

INTRODUCTION AND INSTRUCTIONS

1. When completing this booklet remember that it represents your instructions to your beneficiary in the event of your death. As such, it should be:
 - a. Completely accurate, up-to-date, and in full detail.
 - b. Readily accessible to your beneficiary.
 - c. Completed as soon as possible. Death is always unexpected.
2. When you correct this booklet enter the date of correction on the page corrected. Make all entries in ink or on typewriter.
3. It is suggested that a copy of all instructions to your beneficiary be placed in the hands of the person who will assist your beneficiary in the event of your death.
4. Before preparing your will, to insure complying with your state laws, it is suggested that you consult your post legal assistance officer.

Make sure you have made provisions in your will for contingent beneficiaries in the event your primary beneficiary dies before you or at the same time.
5. Make sure your bank accounts, safety deposit boxes, etc; are carried (or rented) in such a fashion that your survivor will have the accounts or access to the box on her (his) own right. The laws of several states differ, so check locally before making your arrangements.
6. It is suggested that you have your insurance estate analyzed currently by a competent life underwriter. The analysis should be enclosed with this book.
7. Be sure that your beneficiary knows not only what property you own but what you think should be done with it. Also keep an up-to-date inventory of all valuables in your possession, and show dates of purchase and cost price of each.
8. Be certain your beneficiary knows where all your current tax information is kept.
9. If you do not wish to be buried in a national cemetery, make certain your beneficiary has full information on what expenses the government will bear toward the cost of your funeral. The government will not pay these expenses unless payment is requested. Should your wife die before you, she is entitled to burial in a National Cemetery. If this is desired, in the event of her death, you should send a telegram to the Adjutant General, The Pentagon, Washington 25, DC, requesting that the necessary burial arrangements be made.
10. A great deal of the following may not apply to you. Go through this carefully and line out that information which does not apply. Fill in all the blanks that you can. The remarks in parenthesis throughout the booklet are to assist you in its preparation.

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Information and Instructions Concerning My Personal Affairs

1. Important Information

Full Name _____

Service Nr _____ Rank _____ Branch of Service _____

Permanent Home Address _____

Present Address (Prncil) _____

Date and Place of Birth _____

Dependents (List full name, dates and places of birth)

Wife _____

Born _____ at _____

Children:

1. _____

Born _____ at _____

2. _____

Born _____ at _____

3. _____

Born _____ at _____

4. _____

Born _____ at _____

5. _____

Born _____ at _____

Previous Service Numbers _____

Period of service and places of separation or discharge:

Social Security Number _____

Personal Affairs Check List.

- a. Are you a member of, or do you know about, the Army Mutual Aid Association?
- b. Are the beneficiaries and options in your life insurance as you want them now?
- c. Considering your assets and liabilities, do you carry enough and the right kind of life insurance to accomplish what you desire for your dependents?
- d. Does your wife or anyone else have a Power of Attorney?
- e. Have you adequate fire insurance on your household goods and personal effects?
- f. Have you inventoried your belongings recently so that you could adequately support a claim for fire loss (if you have fire insurance) or a loss during movement?
- g. Under the present conditions of the deflated value of the dollar, are you sufficiently protected with \$10,000-20,000 or higher public liability insurance?
- h. Have you a will? Is it up to date?
- i. Would your wife have a source of immediate cash until your estate is settled?
- j. Do you have a joint bank account with right of the survivor to draw on it (check state laws by calling your bank)?
- k. Are your allotments such as to best serve you and yours?
- l. Are you familiar with the pension benefits for your dependents and what is required to obtain them?
- m. Have you assembled your important papers?
- n. Are they in a secure Place?
- o. Does someone know where to get them and what to do in case of need?
- p. Do they include:
 - (1) Your income tax date?
 - (2) Insurance policies?
 - (3) Will?
 - (4) Power of Attorney?
 - (5) Inventory of Property?

- (6) List of your assets and liabilities with supporting Papers?
- (7) Stocks, bonds, and other securities?
- (8) Marriage Certificate (if previously Married-Divorce Decree)?
- (9) Official record of your wartime service?
- (10) Car and other titles?

q. Perhaps you have put your house in order already. If so, has it been kept up to date? Birth of new children, a new wife, and other such things may require rearranging of your house.

a. **COMMERCIAL:** You should not pay an attorney to help you settle insurance matters. Each company with whom I am insured has representatives to help you. I have included the attached insurance chart (Appendix A). If you have further questions contact the local representatives of each company when applying for settlement. Appendix A lists the necessary data of my insurances. If you follow the instructions in the attached personal letter I believe you will receive the greatest benefit from my insurance program. A copy of my insurance program is filed with:

c. ARMY MUTUAL AID ASSOCIATION (If a member of Army Mutual Aid complete the following):

4. WILL:

b. Beneficiary's Will: (NOTE: Although your beneficiaries may have absolute control over those portions of your estate which they receive, this sub-paragraph provides space for your advice to the beneficiary(ies) concerning the immediate drawing of a will and your suggestions as to the future disposition of your estate which the beneficiary(ies) has (have) received, (Name) _____ Just as soon as possible, make your will. This is now very important. Get competent legal advice. I suggest

12 May 1968

5. POWER OF ATTORNEY:

- a. Types and purpose: I have completed-----

power of attorney made out to you to be used for the following purposes:

- b. Location: you will find the Power of Attorney in: -----

6. Certificates:

- a. General: The below listed certificates are of the greatest importance. Many of your dealings with government agencies will require the presentation of these certificates in settling my estate. If I die on active duty, a death certificate may be obtained upon request from the Adjutant General, The Pentagon, Washington 25, D.C.
- b. Certificates are located as follows:

Name of Certificate*	Location	Copies
Marriage-----		
My Birth -----		
Wife's Birth -----		
Children's Birth -----		

Retirement Orders -----

Documents Concerning
Martial Status -----
* Enter when obtained.

7. BURIAL:

- a. General Information: Any person who has had service in the armed forces of the United States, peace or wartime, is eligible for burial in a National Cemetery providing the last discharge was under honorable conditions. Should I die while on active duty, the Army will make the arrangements for my burial and bear certain expenses. Should I die while on active duty, certain burial expenses may be assumed by the Veteran Administration, but arrangements should be made through the Army, except as noted below. The following items generally should be considered in making claim for burial:

expenses in cases where the government has not incurred any expense in connection with my remains; embalming casket outside box undertaker fee, hearse, carriage or automobiles (not including two), digging of grave, grave space, minister's fee, cremation (in lieu of embalming and burial).

b. Notification to the Army: Immediately following my death, the below-listed information should be transmitted by telephone or telegram to the Adjutant General, The Pentagon, Washington 25, D.C.

- (1) My full name, rank, and service number.
- (2) Date of Birth.

If burial is to be in a National Cemetery, this additional information should be included:

(1) Remains will arrive at -----
on train (or other mode of trans)-----

(2) Name of person who will accompany the body (if
no one, say so),

(3) Request for burial (with) (without) military
honors (volleys or taps).

(4) Names of Pallbearers, if preference is desired.

(5) Do (do not) desire flag that will be on casket.

(6) Any other funeral requests.

(7) Request that the Adjutant General notify the
officer in charge of the National Cemetery selected.

c. My desires concerning burial:

I desire to be buried at -----
----- with (without) military honors. If death occurs overseas,
I(do) (do not) want my body brought home (Give other pertinent
details concerning your desires for funeral) -----

If my remains are interred in a National Cemetery, you as my Widow,
are also entitled to burial there, but you must make application by
telephone or wire to that cemetery immediately after my death to
insure a plot adjacent to mine. The officer in charge of the
cemetery will be able to furnish information regarding the proper
arrangements.

NOTE: In case of emergency, don't write -- telegraph.

c. Inventory of household goods. The inventory of household goods is located in -----

11. BANK ACCOUNTS: (Here give full information on all bank accounts maintained including the following item in each case: bank, location, type of account (checking or saving), and whether joint accounts

12. Bonds: I have a list attached with all the pertinent details, i.e. number, location, etc.

13. SAFE DEPOSIT BOX (ES)

a. My safe deposit box(es) is (are) located at the following place(s):

b. Access to this (these) box (es):-----
-----has (have) keys. Key(s) is (are) located at -

14. INCOME TAX INFORMATION: Here is all pertinent details regarding payment of income tax and location of former years tax statements and records (Be sure to list the office where each Federal and State return was filed for the past five years).

15. SOCIAL SECURITY: My social security number is ----- and my card is kept at -----

16. DEBTS AND TIME PAYMENTS: (List all debts and time payments. Also list any insurance policy that covers a debt in case of death).

17. OTHER PROPERTY. My estate includes the following properties
(here list each piece of property such as lots, houses, farms,
automobiles, buildings and securities not listed previously.
Include serial numbers, lot numbers, or any other detail information
for identification: -----

WHERE TO WRITE

For your information and convenience in directing letters and inquiries in the event additional information is required.

- | | |
|---|--|
| 1. Insurance
US Government Life.
National Service Life. | Director of Insurance
Veterans Administration
Washington 25, D.C. |
| 2. Transportation of
Dependents and Household
Goods

Personal Effects

Burial Allowances
(US Cases only)

Six Month Death Gratuity
Arrears in Pay | Chief of Transportation
Gravelly Point, Virginia

Personal Effects Bureau
Kansas City, Missouri

Office of the Quartermaster General
Washington 25, D.C.

Army Central Fiscal Office
Building 284
4300 Goodfellow Road
St Louis 20, Missouri |
| 3. Employment | US Employment Service or
Nearest Civil Service Commission
Office |
| 4. Social Security | Nearest Social Security Board |
| 5. Income Tax

a. Federal

b. State | Office to which income tax
declarations have been forwarded

State Income Tax Commission,
usually at state capital |
| 6. Dependents Pension | Director, Dependent Claim Service
Veterans Administration
Washington 25, D.C. |
| 7. Other Requests | The Adjutant General
The Pentagon
Washington 25, D.C. |

[illegible][illegible]

(DATE)

----- Life Insurance Company

(Insured's Full Name)

Dear Sirs:

The above insured died -----

Cause of Death was -----

Request claim and proof of death papers be sent to me immediately.

(signed)

(street address)

(city)

(State)

(a copy of this form letter should be sent to each civilian
insurance company listed on page 11)

APPENDIX B

(Date)

Director of Insurance
Veterans Administration
Washington 25, D.C.

Re: -----
(Military Insurance)

Sirs:

(Name) (Rank) (Branch) (Service Nr)

Currently assigned -----
(Organization, if applicable)

Died-----
(Date)

As ----- beneficiary, I desire to file
(Primary, Contingent)

application for death benefits.

I elect option -----, Payable for -----Months
certain and life unless policy provides otherwise.

(signed)

(street Address)

(city) (state)

APPENDIX C

(Date)

Army Central Fiscal Office
Building 204
4300 Goodfellow Road
St Louis 20, Missouri

Sirs:

(Name)

(Rank)

(Branch)

(Service Nr)

Currently assigned -----

(Organization, if applicable)

died-----

(Date)

I desire to make application for six months gratuity pay.
Please send necessary vouchers, papers and instructions for
accomplishing same.

My relationship to deceased was -----

(signed)

(street address)

(city)

(state)

APPENDIX D

(date)

Army General Fiscal Office
Building 204
4300 Goodfellow Road
St Louis 20, Missouri

Sirs:

(Name) (Rank) (Branch) (Service Nr)
currently assigned -----
(Organization, if applicable)

died -----
(date)

I desire to make application for arrears in pay. Please send
necessary vouchers, papers and instructions for accomplishing same.

My relationship to deceased was -----

(Signed)

(street address)

(city) (state)

APPENDIX e

(date)

Director, Dependent Claim Service
Veterans Administration
Washington 25, D.C.

Sirs:

(Name)

(Rank)

(Branch)

(Service Nr)

a veteran of -----, currently assigned -----
(Organization)

----- died -----
if applicable (date)

My relationship to deceased was ----- as evidenced by
the enclosed papers.

The deceased left -----dependent children.

I desire to make application for a Government Pension. Please send
necessary forms and instructions for accomplishing same.

(signed)

(street address)

(city)

(state)

APPENDIX F