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What Your Family Should Know if *Something* Happens to You

SPECIAL NEEDS Continued

Finances

Bank Name _____

Type of Account _____ Account # _____

Representative Payee _____

Bank Name _____

Type of Account _____ Account # _____

Representative Payee _____

Sources of Income

Social Security _____ Claim # _____

SSI _____ Claim # _____

Trust Fund _____

Trustee _____

Other _____

Other Insurance

Life Insurance Company _____

Policy # _____

Burial Insurance Company _____

Policy # _____

Funeral Home _____

Location _____