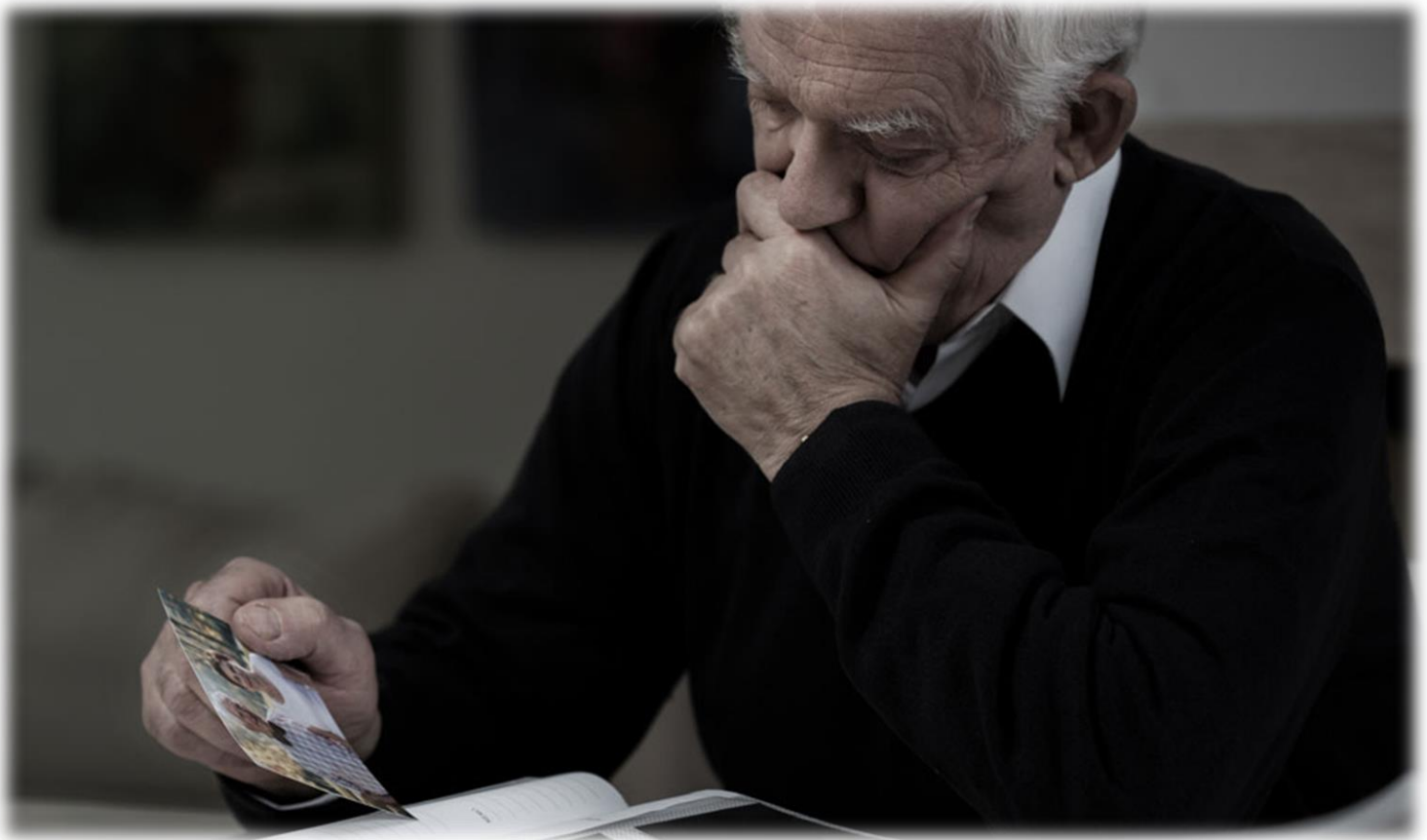




**Investment Planners, Inc.**  
FINRA/SIPC  
**IPI Wealth Management, Inc.**

# Loss of Spouse Checklist



# Loss of Spouse Checklist

General information	Yes	No	N/A
1. Has relevant personal information been gathered? • Name, age, health status • Dependents and family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has financial situation been assessed? • Income • Expenses • Assets • Liabilities • Insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
Immediate concerns	Yes	No	N/A
1. Have family members, friends, and employer been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were written wishes of the deceased reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Has a funeral home/funeral director been engaged?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the funeral service organized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have burial, interment, or cremation arrangements been made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the obituary been drafted and sent to the appropriate newspapers/publishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are funeral expense payment arrangements complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. If deceased was a business owner, have provisions been made for the short-term continuation of the business?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

<b>Next steps: getting organized</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have the appropriate records been gathered and organized? • Birth certificate • Marriage certificate • Divorce decree • Military service • Death certificate • Life insurance policies • Investment documents • Will • Tax information • Employee benefits information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have appropriate advisors been contacted? • Attorney • Accountant/tax advisor • Insurance professional • Other(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Insurance considerations</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have claims been filed with insurance companies? • Individual life insurance policies • Group life insurance policies • Employer-based life insurance policies • Accidental death and dismemberment policies • Travel insurance policies • Mortgage life insurance policies • Credit life insurance policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have surviving spouse's insurance needs been re-evaluated? • Life insurance • Health insurance • Disability insurance • Homeowners insurance • Auto insurance • Liability insurance • Long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have beneficiary designations been reviewed and changed as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:			
<b>Other available benefits</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have other available benefits been claimed and/or agencies notified? • Social Security survivor's benefits • Social Security death benefits • Federal employee benefits • Civil service benefits • State government employee benefits • Military benefits • Deceased spouse employee benefits • Qualified retirement plan/IRA benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Retirement planning concerns</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have retirement planning needs been re-evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have beneficiary designations for existing IRAs and retirement plans been updated as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Settling the estate</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have the executor/administrator, trustee(s), guardians, and heirs been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has an attorney and/or other advisor(s) been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the appropriate records been gathered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is probate necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has a Taxpayer Identification Number (TIN) been obtained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have creditors been notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have other institutions been notified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have assets been distributed to heirs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have appropriate tax returns been filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Surviving spouse's estate planning concerns</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Is there an updated will?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have advanced medical directives been prepared? • Durable power of attorney • Living will • Health-care proxy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have letters of instruction been prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does plan for estate tax need to be reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Tax planning concerns</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Has a tax advisor been contacted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Has a change in filing status been evaluated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have the tax consequences of making gifts been considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has surviving spouse inherited retirement plan assets (income in respect of a decedent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			
<b>Reassessing the financial situation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
1. Have jointly owned assets been retitled? • Real estate • Vehicles • Investments • Bank accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Has budget been re-evaluated? • Income sources • Expenses: fixed and variable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have other financial goals/needs been reviewed? • Readjustment period • Emergency fund • College • Other purchases • Vacations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has survivor's credit situation been discussed? • Obtain credit reports • Contact existing creditors • Establish separate credit if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:			

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