



The Little Book of Legacy



FINANCIAL ACCOUNTS

Fixed Deposits

Name of Company	Amount	Certificate No.	Location	Maturity Date

Post Office MIS

Savings Bonds

Name	No. of Shares	Location of Certificates	Demat Account

Other Bonds

Bond No	Maturity Value	Maturity Date	Location

FINANCIAL ACCOUNTS

Stocks

Name	No. of Shares	Location of Certificates	Demat A/C

Financial Account Information is located at:

LIABILITIES

Home Loans

Loan Provider	Loan Amount	Loan Tenure	EMI

Personal Loans

Loan Provider	Loan Amount	Loan Tenure	EMI

Car Loans

Loan Provider	Loan Amount	Loan Tenure	EMI

Mortgages

INSURANCE

Life Insurance

Name of Company	Policy Number	Sum Assured	Fund Value

Location of Policies

Other Insurance (Medical, Hospitalisation, Accident, Travel, etc.)

Name of Company	Policy Number	Type of Coverage

Location of Policies

Property/Casualty Insurance (Auto Coverage, Homeowner's & Rental Coverage Policies, etc.)

Name of Company	Policy Number	Type of Coverage	Broker/Agent

Location of Policies



OTHER SOURCES

Organisational Benefits

Benefits may be available to your survivors based on membership in certain organisations like clubs, other professional organisations, associations, etc.

Organisation	Type of Benefits

EMPLOYMENT BENEFITS

Current Employer :

Current Employer Name, Address & Tel Nos.:

Contact Person at Work: Contact Details:

Potential eligible employee benefits available:

- Group Life Insurance Unpaid Salary
 Pension Survivor's Benefits Group Health Insurance Others

Information located at :

PENSION/ RETIREMENT

Pension Plans

Name & Address of Employer (Current & Prior)

EPF/Gratuity/Pension

PENSION/ RETIREMENT

EPF/Policy No.

Name & Address of Company

Account No.

Other Retirement/Pension Plans

Name & Address of Company

Account No.

Pensions/Retirement Information Located at :

INDENTIFICATION INFORMATION

Self

Pan No.

UID Aadhar No.

Voter's Card No.

Passport No.

Date of Issue

Date of Expiry

Driving License No.

Date of Issue

Date of Expiry

Ration Card No.



IDENTIFICATION INFORMATION

Spouse's:

Pan No.

UID Aadhar No.

Voter's Card No.

Passport No.

Date of Issue

Date of Expiry

Driving License No.

Date of Issue

Date of Expiry

Ration Card No.

Children's:

Pan No.

UID Aadhar No.

Voter's Card No.

Passport No.

Date of Issue

Date of Expiry

Driving License No.

Date of Issue

Date of Expiry

Ration Card No.

BUSINESS INTERESTS

I have an ownership interest in the following business(es):

Name & Address of Business

Type of Business

% Ownership Interest



SANGHI
CONSULTANCY

LEGAL MATTERS AND PROPERTIES

Legal Matters

Uncollected legal judgement, pending lawsuit, claim etc.

Name and Address	Description

Properties

Description	Residential Use	Commercial Use	Self Use	Rented	Monthly Rent
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Property Ownership Document/Deed Located at: _____

Rent Agreements located at: _____





Dear _____,

My life and happiness has always revolved around my most treasured asset: You, my beloved family.

I have always loved you more than my own life and would do anything to secure your wellbeing. Your happiness, prosperity and security have meant the world to me. My simple desire has always been that you never want for anything and live a life of self-respect and independence, even in my absence. With this in mind I have set aside some savings and investments.

However, I have realised that our savings and investments by themselves will not ensure a smooth and happy life for you. In my absence, it will be very difficult to find out what and where I have put money in, and you may also remain unaware about all our assets and liabilities. So I have put together all the crucial information on our finances, investments, liabilities, assets and savings, in one place.

To fulfil my dreams for you and ensure that your life continues to run smoothly, I leave you my cherished legacy in the form of this Little Book. This Little Book is a part of me that will guide you to a secure future and is meant only for you. With this Little Book in your hands, I can be at peace, knowing that you will feel my caring touch for long after I am gone, and that you will continue to live with your heads held high.

My love and blessings will be with you forever.

With love,



PERSONAL INFORMATION

Name of Insured:

FIRST

MIDDLE

LAST

Name at Birth:

FIRST

MIDDLE

LAST

Birthday:

MM / DD / YY

Time of Birth:

HR: MIN

Place of Birth:

Present Address:

STREET

CITY

STATE

Permanent Address:

Nationality:

Spouse's Name:

PRESENT NAME

MAIDEN NAME

Spouse's Birthday:

MM / DD / YY

Time of Birth:

HR: MIN

Spouse's Place of Birth:

CITY

STATE

COUNTRY

First Child's Name:

FIRST

MIDDLE

LAST

First Child's Sex:

Date of Birth:

MM / DD / YY

Time of Birth:

HR: MIN

Second Child's Name:

FIRST

MIDDLE

LAST

Second Child's Sex:

Date of Birth:

MM / DD / YY

Time of Birth:

HR: MIN

Third Child's Name:

FIRST

MIDDLE

LAST

Third Child's Sex:

Date of Birth:

MM / DD / YY

Time of Birth:

HR: MIN



PARENTAL INFORMATION

Father's Name:

FIRST

MIDDLE

LAST

Date of Birth:

MM / DD / YY

Additional Information:

Mother's Name:

FIRST

MIDDLE

LAST

Date of Birth:

MM / DD / YY

Additional Information:

PERSONAL ADVISORS

HDFC Life Financial Advisor:

NAME

STREET

CITY

STATE

TEL. NO.

Chartered Accountant:

NAME

STREET

CITY

STATE

TEL. NO.

Stock Broker:

NAME

STREET

CITY

STATE

TEL. NO.

Family Doctor:

NAME

STREET

CITY

STATE

TEL. NO.

Personal Banker:

NAME

STREET

CITY

STATE

TEL. NO.

Lawyer:

NAME

STREET

CITY

STATE

TEL. NO.

RECORD LOCATOR

Safety Storage

Safe Deposit Locker No.: Bank: Key Location:

Safe Deposit Locker No.: Bank: Key Location:

Other Storage:

Other Storage:

Other Storage:

Record / Location

Birth Certificates

Marriage Certificates

Divorce Papers

Tax Records

Mortgage

Title House

Title Car

Title Miscellaneous

Household Records, Bills, etc.

Guardianship Letters

Power of Attorney

Loan Papers

Keys

Other important documents/elements

WILLS

I have a Will I do not have a Will

Location of Original and Copies of Will:

Date of Will:

MM / DD / YY

Amendment:

Date of Amendment/s:

MM / DD / YY

Executor's Name and Address:

FIRST

MIDDLE

LAST

STREET

CITY

STATE

Witnesses 1 (to Will) Name:

FIRST

MIDDLE

LAST

Witnesses 1 (to Will) Address:

STREET

CITY

STATE

Witnesses 2 (to Will) Name:

FIRST

MIDDLE

LAST

Witnesses 2 (to Will) Address:

STREET

CITY

STATE

Minor's Guardian's Name and Address:

FIRST

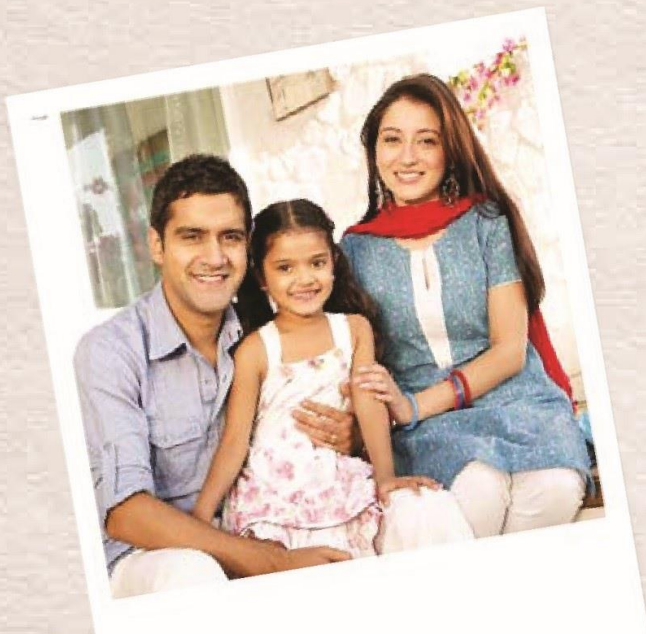
MIDDLE

LAST

STREET

CITY

STATE



TRUSTS

I have a Trust I do not have a Trust

Name and Date of Trust:

NAME

DATE

Location of Trust:

PAN No.:

Trustee(s) Name and Address:

FIRST

MIDDLE

LAST

STREET

CITY

STATE

Successor Trustee Name and Address

FIRST

MIDDLE

LAST

STREET

CITY

STATE

My Spouse has a trust My spouse is a beneficiary of a trust

Name and Date of Trust:

NAME

DATE

Location of Trust:

PAN No.:

'Payback' Trust

Name and Date of Trust:

NAME

DATE

Location of Trust:

PAN No.:

Trustee(s) Name and Address:

FIRST

MIDDLE

LAST

STREET

CITY

STATE

Successor Trustee Name and Address

FIRST

MIDDLE

LAST

STREET

CITY

STATE



DEPENDANT DETAILS

Name of dependant:

FIRST

MIDDLE

LAST

Whether dependant is/are Minor Older Parents Other relative/s

Name of future legal guardian:

FIRST

MIDDLE

LAST

Name of attorney:

FIRST

MIDDLE

LAST

Date of creation of Letter of Intent:

DD/MM/YY

Location:

Current health insurance provider:

Policy No.

Plan/Participant Type

Type

Name of dependant:

FIRST

MIDDLE

LAST

Whether dependant is/are Minor Older Parents Other relative/s

Name of future legal guardian:

FIRST

MIDDLE

LAST

Name of attorney:

FIRST

MIDDLE

LAST

Date of creation of Letter of Intent:

DD/MM/YY

Location:

Current health insurance provider:

Policy No.

Plan/Participant Type

Type



FINANCIAL ACCOUNTS

Bank Accounts

Name of Bank	Account Number	Type of Account	Customer ID

Location of Chequebook, Passbooks, Cancelled cheques:

Debit/Credit Cards

Name of Bank	Card Number	Credit Limit	Pin	Tin

Mutual Funds

Fund Name & Company	Account Number	No. of Shares

Pension/Annuities

Name of Company	Policy Number	Beneficiary

