____ Date: _____

Counselor signature: _____ Date: _____



IMMEDIATE FAMILY

Relationship	Name	City/State	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL INFORMATION FOR FAMILY USE

Location of Banking Information: _____

Location of Military Records: _____

Location of Family Records: _____

Location of Wills/Trusts: _____

Location of Insurance Policies: _____

Location of Cemetery Information: _____

RECORD OF PERSONAL AFFAIRS

Attorney Name/Address: _____

Accountant Name/Address: _____

Executor Name/Address: _____

CELEBRATION OF LIFE SERVICE

Place of Service: Chapel _____ Church _____ Other _____

Type of Disposition: Burial _____ Cremation _____ Entombment _____

Cemetery: _____ Section: _____ Lot: _____ Space: _____

Disposition of Ashes: _____

Clergy/Officiant: _____

Favorite Bible/Literary Passage: _____

Favorite Music Selections: _____

Clothing Preferences: _____

Flag: Yes / No _____ Folded _____ Drape Casket _____

Jewelry: _____ On _____ Off Describe: _____

Flowers: Type- _____ Color- _____

Casket Open During Visitation: Yes / No _____

During Service: Yes / No _____

Authorized Person(s) to arrange final details: _____

Other personal requests: _____

NEWSPAPER NOTICES

Name as it should appear in newspaper: _____

Newspapers to notify: (including out of area) _____

In lieu of flowers, Donations to: _____



TELL US ABOUT YOU

What are some of the most memorable events with your family?

What are some of your favorite memories from your childhood?

What, if any religious tradition has influenced your life? Are there any passages or scriptures that have special meaning to you?

What do you consider to be your greatest accomplishment and why?

What has been the happiest moment in your life? The saddest?

If you worked, what were some highlights of your career?

What was the most memorable trip or vacation you ever went on?

What relationships have been most significant to you?

What are your hobbies and interests?

Is there a particular pet or pets that have special significance to you?

Who do you consider to be the most influential person in your life and why?

Additional Notes:

HOW WILL YOUR LIFE BE REMEMBERED AND CELEBRATED?

One of the ways we honor our loved ones is by remembering and celebrating their life. How would you like others to remember and celebrate your life?

