

This guide will help you locate and organize all the important documents you need to create your estate plan, giving you peace of mind and assuring your wishes and legacy are honored. Fòs Feminista gift planning staff is available to help you explore ways you can create your legacy and fulfill your wishes. Of course, you should consult your attorney or other financial advisor for guidance on your planning.

These Questions Will Help You Get Started:

1. What do I own?
2. What do I want to pass on, and to whom?
3. Who do I trust to carry out my wishes?
4. How can I accomplish my goals and establish my legacy?

Part I: Personal Information

My Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Birthplace:

Birth Date:

SSN:

Spouse's Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Birthplace:

Birth Date:

SSN:

Child's Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Birthplace:

Birth Date:

SSN:

Child's Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Birthplace:

Birth Date:

SSN:

My Parents:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Other Family:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Friend's Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email:

Part II: My Advisors and Representatives

Accountant:

Address:

City:

State:

Zip:

Phone:

Email:

Attorney:

Address:

City:

State:

Zip:

Phone:

Email:

Financial Advisor:

Address:

City:

State:

Zip:

Phone:

Email:

Insurance Agent:

Address:

City:

State:

Zip:

Phone:

Email:

Retirement Plan Administrator:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Financial Power of Attorney:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Medical Power of Attorney		
Address:		
City:	State:	Zip:
Phone:	Email:	

Executor of Estate:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Trustee:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Guardian of Property:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Guardian Over Person:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Part III: Important Documents

Include both existing documents as well as documents you need to create.

Document	Completed	Date Signed/Issued	Location
Driver's License	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security Card	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Passport	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Marriage Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prenuptial Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adoption Records	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Divorce Decree	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Death Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Estate Plan Records	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Will/Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Living Will	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Medical Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Financial Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Financial Records	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Account Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Account Statements/ Records	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home/Renter's Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tax Records	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Computer Password	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone Password	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking/Savings Account Password	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Strong Box/House Safe Password or Combination	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Storage Locker	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part IV: Digital Assets

Include both existing documents as well as documents you need to create.

Device/Website	User ID	Password
Home Computer		
Cell Phone		
Email		
Tablet		
E-reader		
Checking Account		
Savings Account		
Retirement Account		
Facebook		
Twitter		
LinkedIn		
Other		
Other		
Other		

Part V: Monetary Assets

Including bank accounts, brokerage accounts and real estate.

Asset #1
Account Type:
Institution:
Account Number:
Owner Name:
Phone:
Email:

Asset #2
Account Type:
Institution:
Account Number:
Owner Name:
Phone:
Email:

Asset #3
Account Type:
Institution:
Account Number:
Owner Name:
Phone:
Email:

Asset #4
Account Type:
Institution:
Account Number:
Owner Name:
Phone:
Email:

Part VI: Liabilities

Mortgage Holder

Company:

Account Number:

Contact:

Phone:

Email:

Equity Line of Credit

Company:

Account Number:

Contact:

Phone:

Email:

Car Loan

Company:

Account Number:

Contact:

Phone:

Email:

Credit Card

Company:

Account Number:

Contact:

Phone:

Email:

Student Loans

Company:

Account Number:

Contact:

Phone:

Email:

Credit Card

Company:

Account Number:

Contact:

Phone:

Email:

2nd Mortgage Hold

Company:

Account Number:

Contact:

Phone:

Email:

Credit Card

Company:

Account Number:

Contact:

Phone:

Email:

Other

Company:

Account Number:

Contact:

Phone:

Email:

Other

Company:

Account Number:

Contact:

Phone:

Email:

Part VII: Insurance Policies

Life Insurance				
Type/Issuer	Owner	Beneficiary	Contingent Beneficiary	Contact Information

Health Insurance	
Company	Contact Information

Disability Insurance	
Company	Contact Information

Other Insurance Policies		
Type	Company	Contact Information
Auto		
Umbrella		
Home/Renter		
Other		

Part VIII: My Beneficiaries

Use this section to note how you would like your assets distributed after you are gone. This is a good opportunity to provide for your loved ones, create a legacy for future generations. Many people choose to include a charitable gift to causes that have been meaningful during their life-time, such as Fòs Feminista.

Charitable Beneficiaries

Organization Name	Type of Gift	Organization Contact

Other Beneficiaries

Organization Name	Type of Gift	Organization Contact

Part IX: Planning Your Legacy

Even with all you’ve accomplished, there is an opportunity to have even more impact. By including Fòs Feminista in your will or living trust, you can create an enduring legacy.

Many people like to create their enduring legacy by leaving gifts to loved ones and to charity in their will or trust or by beneficiary designation. If you are considering leaving a gift to Fòs Feminista, it’s important to know that most gifts enable you to:

- Retain control of the asset for as long as you need it.
- Designate a percentage of the asset for Fòs Feminista or name Fòs Feminista a contingent beneficiary. That means Fòs Feminista is second-in-line after your primary beneficiary.
- Allocate any amount you choose. Every gift makes a difference.
- Change your mind. The beneficiary forms that designate the inheritor of the asset can be modified as your situation changes, often at no cost.

To leave a legacy with Fòs Feminista, please be sure to include the following information:

Name: Fòs Feminista
Tax ID Number: 13-1845455

We're Here to Help

Fòs Feminista's gift planning staff is available to help you explore how to make room in your planning for a legacy gift to Fòs Feminista . If you have already designated Fòs Feminista as a beneficiary of your plan, we hope you will let us know so that we may properly thank you, ensure that your wishes are carried out, and welcome you as a member of the Rosa Cisneros Legacy Society.

Office of Gift Planning

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New York, NY 10038-4730



Telephone: 212-214-0228



Email: giftplan@fosfeminista.org

Access our complimentary planning library at myimpact.fosfeminista.org



International Alliance for Sexual and
Reproductive Health, Rights and Justice