



**METROPOLITAN
WASHINGTON
AIRPORTS AUTHORITY**

ALL ABOUT ME

What Your Family Should Know

The purpose of this guide is to help you organize your personal and financial information in one location so your family will have the information they will need to handle your affairs if you should ever need them to act on your behalf.

While one's incapacitation/death is a difficult topic to discuss, reviewing this information with your family will help them to understand the steps they will need to take. Any questions that come up also can be addressed. You should ensure that your family members review this guide with you and know where it is located. You also should review this guide every year to ensure that the information is up-to-date.

NOTE: This booklet contains your private and personally identifiable information. Please keep it in a secure location.

Date this document was prepared: _____

NOTIFICATIONS IN CASE OF DEATH

• Immediate Supervisor: _____

Office Phone: _____

• Spouse's Immediate Supervisor: _____

Office Phone: _____

List names, addresses, telephone numbers or email addresses of other family members and friends who should be notified upon your death:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

PERSONAL INFORMATION

Name: _____

First

Middle

Last

Address: _____

Date of birth: _____

Place of birth: _____

Location of birth certificate: _____

If married, date and place of present marriage: _____

Name of spouse: _____

Spouse's Social Security number: _____

If divorced or separated, name of former spouse: _____

Address: _____

Telephone number: _____

Location of divorce or separation papers: _____

Still Employed? yes no Office Phone #: _____ Immediate Supervisor: _____

U.S. citizen: yes no

Do you have a will? yes no

If yes, where is the original copy located? _____

Do you have a living trust or similar document? yes no

If yes, where is the original copy located? _____

Do you have a durable power of attorney? yes no

If yes, where is the original copy located? _____

Do you have a durable power of attorney for health care? yes no

If yes, where is the original copy located? _____

Are you a registered organ donor? yes no

If yes, where is the donor card located? _____

Do you have a safe deposit box? yes no

If yes, provide the location, number of the safe deposit box and contents (or add a sheet): _____

Provide the location of the safe deposit box key and name of individual who is authorized to have access: _____

Do you have an attorney? yes no

Name: _____

Address: _____

Telephone number: _____

FAMILY INFORMATION

SPOUSE

Name	Date of Birth	Social Security Number	Address

CHILDREN

Name	Date of Birth	Social Security Number	Address

GRANDCHILDREN

Name	Date of Birth	Social Security Number	Address

GREAT GRANDCHILDREN

Name	Date of Birth	Social Security Number	Address

FAMILY INFORMATION

FATHER

Name	Address	Deceased?

MOTHER

Name	Address	Deceased?

BROTHERS AND SISTERS

Name	Address	Deceased?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MWAA RETIREMENT BENEFITS

Your retirement date: _____
If retired, name of department, from which you retired: _____
If not yet retired, date of retirement eligibility: _____

Are you enrolled in Medical Insurance? : yes no
Are you enrolled in Dental Insurance? : yes no
Are you enrolled in Life Insurance? : yes no

MEDICARE PART A AND PART B

Are you covered by Medicare Part A, Part B or both?
 Part A only Date coverage began _____
 Part B only Date coverage began _____
 Parts A & B Date coverage began _____
Medicare number: _____
I/We have additional coverage under my spouse's health plan: yes no
The plan is _____ and is provided by _____

ANNUITIES

Annuity Company Name: _____
Account Value (as of) : _____
Contract Number: _____
Type of Annuity: _____
Beneficiary(ies): _____

Representative Name: _____
Phone Number: _____
Location of Policy: _____

FEDERAL RETIREMENT BENEFITS

CSA number: _____ or CSF number: _____

If retired, name of department, from which you retired: _____

If not yet retired, date of retirement eligibility: _____

Federal Employees Health Benefits Program (FEHBP)

Are you covered by an FEHBP health plan? yes no

If yes, is coverage: Self Only Self and Family Self Plus One

Name of FEHBP plan, member identification number, address of insurance carrier and phone number:

ANNUITIES

Annuity Company Name: _____

Account Value (as of): _____

Contract Number: _____

Type of Annuity: _____

Beneficiary(ies): _____

Representative Name: _____

Phone Number: _____

Location of Policy: _____

MEDICARE PART A AND PART B

Are you covered by Medicare Part A, Part B or both?

Part A only Date coverage began _____

Part B only Date coverage began _____

Parts A & B Date coverage began _____

Medicare number: _____

I/We have additional coverage under my spouse's health plan: yes no

The plan is _____ and is provided by _____

ADDITIONAL RETIREMENT BENEFITS

MILITARY SERVICE AND RETIREMENT

Branch of service: _____ Service number: _____

Period(s) of service: _____ Location of service discharge papers (DD-214, DD-215): _____

If you receive active duty and/or reserve duty retirement pay, enter the information under which the retired pay is made, benefit amount and address of the paying office:

Monthly amount: _____ Branch of service: _____ Service number: _____

Address of paying office: _____

If your military retirement pay is paid by direct deposit, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution):

Name of bank/financial institution: _____

Routing number: _____ Telephone number: _____

Address: _____

If you are a retiree, did you set up a Survivor Benefit Plan for your surviving spouse? If yes, what is the benefit level or base amount that you elected? _____

VETERANS BENEFITS

Are you receiving disability compensation or pension from the Department of Veterans Affairs? If yes, provide details and your VA claim number:

Provide the phone number of the VA Regional Office nearest you: _____

OTHER RETIREMENT PLANS

1. Type of Plan:

401(k) Profit-Sharing ESOP (Employee Stock Ownership Plan) Pension 457 401(a) Other

Account Balance: _____

Employer Name: _____

Plan Sponsor Name: Same as Employer or: _____

Contact: _____ Phone Number: _____

Customer Service Telephone Number: _____

Beneficiary: _____ Contingent: _____

2. Type of Plan:

401(k) Profit-Sharing ESOP (Employee Stock Ownership Plan) Pension 457 401(a) Other

Account Balance: _____

Employer Name: _____

Plan Sponsor Name: Same as Employer or: _____

Contact: _____ Phone Number: _____

Customer Service Telephone Number: _____

Beneficiary: _____ Contingent: _____

SOCIAL SECURITY BENEFITS

Social Security number: _____

Do you receive Social Security payments? yes no

Monthly benefit amount: _____

If payment is made by direct deposit to a bank or financial institution, enter the name, address, telephone number and your account number with the bank or financial institution. You also should enter the bank or financial institution's routing number (on your checks or get from your bank or financial institution).

Name of bank/financial institution: _____

Routing number: _____

Address: _____

Phone number: _____

OTHER RETIREMENT INCOME SOURCES

Thrift Savings Plan (TSP)

Do you have a TSP account? If yes, provide your account number and TSP contact information:

Provide user ID and password for online access: _____

Name beneficiary(ies) of your TSP/RSP account: _____

Address: _____

Location of designation form: _____

Personal IRAs

List the type of IRA: Traditional, Roth, SEP (Simplified Employee Pension Plan) IRA, Rollover, SIMPLE (Savings Incentive Matching Plan for Employees) IRA, Spousal

1. Type: _____

Account Balance: _____ Account Number: _____

Financial Institution Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Beneficiary: Primary: _____ Contingent: _____

Location of designation form: _____

2. Type: _____

Account Balance: _____ Account Number: _____

Financial Institution Name: _____

Address: _____

Contact Person: _____ Phone Number: _____

Beneficiary: Primary: _____ Contingent: _____

Location of designation form: _____

FINANCIAL INFORMATION

ADVISERS

Financial Adviser: _____

Address: _____

Telephone number: _____

CPA/Accountant: _____

Address: _____

Telephone number: _____

Stock Broker: _____

Address: _____

Telephone Number: _____

BANK AND EQUITY ACCOUNTS

1. Type of Account: Checking Savings CD Money Market Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

2. Type of Account: Checking Savings CD Money Market Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

3. Type of Account: Checking Savings CD Money Market Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

4. Type of Account: Checking Savings CD Money Market Other

Account Balance: _____

Financial Institution Name: _____

Address: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

Provide user ID and password for online access: _____

OTHER INVESTMENTS

MUTUAL FUNDS

1. Fund Name: _____

Investment Amount/Amount of Shares: _____

Company/Investment Firm Name: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

2. Fund Name: _____

Investment Amount/Amount of Shares: _____

Company/Investment Firm Name: _____

Account Number: _____

Contact Person: _____ Phone Number: _____

STOCKS AND SECURITIES

BROKERAGE ACCOUNTS

1. Account Balance: _____ Account Number: _____

Financial Institution's Name: _____

Address: _____

Representative's Name: _____ Phone Number: _____

Other Name(s) on account: _____

2. Account Balance: _____ Account Number: _____

Financial Institution's Name: _____

Address: _____

Representative's Name: _____ Phone Number: _____

Other Name(s) on account: _____

STOCKS

1. I own the following stocks:

Company Name: _____

Estimated Value (as of): _____

Stock is: Publicly Traded Closely Held

Location of Certificates: _____

2. I own the following stocks:

Company Name: _____

Estimated Value (as of): _____

Stock is: Publicly Traded Closely Held

Location of Certificates: _____

STOCK OPTIONS/STOCK PURCHASE PLANS

1. Name of Stock Options: _____

Name of Issuing Company Issuing: _____

Address: _____

Grant Date: _____ Exercise Price: _____

Expiration Date: _____ Vesting Period: _____ Exercise Period: _____

Customer Service Phone Number: _____

Location of Certificates or Documents: _____

2. Name of Stock Options: _____

Name of Issuing Company Issuing: _____

Address: _____

Grant Date: _____ Exercise Price: _____

Expiration Date: _____ Vesting Period: _____ Exercise Period: _____

Customer Service Phone Number: _____

Location of Certificates or Documents: _____

BONDS

1. Type: Corporate State Gov't. Municipal Federal Other

Amount of Bond: _____ Interest Rate Paid: _____

Number of Bonds: _____

Issuer: _____

Address: _____

Maturity Date: _____

Representative's Name: _____ Phone Number: _____

2. Type: Corporate State Gov't. Municipal Federal Other

Amount of Bond: _____ Interest Rate Paid: _____

Number of Bonds: _____

Issuer: _____

Address: _____

Maturity Date: _____

Representative's Name: _____ Phone Number: _____

OTHER ASSETS

REAL ESTATE

1.Type of Property: Residential Commercial Rental

Owner(s): _____

Estimated Value: _____ Mortgage Balance: _____

Address: _____

List Improvements Made and Dates: _____

Provide locations of original abstract and/or title insurance certificate: _____

Provide location of lien if mortgage is paid off: _____

2.type of Property: Residential Commercial Rental

Owner(s): _____

Estimated Value: _____ Mortgage Balance: _____

Address: _____

List Improvements Made and Dates: _____

Provide locations of original abstract and/or title insurance certificate: _____

Provide location of lien if mortgage is paid off: _____

STORED PROPERTY

1. If you have personal property that you may have stored, list the location of the storage facility and description of items stored: _____

If you have loaned any assets (furniture, art, etc.), list below:

Objects: _____

Person Holding Them: _____

2. If you have personal property that you may have stored, list the location of the storage facility and description of items stored: _____

If you have loaned any assets (furniture, art, etc.), list below:

Objects: _____

Person Holding Them: _____

BEQUESTS

In addition to your will, have you prepared a list of bequests (heirlooms, art, etc.) and the individuals whom you would like to receive the property upon your death? If yes, list below:

Description	Location	Name of Individual	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIABILITIES

MORTGAGE(S)

Are you still making mortgage payments? yes no

1. Loan Number: _____ Monthly payment : _____

Lender: _____

Address: _____

Phone Number: _____

2. Loan Number: _____ Monthly payment _____

Lender: _____

Address: _____

Phone Number: _____

CAR LOANS

Are you still making car payments? yes no

Loan Number: _____ Monthly payment : _____

Lender: _____

Address: _____

Phone Number: _____

OTHER LOANS (e.g., home equity)

List here:

CREDIT CARDS

1. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

2. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

3. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

4. Name of Card: _____ Card Number: _____

Name of Issuer: _____

Address: _____

Phone Number: _____

ONLINE ACCOUNTS

Have you made purchases online (e.g., Amazon.com) using a credit card? If so, those accounts should be closed. List the websites below where you have accounts, as well as user IDs and passwords:

AUTOMATIC CHECK CARD WITHDRAWALS

If you pay for any services or products with automatic check card withdrawals (such as your newspaper), those payments should be cancelled. List the vendor and contact information:

OTHER TYPES OF INSURANCE

Life Insurance (1) yes no

I have Basic Life Insurance in the amount of \$: _____

With _____ Company.

I have a designated beneficiary on file: yes no

Life Insurance (2) yes no

I have Supplemental Life Insurance in the amount of \$: _____

With _____ Company.

I have a designated beneficiary on file: yes no

Beneficiary Name: _____ Aware of this designation? : yes no

Disability Insurance yes no

Provide name of company, address, phone number, policy number and location of policy:

Homeowners' Insurance yes no

Provide name of company, address, phone number, policy number and location of policy:

Car Insurance yes no

Provide name of company, address, phone number, policy number and location of policy:

Insurance agent's name and phone number:

Any other insurance policies? If yes, enter names and addresses of the companies, phone numbers, policy numbers and designated beneficiaries, if applicable:

LIST AND LOCATION OF DOCUMENTS

Document	Location
Will:	_____
Living Trust:	_____
Living Will:	_____
Power of Attorney (General):	_____
Power of Attorney (Medical):	_____
Advanced Medical Directive:	_____
Beneficiary Designations:	_____
Personal Property List:	_____
Property Deeds:	_____
Family Partnerships or LCC:	_____
Organ donor form:	_____
Military Discharge Papers (DD-214; DD-215):	_____
Birth Certificates:	_____
Marriage License:	_____
Pre-Nuptial Agreement:	_____
Divorce/Separation Papers:	_____
Car Title(s):	_____
Burial Agreement:	_____
Tax Returns:	_____
Other:	_____
Other:	_____
Other:	_____

BURIAL INSTRUCTIONS

Have you prepared special burial instructions (in-ground burial, cremation, type of service, other preferences)?
If yes, provide the location of the document or attach it to this guide:

Church Preference: _____ Religious Affiliation: _____

Clergy: _____ Phone: _____

Funeral Home Preference: _____

Address: _____

Phone: _____

I have a Pre-paid burial plan: yes no

I would prefer to have funeral services held at: Funeral Home Church

Location Name: _____

Address: _____

Phone: _____

I prefer Internment Entombment Cremation

My choice of cemetery is: _____

Lot Purchased: yes no

The lot is in the name of: _____

Location of deed for lot: _____

I would like to have the following persons act as pallbearers:

If cremated, what do you wish done with your ashes?: _____

Would you want an obituary published? yes no

Please list the following in my obituary: _____

I am entitled to Veterans Benefits: yes no

I am entitled to Military Honors: yes no

Musical Selections: _____

Special Request for Service: _____
