




Memorial Guide

Includes

Vital Statistics
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Social Security Benefits
Veteran Benefits
Business Records

NOL13731 9/10

 **TRANSAMERICA**
LIFE INSURANCE COMPANY

an  **AEGON** company

To My Family



The information contained in this booklet is for your peace of mind and my own. For yours, because I sincerely believe that it will spare everyone unnecessary expense, grief, and distress at the time of my death. My own, because it means a great deal to me to know that I have taken steps to eliminate as much of the burden of decision making from you, as possible.

I have completed this information with much love and thought, feeling that it would cause greater distress if these decisions were left for you to make with no indication of my wishes.

I sincerely hope you will find these arrangements in accordance with your own wishes, and that they will ease the burden as much as possible. After all, that is my sincerest intention.

Signature _____

Date _____

*This booklet should be kept
in a place where it will be
immediately available
at the time of your death.*

DO NOT KEEP THIS RECORD IN A SAFE DEPOSIT BOX.



Vital Statistics

Name _____

Address _____

City _____ County _____ State _____

Birthdate _____

Birthplace City _____ County _____ State _____

Social Security No. _____ In City Since _____

Education (*Specify Highest Grade Completed*) _____

Occupation (*Or retired from*) _____

Kind of Business or Industry _____

Marital Status:

Single _____ Married _____ Widowed _____ Divorced _____

Spouse of _____ Maiden Name _____

Name of Father _____

Address _____ Date of Birth _____

Birthplace _____ Social Security No. _____

Name of Mother (Maiden) _____

Address _____ Date of Birth _____

Birthplace _____ Social Security No. _____

My Family & Friends



For help or advice, please contact members of my family and friends listed below:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____



Family's Checklist

Before the Funeral...

- Notify:
- Funeral Director
 - Cemetery
 - Minister/Church
 - Relatives
 - Friends
 - Pallbearers
 - Organist
 - Florist
 - Newspapers
 - Business Associates
 - Police Escort

After the Funeral...

- Notify:
- Doctor
 - Hospital
 - Insurance Agents and Companies
 - Military Pension
 - Veteran's Organization
 - Union
 - Bank, Credit Union, or Savings & Loan
 - Fraternal Organizations
 - Social Security
 - Medicare
 - Accountant
 - Attorney
 - County Recorder
 - Department of Motor Vehicles
 - Telephone Company
 - Gas & Electric Companies
 - Water Company
 - Post Office
 - Cable Television Company
 - Newspaper/Magazine Subscriptions
 - Credit Cards

Memorial Instructions



Following are my final wishes. Please see to it that they are carried out as outlined below.

Name and Address of Memorial Service

Name and Address of Church (if different from above)

Minister: Selections:

Organist: Selections:

Soloist: Selections:

Clothing: Jewelry: Return to:

Casket: metal/wood/fiberglass Color: interior exterior

Cemetery:
Already owned? If so, give address and location.

Mausoleum/lawn crypt/ground burial
Already owned? If so, give specific location of site.

Memorial: bronze/granite/other Emblem:

Inscription

Flowers: color and type

Send donations to

Special instructions



Social Security Benefits

The surviving spouse or child may be eligible for a one-time payment of \$255 from Social Security. However, benefits are not paid automatically. Applications and certain documents must be furnished to the Social Security Administration. Your survivors need the following documents to receive the death benefit:

- Proof of death or Death Certificate
- Social Security number for survivor and deceased worker
- Marriage certificate
- Your Birth certificate
- Dependent children's Social Security numbers and Birth certificates
- Deceased worker's W-2 forms or federal self-employment tax return for the most recent year
- Name of bank and account number for direct deposit of benefits

A surviving spouse or dependent child may also be eligible for monthly survivor's benefits. A survivor may receive as much as 100% of the deceased's Social Security benefit at age 65. Also, if both you and your spouse are currently collecting benefits, in most cases, the survivor's total monthly income will be reduced.

Disabled spouses and children may collect benefits even before age 60. And some divorced surviving spouses may also receive benefits.

Contact your local Social Security office for further eligibility requirements, filing assistance, and complete details.

Social Security Administration, August 2009, publication No. 05-10084

Veteran Death Benefits



Survivors of eligible veterans whose death is caused by a service-connected injury or illness are eligible for a burial allowance of up to \$2,000.¹

Survivors of eligible Veterans whose death was not service-connected may be eligible for 1) a burial and funeral expense allowance 2) a plot or interment allowance.¹

You can apply by filling out '*Application for Burial Benefits*'. You should attach a copy of the veteran's military discharge document, death certificate, funeral and burial bills. They should show that you have paid them in full. Forms may be downloaded at <http://www.va.gov/vaforms/>

For more information, call Toll-Free 1-800-827-1000

¹ Veteran's Administration, Compensation & Pension Service - March 16, 2010



Business Records

For family use only, complete the following in the privacy of your home:

I have have not made a will designating _____ as executor.

My will is located _____.

My attorney is _____.

Banks: Checking Account _____.

Savings Account _____.

Insurance Information

Medical, Medicare Supplement, LTC, etc:

Company _____ Type _____

Company _____ Type _____

Company _____ Type _____

Life Insurance, Final Expense:

Company _____ Face Amount _____

Company _____ Face Amount _____

Company _____ Face Amount _____

Transamerica Life Insurance Company and its agents do not give tax or legal advice. The material in this booklet is provided for informational purposes only and should not be construed as tax or legal advice. Clients and other interested parties must consult with and rely solely upon their own independent advisors regarding their particular situation and the concepts presented here.



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