

NAVY MUTUAL AID ASSOCIATION®

**Serving Sea Service Officers and Enlisted
Active Duty and Beyond**

A Nonprofit Veterans Benefit Association Since 1879



MEMBER PERSONAL LOG

Name _____

NAVY MUTUAL AID ASSOCIATION

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E-MAIL: info@navymutual.org • WEBSITE: www.navymutal.org

Date _____

How much does your spouse know about your financial affairs? If you were to die tomorrow, would she (or he) have the information needed to wind up your financial dealings and make final arrangements on your behalf? Would your spouse know where to find insurance policies and other important documents? Would he or she be aware of all the people and organizations that should be notified of your death?

Even if you and your spouse have discussed these matters, you'd be wise to put all the important details into this Personal Log to be used by your spouse after your death. This log can give your mate vital financial information that might otherwise be forgotten, and can guide your spouse through the necessary tasks that must be performed after your death. The log should be periodically updated.

If you would like to have this information retained on file at NMAA, send us a duplicate. It will permit us to better help your family when the time comes.

MEMBER DATA

Name _____

Rank _____ Date of Rank _____ Service _____

Social Security Number _____ Service Number _____
(if applicable)

Military Pay Entry Base Date _____

Active Duty Base Date _____ Date Retired _____

I was born on _____ at _____
(MO, DAY, YEAR) (CITY, COUNTY, STATE)

Naturalization on _____ by _____
(if applicable) (MO, DAY, YEAR) (Designation and location of court granting naturalization)

Religion _____ Fraternal Affiliation _____

My legal residence is _____

SPOUSE DATA

Name _____

Maiden Name (if applicable) _____

Social Security Number _____

My spouse was born on _____ at _____
(MO, DAY, YEAR) (CITY, COUNTY, STATE)

Date of Marriage _____ Place of Marriage _____
(MO, DAY, YEAR) (CITY, COUNTY, STATE)

Naturalization on _____ by _____
(if applicable) (MO, DAY, YEAR) (Designation and location of court granting naturalization)

PARENTS OF MEMBER (AND SPOUSE, if applicable)

MEMBER

Father _____
Full Name Date/Place of Birth Date/Place of Death

Mother _____
Full Name Date/Place of Birth Date/Place of Death

SPOUSE

Father _____
Full Name Date/Place of Birth Date/Place of Death

Mother _____
Full Name Date/Place of Birth Date/Place of Death

NOTIFICATION UPON DEATH

RELATIVES TO NOTIFY

| Name | Relationship | Phone Number | City/State |
|----------|--------------|--------------|------------|
| a. _____ | | () | |
| b. _____ | | () | |
| c. _____ | | () | |
| d. _____ | | () | |
| e. _____ | | () | |
| f. _____ | | () | |
| g. _____ | | () | |
| h. _____ | | () | |
| i. _____ | | () | |

FRIENDS TO NOTIFY

| Name | Phone Number | City/State |
|----------|--------------|------------|
| a. _____ | () | |
| b. _____ | () | |
| c. _____ | () | |
| d. _____ | () | |
| e. _____ | () | |
| f. _____ | () | |
| g. _____ | () | |
| h. _____ | () | |
| i. _____ | () | |

FRIENDS TO HELP

| Name | Relationship | Phone Number | City/State |
|----------|--------------|--------------|------------|
| a. _____ | | () | |
| b. _____ | | () | |
| c. _____ | | () | |
| d. _____ | | () | |
| e. _____ | | () | |
| f. _____ | | () | |
| g. _____ | | () | |
| h. _____ | | () | |
| i. _____ | | () | |

SURVIVOR BENEFIT PLAN (SBP)

If retired military, base amount elected

- Beneficiary Spouse Spouse & Child(ren)
- Child Only election: Insurable Interest
- Former Spouse Former Spouse & Child(ren)

INSURANCE

1. I have \$ _____ of permanent insurance (whole life insurance) and \$ _____ term units with Navy Mutual Aid Association.
Plan numbers: _____
2. My beneficiary(ies) is/are _____

My contingent beneficiary(ies) is/are _____

3. The total death benefit currently in effect for my membership is \$ _____.
4. I have left the benefit payable:
 - In one sum. On an installment basis for _____ years.
 - On an interest basis for _____ years. As an increasing life annuity.
5. ON RECEIPT OF NOTICE OF MY DEATH, 10% OF THE DEATH BENEFIT OR \$10,000, WHICHEVER IS LESS, IS AVAILABLE IMMEDIATELY.
 I have requested that no immediate payment be made.
6. I suggest that the benefit be disposed of as follows: _____

7. I carry the following Life Insurance (other than NMAA):

| | Individual or Group Policy | Name of Company | Policy No. | Beneficiary | Amount |
|----|-------------------------------|--------------------|------------|-------------|----------|
| a. | Indiv Group | _____ | _____ | _____ | \$ _____ |
| b. | Indiv Group | _____ | _____ | _____ | \$ _____ |
| c. | Indiv Group | _____ | _____ | _____ | \$ _____ |
| d. | Indiv Group | _____ | _____ | _____ | \$ _____ |
| e. | Indiv Group | _____ | _____ | _____ | \$ _____ |
8. I carry the following miscellaneous insurance:
 - a. Automobile Insurance: _____ Policy No. _____ .
(Notify them immediately in case of death and ask for instructions.)
 - b. Home/Fire/Personal Property Insurance: _____
Policy No. _____ .
(Notify them immediately in case of death and ask for instructions.)
 - c. _____ Policy No. _____ .
(Notify them immediately in case of death and ask for instructions.)
9. All insurance policies are located at _____

LAST WILL AND TESTAMENT

1. I have made a will. The original of my current will dated _____ is located at _____.
2. My spouse has made a will. The original of this current will dated _____ is located at _____.
3. My Executor/Executrix is _____.
4. Guardians of our children are _____.
5. My will must be filed after my death. The court will assist you in filling out the necessary forms at a nominal cost.
6. It will probably be necessary to have it probated.
 It should not be necessary to have it probated.

LAWYER

1. I suggest that you contact _____.
2. It should not be necessary to have a lawyer to file my will, collect the insurance or file the claims against the Government, such as pension, arrears or pay, etc.
NAVY MUTUAL AID ASSOCIATION will assist you in filing all claims.

LIVING WILL

1. I have made a living will.
2. The original of my current living will dated _____ is located _____.

ANATOMICAL GIFTS

1. I have I have not signed an organ donor card.

BURIAL

1. I would like to be buried at:
 Arlington National Cemetery

2. Funeral director preference _____.
3. I prefer full military honors. I do not prefer full military honors.
4. I wish do not wish to be buried in uniform.
5. I would like _____ fraternal ritual.
6. I wish do not wish to be cremated.
7. I prefer a simple service.
8. Desired date and time of funeral _____
(Remains blank — for future use by family in arranging funeral)
9. Request the undertaker to obtain at least 10 copies of my death certificate. A copy will be required by each insurance company and to change the titles on real estate and personal property.

PALLBEARERS

| Name | Phone Number | City/State |
|----------|--------------|------------|
| a. _____ | () | |
| b. _____ | () | |
| c. _____ | () | |
| d. _____ | () | |
| e. _____ | () | |
| f. _____ | () | |
| g. _____ | () | |
| h. _____ | () | |

OBITUARY FOR NEWSPAPERS

SHOULD BE LISTED IN THE FOLLOWING PAPERS

a. _____

b. _____

c. _____

d. _____

VALUABLE PAPERS

- Our marriage certificate.
- Divorce decree(s) of _____ .
- Death certificate(s) of _____ .
- Birth certificates of _____ .
- DD 214 (Report of Transfer or Discharge)
 are are not on file in my jacket in the NAVY MUTUAL AID ASSOCIATION.
Additional copies are located at _____ .

POWER OF ATTORNEY

- I have executed a Power of Attorney, dated _____ .
 - I have appointed _____ .
- THIS POWER OF ATTORNEY IS REVOKED IN THE EVENT OF MY DEATH.

TRUST

- 1. I have established a Trust.
- 2. The original of my Trust document executed on _____ is located _____.

TAXES

- 1. The Navy Mutual Aid Association benefit and other insurance will not normally be subject to Federal Income Tax.
- 2. Insurance is included in my estate and you must file a Life Insurance Statement (Form 712) with estate tax.
- 3. You must submit Federal and State Income Tax Returns after my death. Copies of old returns are located at _____.
- 4. My disbursing officer or other employer will furnish you with a statement showing the amount that has been withheld from my pay.
- 5. The IRS can assist you in filing Federal returns.
- 6. Miscellaneous information about taxes: _____.

SAFE DEPOSIT BOX

- 1. Location/Number _____
- 2. Key is located _____

BANK ACCOUNTS, SECURITIES AND PROPERTY

1. BANK ACCOUNTS, SAVINGS & LOANS, CREDIT UNIONS

| | | |
|-------------|--------------|----------------|
| Institution | Account Type | Account Number |
|-------------|--------------|----------------|

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

2. CERTIFICATES OF DEPOSIT, MONEY MARKET CERTIFICATES

| | | |
|-------------|--------------------|---------------|
| Institution | Certificate Number | Maturity Date |
|-------------|--------------------|---------------|

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

3. MUTUAL FUNDS, MONEY MARKET FUNDS

Institution Account Type Account Number

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

4. CORPORATE STOCKS, BONDS

Corporation or Agency Number Shares Date Purchased

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

5. IRA'S, PENSIONS, ANNUITIES

Institution Account Type Account Number

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

6. REAL ESTATE

Type Location Joint Owner

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

7. AUTOMOBILES/VEHICLES

Make/Model/Year Owner(s)

- a. _____
- b. _____
- c. _____

8. OTHER INVESTMENTS, PROPERTY

Type

Owner(s)

a. _____

b. _____

c. _____

d. _____

9. My broker is _____ .

10. Financial and Property Documents are located at _____

_____ .

CREDIT CARDS

NAME

ACCOUNT NO.

a. _____

b. _____

c. _____

d. _____

RIGHTS AND PRIVILEGES OF MY SURVIVING SPOUSE IF I DIE ON ACTIVE DUTY OR IN A RETIRED STATUS

- 1. To purchase at Commissary and Post Exchange.
- 2. Eligible for medical care and hospitalization when facilities are available.
- 3. Eligible for VA educational assistance.
- 4. Eligible for G.I. home or business loans to same extent as veterans.
- 5. May be eligible for State bonus.

BENEFITS FOR MY DEPENDENTS IF I AM ON ACTIVE DUTY AT TIME OF DEATH

- 1. In the event of my death while on active duty, my burial will be taken care of automatically.
- 2. My surviving spouse will be entitled to the following:
 - a. Death gratuity.
 - b. Arrears of pay and unused leave.
 - c. Dependency and Indemnity Compensation (from the Department of Veterans Affairs).
 - d. Social Security.
 - e. Survivor Benefit Plan.
 - f. Transportation for self, children and household effects from last duty station to home within a period of one year.
 - g. SGLI

SPOUSE CHECKLIST

Each spouse should have a general understanding of the family's assets and investments; this includes knowing Where the money is and Why it is there.

Each spouse should know where all important papers are kept and how to gain access, for example:

- ALL Bank Accounts - (Who is joint owner?)
- Investments - stocks, bonds, mutual funds, CDs, etc.
- Deeds
- Insurance Policies – life, medical, dental, long term care, property/casualty

Each spouse should know the other's wishes in case of death (Burial – where and how) or injury. Define quality of life and life support issues. Talk about organ donation. Put all of this into writing, such as a living will, advanced medical directive or a durable power of attorney.

Each spouse should have a WILL! (Legal Assistance Office will do this for free)

Keep one folder with original copies of the following forms:

- Marriage certificate
- Birth certificates
- Wills & Trusts
- Copy of pay entry base date
- Advanced medical directives
- Durable Power of Attorney
- DD Form 214 (if retired)
- Social Security papers

Keep another folder with copies of the above forms – give to someone for safekeeping (i.e. NMAA vault).

The following names and addresses should be kept current and accessible to both husband and wife: Financial planner, CPA, attorney, place of worship–clergy, funeral director, family members, close friends.

Each spouse should know where records of previous IRS returns, as well as, current year are kept.

All medical and dental records should be kept up-to-date and each spouse should know where the records are kept.

PERSONAL NOTES

- I am attaching additional information.
