

MESSAGE TO MY LOVED ONES

My life, my legacy, my wishes

MESSAGE TO MY LOVED ONES

This packet is designed to complement your estate plans and documents. It is intended to provide basic information to your loved ones about your intentions, assets, benefits, advisors, insurance policies and funeral requests.

No detail is too small—remember this is your final goodbye to your loved ones. This is a blueprint to help them through a difficult and emotional time.

The process for planning your estate involves many steps beyond having a will or a trust. One of the first steps to take in the planning process is to determine how much planning you need to undertake. No two situations are alike. And even individuals who do not have a great deal of wealth require some degree of planning.

Some documents you may consider executing include:

- Will or Will Substitute
- Personal Property Disposal List
- Living Will
- Medical Power of Attorney—also referred to as Durable Healthcare Power of Attorney
- Durable General Power of Attorney
- Ethical Will

Have more questions? We can help.

Busey Wealth Management grants the peace of mind that comes with understanding your intentions are spelled out and will be implemented accordingly, while also providing the assurance your loved ones will be provided for and adequately protected by your efforts. Working with a team that makes your priorities and desires into a real life plan is critical, and you can expect no less from the team of professionals at Busey Wealth Management.

We provide the initial guidance you need and can work with your personal attorney to draft the legal documents that go hand in hand with this packet in carrying out your intentions. Our continued relationship provides you with the comfort of knowing you have taken the necessary steps to provide and protect for the here and now, as well as your heirs in the future.

Caution

Identity theft has become a major problem in the United States. This Message to My Loved Ones is purposely designed to provide your family and advisors with as much information as possible about you and your personal financial situation. It is also information, which in the wrong hands, could help someone steal your identity and/or your assets.

We strongly advise you to (1) keep all copies of this Message in a locked location which is only accessible by people you fully trust and (2) provide copies of the Message only to persons who you are confident can be trusted to maintain the secrecy of your information.

1. MY PERSONAL INFORMATION

My full name

My date of birth My Social Security number

My driver's license number My Medicare number

My passport number

2. MY GENERAL INFORMATION

I do do not have a safe deposit box.

It is located

The key is located

The following people have signature authority on the box

I do do not have a personal safe.

The combination is

The safe is located

The password to my computer is

My email address is Password

Other passwords

My internet account is with

Account number

OTHER IMPORTANT PASSWORDS INCLUDE

Item, Program or Bank

Login Name Password

Item, Program or Bank

Login Name Password

Item, Program or Bank

Login Name Password

Item, Program or Bank

Login Name Password

I am a member of the following religious group(s)

I am a member of the following fraternal group(s)

I have provided the following for the education of my family

3. MY DOCUMENTS

Document	Date Signed	Location	N/A
Will			
Living Will			
Medical Power of Attorney			
Medical Directive			
General Power of Attorney			
Living Trust			
Insurance Trust			
Charitable Trust			
Minor's Trust			
Custodial Account			
Organ Donation			
Children Adoption Papers			
Section 529 Education Plan			
Pre-Nuptial Agreement			
Post-Nuptial Agreement			
Divorce Decree or Settlement			
Citizenship Papers			
Burial Instructions			
Retirement Plan Beneficiary			

I have a special needs family member or friend who I care for

Name

Relationship

Nature of disability

Special services they receive

Primary physician & phone #

Is there a trust for such person? Yes No

Trust documents are located

I have been appointed legal guardian for such person Yes No

I believe the following person should take over this responsibility

Information on any accounts I handle for this person

With regard to my general information, the following is additional information which I think is important for my

family and advisors to know

Document	Date Signed	Location	N/A
Retirement Plan Beneficiary			
Insurance Beneficiary Designation			
Military Discharge Papers (DD214)			
Employment Contract			
Other			
Other			
Other			
Other			
Other			

My important records are generally located

My home filing cabinet

My accountant's office

My safe deposit box

My financial planner's office

My home safe

Other

My attorney's office

My most recent personal and any business tax returns are located

I do do not have a divorce decree which may require certain payments be made after I am disabled or after my death.

I may receive an inheritance from

The amount of the inheritance may be as much as \$

Upon my death, my heirs will will not receive a distribution or benefits from a trust.

If yes, the trust document was created by

The trust document is located

I am currently the trustee for the following trust

The trust document is located

I am a beneficiary of the following trust

The trust document is located

I am currently the legal guardian for the following person(s)

4. MY ADVISORS AND AGENTS

Accountant

Name

Address

Phone

Fax

Email

Attorney

Name

Address

Phone

Fax

Email

Employer

Name

Address

Phone Fax Email

Financial Planner

Name

Address

Phone Fax Email

Life, Health and Disability Insurance Advisor

Name

Address

Phone Fax Email

Mortgage Holder

Name

Address

Phone Fax Email

Pension Benefits

Name

Address

Phone Fax Email

Property and Casualty Insurance Advisor

Name

Address

Phone Fax Email

Investment Advisor

Name

Address

Phone Fax Email

Other

Name

Address

Phone Fax Email

5. MY ASSETS

I have have not attached a financial statement.

Investment

Contact

Phone

Documents are located

Investment

Contact

Phone

Documents are located

Investment

Contact

Phone

Documents are located

Investment

Contact

Phone

Documents are located

Investment

Contact

Phone

Documents are located

Money is owed to me by

Name

Address

Phone

Amount

This loan is in a signed writing

Yes

No

Money is owed to me by

Name

Address

Phone

Amount

This loan is in a signed writing

Yes

No

Money is owed to me by

Name

Address

Phone

Amount

This loan is in a signed writing

Yes

No

Money is owed to me by

Name

Address

Phone

Amount

This loan is in a signed writing

Yes

No

I have loaned the following personal property (furniture, art, collectibles etc.)

Objects

Person in Possession

Objects

Person in Possession

Objects

Person in Possession

Objects

Person in Possession

6. MY ASSETS

Liability

Contact

Phone

Documents are located

Liability

Contact

Phone

Documents are located

Liability

Contact

Phone

Documents are located

6. MY ASSETS

Liability

Contact

Phone

Documents are located

Liability

Contact

Phone

Documents are located

Liability

Contact

Phone

Documents are located

I am a guarantor of the following debts

Liability

Contact

Phone

Documents are located

Liability

Contact

Phone

Documents are located

I presently carry the following credit cards

Credit Card	<input type="text"/>	Account	<input type="text"/>		
Web Address	<input type="text"/>	Access Name	<input type="text"/>	Password	<input type="text"/>
Credit Card	<input type="text"/>	Account	<input type="text"/>		
Web Address	<input type="text"/>	Access Name	<input type="text"/>	Password	<input type="text"/>
Credit Card	<input type="text"/>	Account	<input type="text"/>		
Web Address	<input type="text"/>	Access Name	<input type="text"/>	Password	<input type="text"/>
Credit Card	<input type="text"/>	Account	<input type="text"/>		
Web Address	<input type="text"/>	Access Name	<input type="text"/>	Password	<input type="text"/>
Credit Card	<input type="text"/>	Account	<input type="text"/>		
Web Address	<input type="text"/>	Access Name	<input type="text"/>	Password	<input type="text"/>

I lease the following assets

Asset	<input type="text"/>	Location	<input type="text"/>		
Payment \$	<input type="text"/>	Lessor	<input type="text"/>	Phone Number	<input type="text"/>
Asset	<input type="text"/>	Location	<input type="text"/>		
Payment \$	<input type="text"/>	Lessor	<input type="text"/>	Phone Number	<input type="text"/>
Asset	<input type="text"/>	Location	<input type="text"/>		
Payment \$	<input type="text"/>	Lessor	<input type="text"/>	Phone Number	<input type="text"/>
Asset	<input type="text"/>	Location	<input type="text"/>		
Payment \$	<input type="text"/>	Lessor	<input type="text"/>	Phone Number	<input type="text"/>
Asset	<input type="text"/>	Location	<input type="text"/>		
Payment \$	<input type="text"/>	Lessor	<input type="text"/>	Phone Number	<input type="text"/>

With regard to my assets and liabilities, the following is additional information which I think is important for my family and advisors to know

7. MY INSURANCE COVERAGE

Please make sure the premiums on these policies continue to be paid if I become disabled. Premiums may be paid on a monthly, quarterly, semi-annual or annual basis.

I have the following life insurance policies (including company-owned)

Type	<input type="text"/>	Owner	<input type="text"/>	Beneficiary	<input type="text"/>
Loans	<input type="text"/>	Cash Value	<input type="text"/>	Carrier	<input type="text"/>
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>		
Type	<input type="text"/>	Owner	<input type="text"/>	Beneficiary	<input type="text"/>
Loans	<input type="text"/>	Cash Value	<input type="text"/>	Carrier	<input type="text"/>
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>		
Type	<input type="text"/>	Owner	<input type="text"/>	Beneficiary	<input type="text"/>
Loans	<input type="text"/>	Cash Value	<input type="text"/>	Carrier	<input type="text"/>
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>		
Type	<input type="text"/>	Owner	<input type="text"/>	Beneficiary	<input type="text"/>
Loans	<input type="text"/>	Cash Value	<input type="text"/>	Carrier	<input type="text"/>
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>		
Type	<input type="text"/>	Owner	<input type="text"/>	Beneficiary	<input type="text"/>
Loans	<input type="text"/>	Cash Value	<input type="text"/>	Carrier	<input type="text"/>
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>		

These life insurance policies are located

I have have not attached a policy in force statement for the above life insurance policies.

If I am disabled, my life insurance policy allows does not allow for pre-payment of death benefits to support me.

If I am disabled, my life insurance policy allows does not allow you to stop making premium payments.

I have the following disability insurance policies

Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>
Annual Premium	<input type="text"/>	Policy is Paid by the Business	<input type="checkbox"/>	Yes	No
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>
Annual Premium	<input type="text"/>	Policy is Paid by the Business	<input type="checkbox"/>	Yes	No
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>
Annual Premium	<input type="text"/>	Policy is Paid by the Business	<input type="checkbox"/>	Yes	No

If I am disabled, my disability insurance policy allows does not allow you to stop making premium payments.

I have the following long-term insurance policies

Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		

I have the following health insurance policies

Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		
Carrier	<input type="text"/>	Location	<input type="text"/>	Policy Number	<input type="text"/>		
Annual Premium	<input type="text"/>	Policy is Paid by the Business		Yes	No		

I have the following other policies

Type	Auto	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	Umbrella	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	Home	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	Boat/Airplane	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	Overhead Expenses	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	Jewelry	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	<input type="text"/>	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				
Type	<input type="text"/>	Carrier	<input type="text"/>	Location	<input type="text"/>		
Policy Number	<input type="text"/>	Annual Premium	<input type="text"/>				

The following insurance premiums are paid automatically from my bank account. Please do not close my account without making sure the premiums are still being paid.

8. MY BENEFITS

Retirement Plan(s)

Military Retirement Benefits

Military Survivor Benefits

Life Insurance

Health Insurance

Long-Term Care Insurance

Disability Insurance

Deferred Compensation

Stock Ownership

Stock Options

Cafeteria Plan

Flexible Spending Accounts

Other

I am entitled to the following military and/or governmental benefits

I am entitled to the following other benefits

With regard to my insurance and employment benefits, the following is additional information which I think is important for my family and advisors to know

9. IN THE EVENT OF MY INCAPACITATION

Power of Attorney over my assets

1st 2nd

Power of Attorney for medical decisions

1st 2nd

Guardian over my property

1st 2nd

Guardian over my person

1st 2nd

It is my desire the persons having the above powers of attorney act on my behalf rather than a guardian being appointed, unless my family believes guardianship is necessary.

In the event of my incapacity, I do do not want to be kept at home as long as possible, taking into account the cost.

With regard to my general information, the following is additional information which I think is important for my family and advisors to know

10. IN THE EVENT OF MY DEATH

I have the following final wishes

Funeral Home

Location

Cemetery

Plot/Drawer #

I have have not prepaid my burial costs.

Information is located

I have have not prepaid my casket.

Information is located

I have a deceased spouse parent child who is buried

and I wish to be buried next to such person if I check here

I do do not want to be cremated.

Crematory

Minister/Rabbi to Perform Service

Pallbearers

SPECIAL REQUESTS

Obituary

Tombstone Engraving

Organs for Donation

In lieu of flowers, please ask for donations to the following organizations/groups

Other Special Requests

[Redacted area for Other Special Requests]

I would like the following songs, music, poetry, etc. at my funeral

[Redacted area for funeral preferences]

I currently have the following pets

[Redacted area for pet names]

I ask [Redacted] to care for my pets and recieve, as a debt of my estate, the sum of \$ [Redacted] for caring for such pets for the rest of their lives.

I have have not attached a list of the persons I want to receive my personal property when I pass.

In the event of my death, the following is additional information which I think is important for my family and advisors to know

[Redacted area for additional information]

11. MY FAMILY HISTORY

I was born in on , 19

My parents are/were and

My maternal grandparents are/were and

My paternal grandparents are/were and

I have the following brothers and sisters (including step and half-siblings)

<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>

My children are

<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>
<input type="text"/>	Born	<input type="text"/>

I have no children

I was adopted and my birth mother and father are/were

and

I have do not have detailed information on my family's history.

It is located

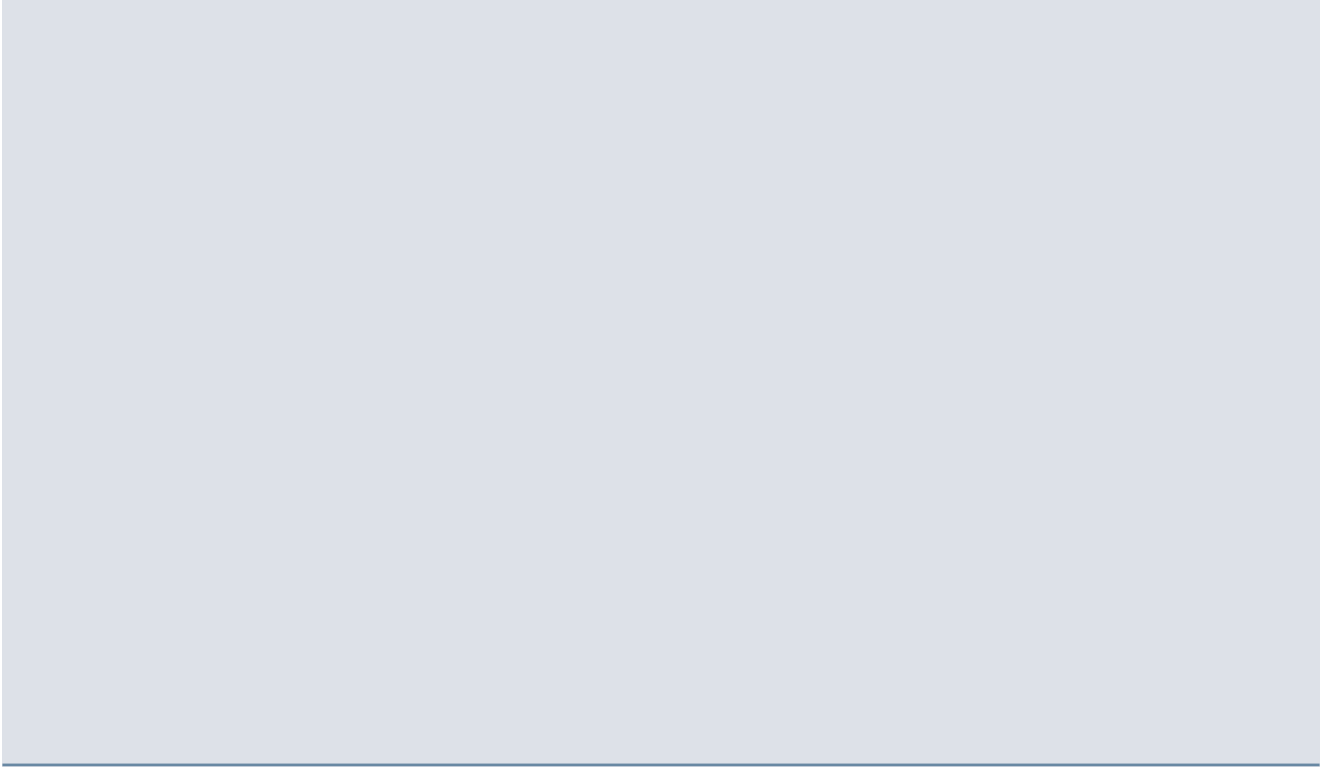
Some important facts about my family history

12. MY ETHICAL WILL

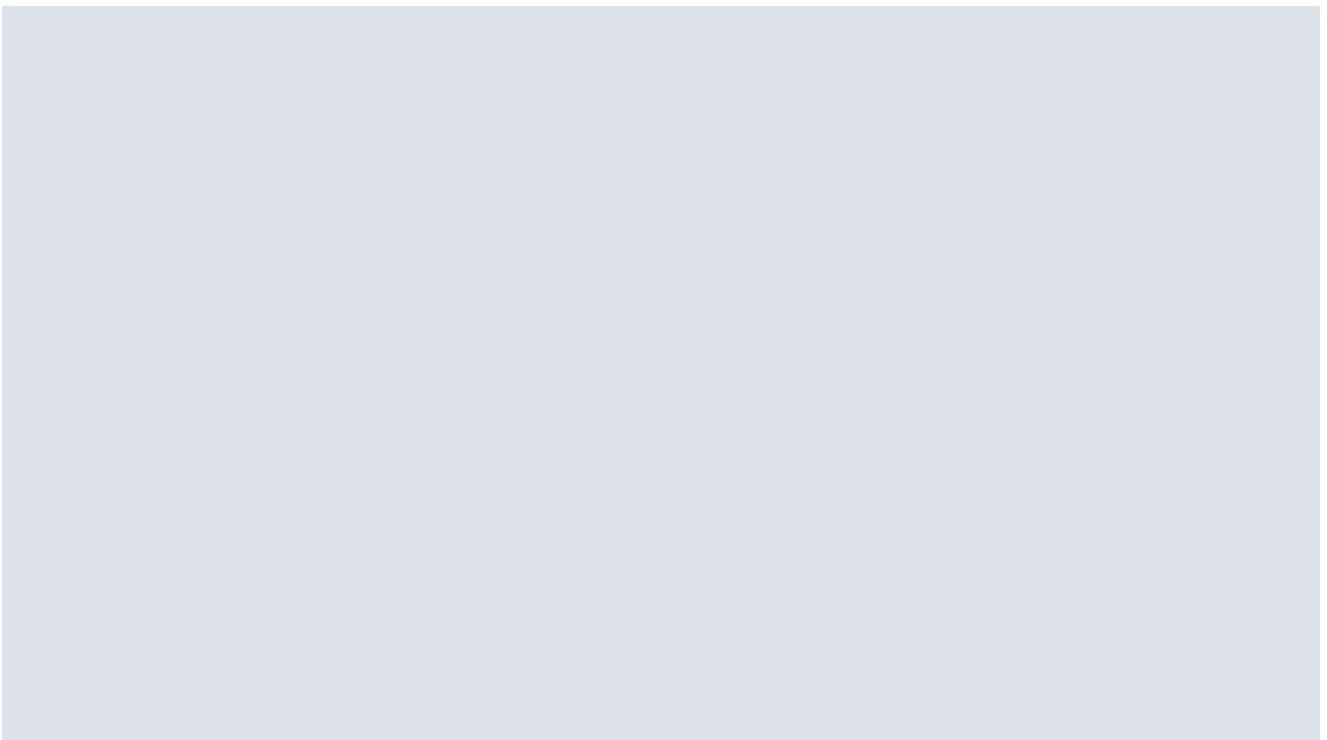
I have have not attached a more comprehensive Ethical Will.

When I am gone, I hope my family will learn from my experiences

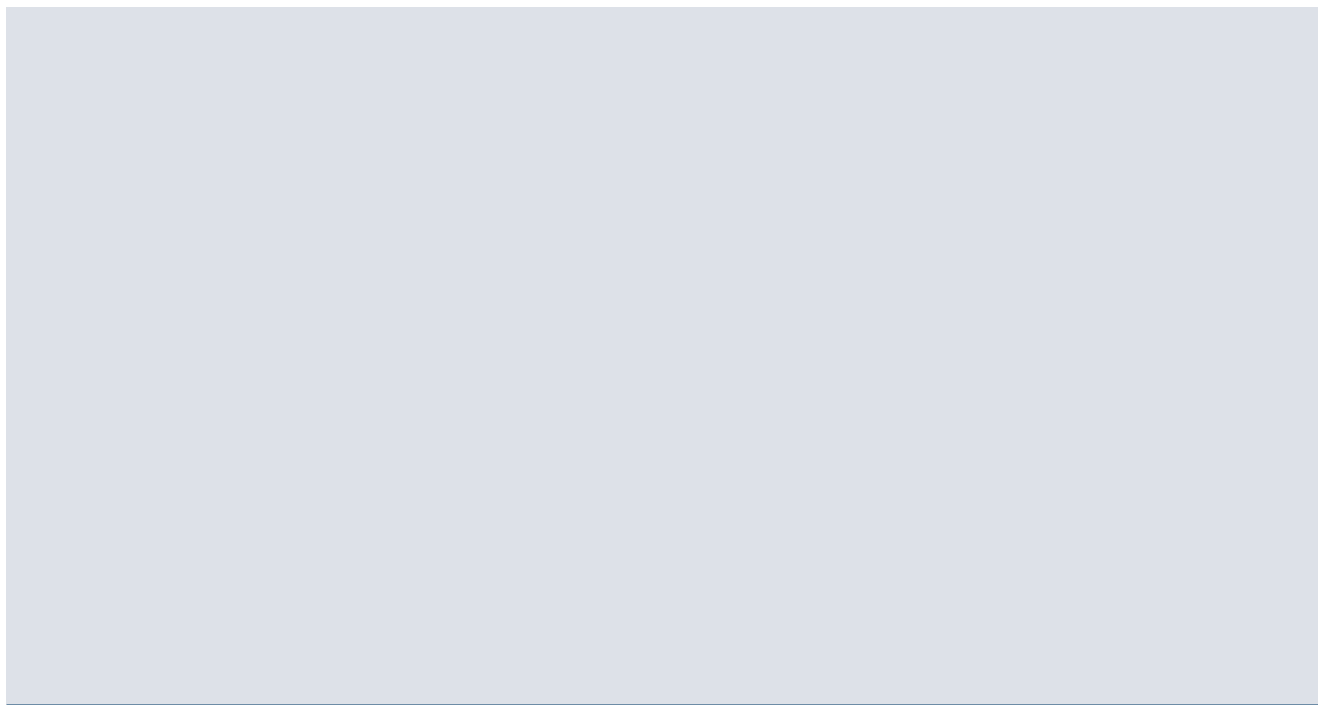
I believe the most important things in life are



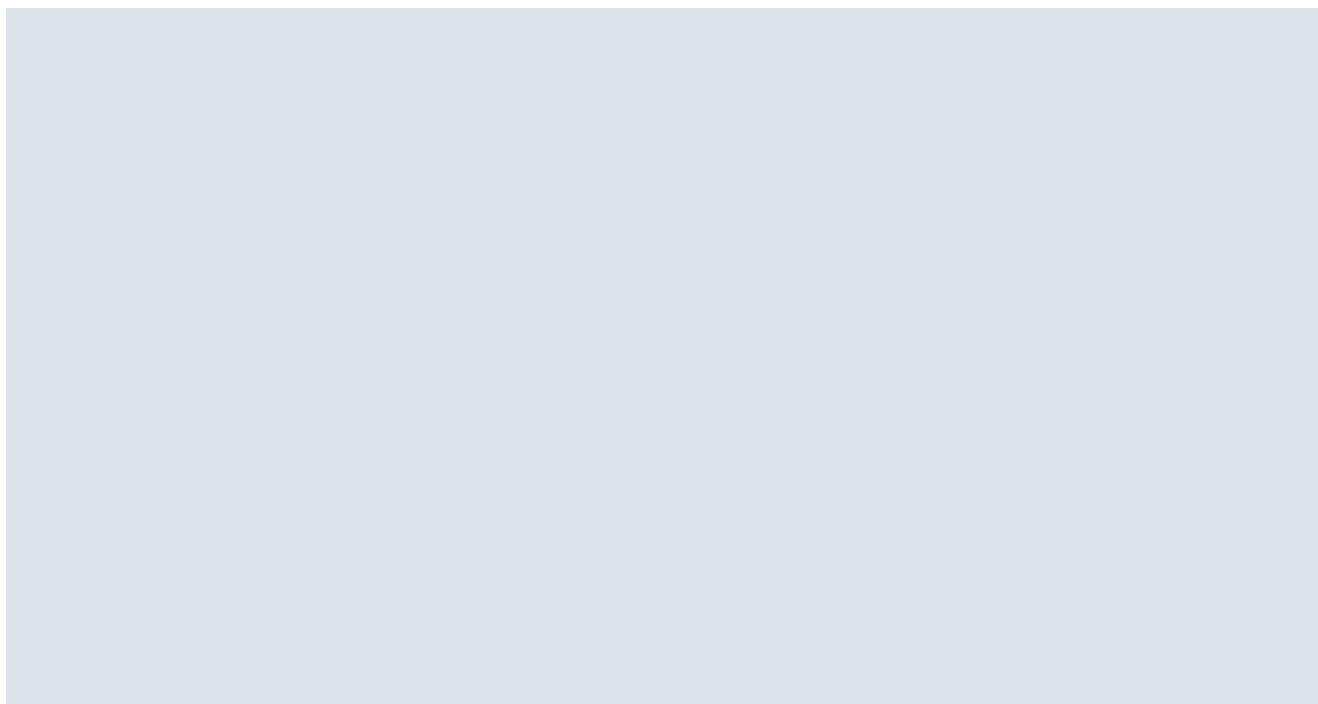
The most important thing I have done in life is



It is my hope my family will use its inheritance from me to accomplish the following goals

A large, empty rectangular area with a light gray background, intended for the user to write their goals for their family's inheritance.

How I would like to be remembered

A large, empty rectangular area with a light gray background, intended for the user to write how they would like to be remembered.

I have attached my favorite quote poem story scripture.

I have signed this Message to My Loved Ones on this [] day of [] .

This document is not intended to replace or supersede my will or any other estate planning documents signed by me. However, it is my expressed desire each heir, family member, power holder, executor, trustee and guardian use this Message and the other documents signed by me in making any discretionary decisions for me and my family.

Signature

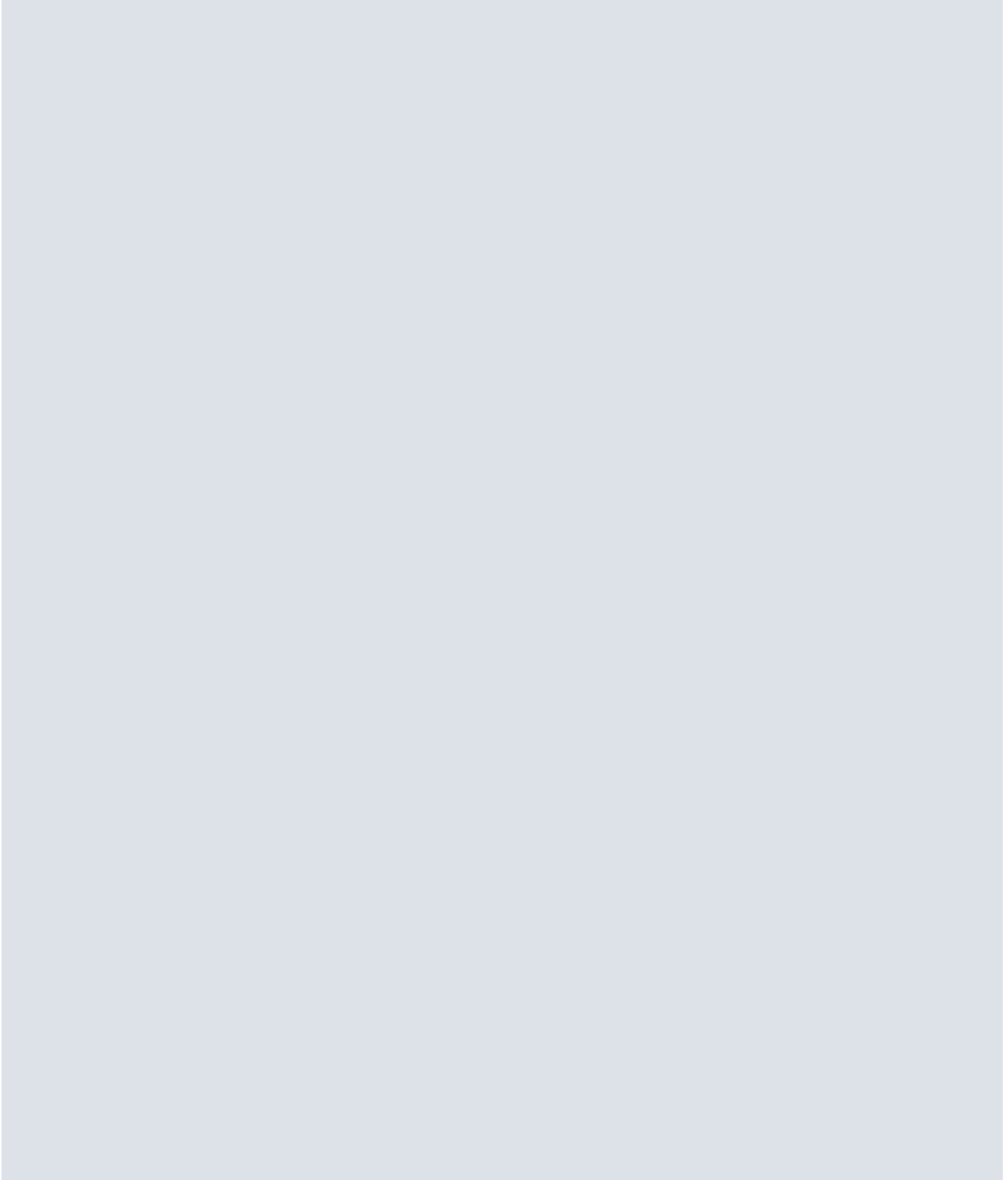
Print Name

Copies of this document were delivered

I have attached the following documents to the Message to My Loved Ones

- My current financial statement
- A copy of my current life insurance
- A policy in force statement for my life insurance policies
- A personal property ownership list
- A personal property disposition list
- A more detailed ethical will
- Personal property agreements

Notes



Entrust.

You've built a legacy.

Ensuring peace of mind.

Protecting your assets.

Building strong communities.

Realizing your best future.

Let's ensure your money meets its full potential. Since we opened our doors in 1868, Busey has built a foundation of broad financial capabilities, deep knowledge and close relationships that span generations.

All with integrity as our leading guide. Busey's right beside you today and for generations to come.

