

# **NAVY MUTUAL AID ASSOCIATION®**

Providing Affordable Life Insurance, and Annuities, to  
Military Members, Veterans, and Their Families

Nonprofit, Veterans Service Organization since 1879



## **MEMBER PERSONAL LOG**

Name \_\_\_\_\_

### **NAVY MUTUAL AID ASSOCIATION**

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E-MAIL: [info@navymutual.org](mailto:info@navymutual.org) • WEBSITE: [www.navymutual.org](http://www.navymutual.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 close your personal finances 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 to notify 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 Navy Mutual Aid Association, send us a duplicate. It will permit us to 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 \_\_\_\_\_ in \_\_\_\_\_  
(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 distributed of as follows: \_\_\_\_\_  
\_\_\_\_\_
7.  I carry the following life insurance (other than insurance with Navy Mutual):
 

	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 completing the necessary forms, at a nominal cost.
6.  It probably will 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**

- 1.  Our marriage certificate.
- 2.  Divorce decree(s) of \_\_\_\_\_ .
- 3.  Death certificate(s) of \_\_\_\_\_ .
- 4.  Birth certificates of \_\_\_\_\_ .
- 5.  DD 214 (Report of Transfer or Discharge)  
 are  are not on file in my jacket in the Navy Mutual Aid Association vault.  
Additional copies are located at \_\_\_\_\_ .

**POWER OF ATTORNEY**

- 1.  I have executed a Power of Attorney, dated \_\_\_\_\_ .
  - 2. 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 Internal Revenue Service 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. IRAs, 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. Purchases at Commissary and Post Exchange
2. Medical Care and Hospitalization Eligibility at Available Facilities
3. Eligibility for VA Educational Assistance
4. G.I. Home or Business Loans to the 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 I am on active duty, my burial will be conducted 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 U.S. Department of Veterans Affairs (VA)
  - d. Social Security
  - e. Survivor Benefit Plan
  - f. Transportation for yourself, children, and household effects from my last duty station home, within a period of one year.
  - g. Servicemembers Group Life Insurance



## **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:

- |  |  |
|--|--|
| <input type="checkbox"/> Marriage Certificate        | <input type="checkbox"/> Birth Certificates          |
| <input type="checkbox"/> Wills & Trusts              | <input type="checkbox"/> Copy of Pay Entry Base Date |
| <input type="checkbox"/> Advanced Medical Directives | <input type="checkbox"/> Durable Power of Attorney   |
| <input type="checkbox"/> DD Form 214 (if retired)    | <input type="checkbox"/> 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, and close friends.

Each spouse should know where records of current and previous IRS returns are kept.

All medical and dental records should be kept updates and each spouse should know where the records are kept.

## **PERSONAL NOTES**

- I am attaching additional information.

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